

PREA Facility Audit Report: Final

Name of Facility: California State Prison Los Angeles County

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/22/2023

Date Final Report Submitted: 11/15/2023

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: Sarah R. Feltes	Date of Signature: 11/15/ 2023

AUDITOR INFORMATION	
Auditor name:	Feltes, Sarah
Email:	sarah.feltes@wisconsin.gov
Start Date of On-Site Audit:	04/03/2023
End Date of On-Site Audit:	04/06/2023

FACILITY INFORMATION	
Facility name:	California State Prison Los Angeles County
Facility physical address:	44750 60th Street West, Lancaster, California - 93536
Facility mailing address:	

Primary Contact	
Name:	Charles Meux
Email Address:	charles.meux@cdcr.ca.gov
Telephone Number:	6616098192

Warden/Jail Administrator/Sheriff/Director	
Name:	Patwin Horn
Email Address:	patwin.horn@cdcr.ca.gov
Telephone Number:	661/729-2000

Facility PREA Compliance Manager	
Name:	Darin Coker
Email Address:	darin.coker@cdcr.ca.gov
Telephone Number:	O: 6617292000 x5588
Name:	Daniel Romero
Email Address:	daniel.romero@cdcr.ca.gov
Telephone Number:	O: 661-729-2000 x6914
Name:	Arturo Lugo
Email Address:	arturo.lugo@cdcr.ca.gov
Telephone Number:	O: 661-729-2000 x6914

Facility Characteristics	
Designed facility capacity:	2300
Current population of facility:	2560
Average daily population for the past 12 months:	2547

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:	Between 18 and 90
Facility security levels/inmate custody levels:	Level I through Level IV
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1586
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	19
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	72

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:	Rusty Hickethier	Email Address:	rusty.hickethier@cdcr.ca.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

2

- 115.33 - Inmate education
- 115.43 - Protective Custody

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-03
2. End date of the onsite portion of the audit:	2023-04-06

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:	I reached out to Just Detention (no response received). I also contacted Valley Oasis (Victim Advocate for LAC); while they were familiar with LAC - they did not have any concerns or observations to relay.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2300
15. Average daily population for the past 12 months:	2547
16. Number of inmate/resident/detainee housing units:	23
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2633
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:	580
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:	40
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:	20
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:	127
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:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>24</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>28</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>CDCR as a whole, to include LAC, does not track LGB and were unable to provide a 12 month period number. At the time of the audit, they were able to produce a list of LGB to use for selection of inmates to interview - based upon known inmates (self disclosure, previous knowledge, etc).</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>1586</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>72</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>19</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>25</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Inmate selection was made from all housing units, and reviewed to ensure there was not over-sampling from any specific age, race, ethnicity, and length of time at facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Most of the inmates that were in "Ad Seg" refused to be interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	25
<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:	7
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:	3
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:	2
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:	2
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:	4
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:	3
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:	3
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:	3

<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>Regarding # 69 - After receiving reports from LAC that there were no inmates to interview for this category - this auditor randomly asked several inmates in segregated housing their reason for being there (none identified making a report as their reason); and reviewed reports related to placement in segregated housing as well.</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>In regards to # 64 - use of a language line was completed and successful, with one exception - there was one individual who spoke primarily Laotian; and the language line was unable to facilitate this interview due to the fact that the individual spoke a different dialect of the language than the interpreter provided. However, the interpreter explained to this auditor that in these situations, they have resources they can utilize and can call the institution back when the additional interpretation services are located, within a 24 hour timeframe. The services did call back within that timeframe, but the individual then declined to be interviewed.</p> <p>Regarding # 68 - there was one additional inmate selected to be interviewed; but was suffering a mental health crisis and was on suicide watch, so was not interviewed.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	15
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	<p>This auditor strived to pick equally for gender, race and ethnicity.</p> <p>The vast majority of staff at this site spoke fluent Spanish along with English.</p>
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
<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>	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	25

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

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:	Mailroom staff, Union Staff, IT Staff
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:	2
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 checked="" 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:	5
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<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>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

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

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	17	17	17	17
Staff-on-inmate sexual abuse	7	7	7	7
Total	24	24	24	24

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	14	0	14	0
Total	18	0	18	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	10	x	x	x	x
Staff-on-inmate sexual abuse	1	x	x	x	x
Total	11	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

Cases are not consistently tracked for prosecution, and that information is not always shared with the facility.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	10	7	2	1
Staff-on-inmate sexual abuse	1	1	0	0
Total	11	8	2	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	2	0
Staff-on-inmate sexual harassment	9	3	2	0
Total	9	5	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:

12

<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>10</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>2</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>2</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>1</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:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input 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</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>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. California Department of Corrections and Rehabilitation (CDCR) Operations Manual (DOM); Article 44 – Prison Rape Elimination Policy (Revised 05-19-2020) c. Prison Rape Elimination Act Implementation Memo (effective 08-13-2015) d. California State Prison Los Angeles County Operations Manual – Prison Rape Elimination Policy (Review date of August 2022) e. California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, Section 3401.5 Staff Sexual Misconduct f. CDCR Division of Adult Institutions, Female Offender Programs and Services / Special Housing, (PREA) Captain – Duty Statement

- g. Agency Organization Work Chart (effective 07-25-2022)
- h. CDCR Statewide PCM List
- i. Interview of PREA Coordinator
- j. Interview of PREA Compliance Manager

Reasoning and Analysis (by provision):

115.11(a)

1. CDCR DOM; Article 44 - Prison Rape Elimination Policy (p. 477)

California State Prison, Los Angeles County (LAC), indicated in their response in the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. Specifically, their policy states “CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.”

This policy also further outlines implementation of the agency’s approach to prevention, detection and responding to sexual abuse and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; disciplinary sanctions for those found to have engaged in prohibited behaviors; and agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Of note; in review of the DOM’s definition section, the agency does not define staff-on-inmate sexual abuse in the same manner set forth by the National Standards to Prevent, Detect, and Respond to Prison Rape. DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 478) indicates “Staff Sexual Misconduct” includes “any threatened, coerced, attempted, or completed sexual conduct, assault or battery between staff and offenders” and includes any sexual misconduct defined by CCR, Title 15, Section 3401.5 and Penal Code Section 289.6. A review of these respective codes, including cited sub definitions of sexual intercourse, sexual penetration, oral copulation, and sodomy reveal that the following provisions of the PREA standard 115.6 may be inferred, but are not specifically included in the agency’s definition of staff sexual misconduct. (See Recommendation Below).

2. California State Prison Los Angeles County Operations Manual - Prison Rape

Elimination Policy

While the CDCR DOM, Article 44 has been accepted and implemented by the facility; LAC has taken the additional measure to develop supplemental procedural guidance in their local operations manual to guide the response to an allegation of sexual misconduct. This operations manual includes portions of the Article 44 policy; with specific directions on how to respond as a staff member of LAC. It further includes Attachment A - "Prison Rape Elimination Act: Initial Contact Guide"; Attachment B - "Prison Rape Elimination Act: Custody Supervisor Checklist"; Attachment C - "Victims of Sex Crimes - Notification / Request for Confidentiality of Information"; Attachment D - "Prison Rape Elimination Act - Transportation Guide"; and Attachment E - "Watch Commander Checklist".

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.11(b)

1. PAQ

The facility noted in their response in 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.

2. CDCR Division of Adult Institutions, Female Offender Programs and Services / Special Housing, (PREA) Captain - Duty Statement

CDCR has one statewide PREA Coordinator, Matthew Rustad, who is responsible for PREA compliance for all state correctional facilities. The PREA Coordinator (which is a Captain rank) has a "Duty Statement", which states that the position's primary role is "responsible for providing a safe, humane, secure environment, free from sexual misconduct in California State Prisons" and that they will lead "...in ensuring compliance with Public Law 108-79, the Prison Rape Elimination Act (PREA), the Sexual Abuse in Detention Elimination Act (AB 550), the federal PREA Standards and the Departmental policies and procedures."

One hundred percent of the PREA Coordinator's time is allocated to obtaining and maintaining compliance with the federal PREA standards, which is reflected in this Duty Statement.

3. Agency Organization Work Chart

According to the agency's table of organization, the PREA Coordinator reports directly to the Correctional Administrator. The PREA Coordinator directly oversees 34 PREA Compliance Managers in each respective facility.

	<p>4. Interview of PREA Coordinator</p> <p>Interview of PREA Coordinator, Matthew Rustad, confirms that he has enough time to manage all of his PREA related responsibilities as it is his only job. He additionally stated that he has two Lieutenants that work for him as well.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p> <p>115.11(c)</p> <p>1. PAQ</p> <p>The facility documented in their response in the PAQ that the facility has a designated PREA Compliance Manager that has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA Standards.</p> <p>LAC has designated a Captain, Charles Meux, with this responsibility which is defined by the agency’s PCM duty statement. Captain Meux reports directly to the Chief Deputy Warden.</p> <p>2. CDCR Statewide PCM List</p> <p>This document lists all PCMs in the State of California. It lists Captain Charles Meux for LAC, as well as his backup – Lieutenant Arturo Lugo.</p> <p>3. Interview of PREA Compliance Manager</p> <p>Captain Meux reported during his specialized interview that he has sufficient time and authority to complete his duties as PCM. He also indicated that he can rely on members of the Investigative Services Unit to assist him with obtaining compliance when needed. He reports directly to the Chief Deputy Warden and has regular access to him.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p> <p>Recommendation:</p> <p>1. 115.11(a) – CDCR should strive to incorporate the definitions set forth by PREA Standard 115.6 into their DOMs and literature specific to the Prison Rape Elimination Act.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- a. Pre-Audit Questionnaire (PAQ)
- b. "Contracting with other entities for the confinement of inmates" - Memo dated 02-01-2022
- c. (12) CDCR Contract - Standard Agreement examples
- d. CDCR Special Terms and Conditions - Exhibit D (date unknown) (p. 25)
- e. CDCR Prison Rape Elimination Policy - Volunteer / Contractor Information Sheet - Exhibit M
- f. CDCR Contract Compliance Review Report - Prison Rape Elimination Act
- g. (10) Completed Monitoring Tools
- h. Interview of Agency Contract Administrator

Reasoning and Analysis (by provision):

115.12(a)

1. Pre-Audit Questionnaire (PAQ)

California State Prison, Los Angeles County (LAC), indicated in their response in the PAQ that the agency, since its last audit, has entered into 12 contracts for the confinement of inmates and that each are required to adopt and comply with PREA standards.

2. (12) CRCR Contracts

This auditor reviewed the twelve contracts and each contract requires the contractor to adopt and comply with the PREA standards as stated above.

3. CDCR Special Terms and Conditions - Exhibit D

The expectation that all contractors adopt and comply with the PREA standards is reflected in the CDCR Special Terms and Conditions - Exhibit D; which specifies that each contractor and its staff are "required to adopt and comply with the PREA

standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards".

4. Interview of Agency Contract Administrator

Jessica Hernandez (Chief of Community Reentry) reported in her specialized interview that if there are issues of non-compliance, there are correctional staff onsite that can immediately address the issue. Her office can provide technical assistance to help bring them into compliance. Ms. Hernandez stated that all of the sites are aware of the requirements and are receptive to compliance.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.12(b)

1. PAQ

The facility noted in their response in the PAQ that all contracts require the agency to monitor the contractor's compliance with PREA standards. Contract agreement Special Terms and Conditions state that adopting and complying with the PREA standards includes "CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards."

2. CDCR Contract Compliance Review Report - Prison Rape Elimination Act

This auditor found that all submitted contracts for confinement require CDCR to monitor the contracted facility for compliance with the federal standards.

3. Interview of Agency Contract Administrator

Jack Casagrande, Division of Rehabilitative Programs, PREA Compliance Manager for contracted facilities) was interviewed and reported that he had asked all contracted sites to complete the Compliance Review Report in February 2022. In the following months, he conducted onsite review, and identified areas of deficiencies and created plans of action.

	<p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Code for Staff Vacancies (effective 07-2020) c. CDCR DOM, Chapter 5, 54040.18 Institution Staffing Plan d. California State Prison – Los Angeles County Staffing Plan (February 2023) e. Standardized Staffing for Operations f. CDCR DOM, Chapter 5, 54040.17.1, Annual Review of Staffing Plan g. CRCR Prison Rape Elimination Act (PREA), Annual Data Collection Tool and Staffing Plan Review h. CDCR DOM, Chapter 5, 54040.4 Security Rounds i. CDCR In-Service Training (IST) – Prison Rape Elimination Act (PREA) Participant Workbook j. Interview of Warden or Designee k. Interview of PREA Compliance Manager l. Interview of PREA Coordinator m. Interview of Intermediate- or Higher-Level Facility Staff n. Site review <p>Reasoning and Analysis (by provision):</p>

115.13(a)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.18 Institution Staffing Plan (p. 471)

DOM, Chapter 5 - 54040.18 Institutional Staffing Plan (p. 471) restates the staffing plan expectation of this provision; including the eleven required elements for consideration.

3. California State Prison - Los Angeles County Staffing Plan (February 2023)

LAC was designed to accommodate 2,300 inmates. However, the staffing plan is predicted on an average daily population of 2,524. The current approved standardized for FY22-FY23 allows for 887.40 custody positions. 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. Staffing needs are calculated by headquarters and allows for little facility-level latitude in adjusting outside of a formal request process. This staffing plan is prepared annually, and includes a consideration of the eleven elements.

4. Interview of Warden or Designee

Interview of Chief Deputy Warden Damion Williams, Warden Designee, reported that LAC has a staffing plan, and that they are standardized out of Headquarters. He further reports that video monitoring is a large part of this plan, both stationary cameras and body-worn cameras. Chief Deputy Warden Williams reports that the staffing plan considers all of the eleven elements; and that he has frequent conversation with the PREA Compliance Manager (Captain Meux) regarding the staffing plan.

5. Interview of PREA Compliance Manger

Interview of the PREA Compliance Manager, Captain Charles Meux, verified that the staffing plan covers the eleven elements, and reiterated that the staffing plans are sent out by Headquarters.

6. Site review

During the site review, the audit team observed several areas that may benefit from additional or enhanced supervision. For example, stacks in canteens (spaces which employ staff and inmates) obstruct line of sight and create isolation. The safety of these spaces may be enhanced by adding strategically placed mirrors, thinning or removing stacked materials, removing obstructions from windows, and increasing security rounds.

Following the onsite audit, the facility took action steps to demonstrate compliance in the audit team's largest concern which were the PIA areas for facility A and C. In the PIA for facility A, which is laundry - there was an "emergency shower" that was blocked by laundry bins. This auditor received photographic proof on 04-10-2023 that shows that the laundry bins had been removed, and a shower curtain (knees to shoulder length) was installed. In the PIA for facility C - which is soap - there is a loft area that has a locked door; however, inmates are allowed up into the loft to retrieve items. The loft area had several filing cabinets that blocked view from the lower level. This auditor received photographic evidence on 04-10-2023 that the cabinets were removed from the loft to allow greater visibility.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.13(b)

1. PAQ

The facility indicated in their response to the PAQ that the agency requires each facility it operates document and justify all deviations from the staffing plan. They further indicated that the only reason for deviation in the last twelve months was staff shortages due to the COVID pandemic.

2. CDCR DOM, Chapter 5, 54040.18 Institution Staffing Plan (p. 471)

DOM, Chapter 5 – 54040.18 Institutional Staffing Plan (p. 471) explains that “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan.”

3. Interview of Warden or Designee

Interview of Chief Deputy Warden Damion Williams, Warden Designee, reported that the Watch Commander notes (daily) any instances of non-compliance to the staffing plan, relays that data to the Information Officer, and that it is documented along with an explanation. During this interview, as well as the interview with the PREA Compliance Manager – any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to remain in compliance with the staffing plan. A Watch Commander confirms this practice and per policy and the employee collective bargaining contract, will document in the Daily Activity Report (DAR) and Telestaff.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.13(c)

1. PAQ

The facility indicated in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility / agency resources to commit to the staffing plan.

2. CDCR DOM, Chapter 5, 54040.17.1, Annual Review of Staffing Plan

DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (p. 471) directs the PCM and Program Support Unit, in consultation with the PREA Coordinator, to “assess, determine, and document” whether adjustments are needed to the aforementioned variables.

3. CRCR Prison Rape Elimination Act (PREA), Annual Data Collection Tool and Staffing Plan Review

This auditor reviewed LAC's FY22-FY23 Annual Data Collection Tool and Staffing Plan Review, which provides space to document applicable assessments and determinations of the staffing plan, the facility's use of monitoring technology, and resources to ensure adherence. This plan was signed by the facility's PCM on 01-11-2023, and reported that no further action is needed.

4. Interview of PREA Coordinator

Discussion with the PREA Coordinator confirms the annual review process.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.13(d)

1. PAQ

The facility indicated in their response to the PAQ that the facility requires intermediate-level or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

2. CDCR DOM, Chapter 5, 54040.4, Security Rounds

DOM, Chapter 5, Article 44, 54040.4 Security Rounds (p. 465) requires that a custody supervisor conduct weekly unscheduled security rounds and document the date, time and location of these checks in red pen in the housing unit logbook. Additionally, staff are "prohibited from alerting other staff members that these security rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility."

3. Site review

The facility provided several samples of logbooks within the PAQ during the pre-audit phase. Additionally, the auditor reviewed the logbooks on each housing unit and all other major areas of the facility, including those outside the secure perimeter of the

facility. The dates and times of the log entries appeared random - no suggestion of any kind of pattern. It should be noted that LAC's logbooks are exceptionally thorough, and in addition to no evidence of a pattern - rounds are clearly made more than the policy requires.

4. CDCR In-Service Training (IST) - Prison Rape Elimination Act (PREA) Participant Workbook

As part of the In-Service Training (IST), all recipients receive the Prison Rape Elimination Act (PREA) Participant Workbook (p. 19) states "A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks on all watches, to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the unit log book in red pen. The unit log book shall indicate the date, time, and location the security check was conducted."

5. Interview of Intermediate- or Higher-Level Facility Staff

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

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Interview of PREA Compliance Manager

Reasoning and Analysis (by provision):

115.14(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders.

2. Interview of PREA Compliance Manager

Information interviews with staff on the housing units and with the PCM confirmed that youthful inmates are not housed at LAC. Accordingly, there were no security, education or program staff to interview regarding their interactions with this population or this provision.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.14(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders.

2. Interview of PREA Compliance Manager

Information interviews with staff on the housing units and with the PCM confirmed that youthful inmates are not housed at LAC. Accordingly, there were no security, education or program staff to interview regarding their interactions with this population or this provision.

	<p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p> <p>115.14(c)</p> <p>1. Pre-Audit Questionnaire (PAQ)</p> <p>The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders.</p> <p>2. Interview of PREA Compliance Manager</p> <p>Information interviews with staff on the housing units and with the PCM confirmed that youthful inmates are not housed at LAC. Accordingly, there were no security, education or program staff to interview regarding their interactions with this population or this provision.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. CDCR DOM, Chapter 5, 52050.16.5 Unclothed Body Search of Inmates (Revised July 1, 2015)</p> <p>c. CDCR DOM, Chapter 5, 52050.16.7 Unclothed Body Searches of Transgender or Intersex Inmates (Effective July 1, 2015)</p>

- d. CDCR DOM, Chapter 5, 54040.5, Searches
- e. Memorandum, subject "Changes in the Use of the Adani Compass Low Dose Scanner", dated February 8, 2019
- f. CDCR DOM, Chapter 5, 54040.4 Preventive Measures
- g. Memorandum, subject "Prevention of Opposite Gender Viewing for Perforated Steel Cell Doors", dated May 10, 2017
- h. CDCR On-the-Job Training (OJT) Module - Inmate Body Search
- i. CDCR In-Service Training (IST) - Working Successfully with Transgender, Intersex, and Non-Binary Inmates
- j. Memorandum, subject "Overview of Senate Bill 132 - Training", dated November 6, 2020
- k. CDCR Overview of Senate Bill 132 - Power Point Presentation (OTPD Approved 11/2020)
- l. Memorandum, subject "Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates", dated November 24, 2019
- m. Interviews of Random Staff
- n. Interviews of Random Inmates
- o. Interviews of Transgender / Intersex Inmates
- p. Site review

Reasoning and Analysis (by provision):

115.15(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, LAC staff have conducted zero cross-gender strip searches or cross-gender visual body cavity searches.

2. CDCR DOM, Chapter 5, 52050.16.5 Unclothed Body Search of Inmates

DOM, Chapter 5 – 52050.16.5 Unclothed Body Search of Inmates (p. 380 and p. 381), states that “Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency.” The DOM goes on to state “Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex.” The DOM further states “Unclothed body searches of inmates by staff of the opposite biological sex shall only be conducted in emergency situations. If a cross gender unclothed body search is required, the search shall be documented. This documentation shall be completed utilizing a Notice of Unusual Occurrence which shall be reviewed by the supervisor and routed to the institutional PCM. The PCM shall retain the completed document, in accordance with the Records Retention Scheduled, for audit purposes.”

3. CDCR DOM, Chapter 5, 52050.16.7 Unclothed Body Searches of Transgender or Intersex Inmates

DOM, Chapter 5 – 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (p. 381) states that if an individual (inmate) is going through Receiving and Release (R&R) who self-identifies as transgender or a gender that seems to not match their biological self, the search will be conducted by staff of the same biological sex as the inmate to be searched. This DOM further explains that if an inmate’s genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated by the inmate’s historical records.

4. CDCR DOM, Chapter 5, 54040.5, Searches

DOM, Chapter 5 – 54040.5 Searches (p. 465) emphasizes that staff shall document all cross-gender strip searches and cross-gender body cavity searches; and that all cross-gender pat-down searches of female inmates is done in accordance to DOM Section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). However, there are no female inmates housed at LAC.

5. Memorandum, subject “Changes in the Use of the Adani Compass Low Dose Scanner”

On 02-08-2019 – Director of Division of Adult Institutions issued a memo which limited the operation of body scanners to staff of the same gender as the inmates being scanned. Consistent with the policy referenced above, if a cross-gender scan is required as a result of an exigent circumstance, the search must be documented in an NOU. The same memo directs each facility to “ensure they have an adequate number of staff on all watches certified to use the...scanner”. LAC has one body

scanner, in the R&R, opposite gender staff are not used to facilitate the scanning process.

6. Interviews

Fifteen random staff confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances.

One hundred percent of interviewed inmates stated they have never been subject to an unclothed body search by a non-medical female staff member.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.15(b)

1. PAQ

The facility noted in their response to the PAQ that the facility does not house female inmates and, as such, does not permit cross-gender pat-down searches of female inmates, nor does it restrict female inmates' access to programming or out-of-cell opportunities in order to comply with this provision. This auditor confirmed through a website review, census report, and discussions with the PREA Compliance Manager that LAC does not house female inmates.

2. CDCR DOM, Chapter 5, 54040.5, Searches

DOM, Chapter 5 - 54040.5 Searches (p. 465) emphasizes that staff shall document all cross-gender strip searches and cross-gender body cavity searches; and that all cross-gender pat-down searches of female inmates is done in accordance to DOM Section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). However, there are no female inmates housed at LAC.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.15(c)

1. PAQ

The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. As stated above, LAC does not house female inmates and, as such, does not document cross-gender pat searches of female inmates. LAC reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff have been conducted in the preceding twelve months.

2. CDCR DOM, Chapter 5, 52050.16.5 Unclothed Body Search of Inmates

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. 380 and 381). 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 auditing purposes.

3. Site review

During the site review, this auditor confirmed that there were no NOUs submitted in the previous twelve months documenting cross-gender strip searches or cross-gender visual body cavity searches. This 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 twelve months.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.15(d)

1. PAQ

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

2. CDCR DOM, Chapter 5, 54040.4 Preventive Measures

Agency policy requires that inmates are afforded this dignity except in exigent circumstances. DOM, Chapter 5, Article 44, 54040.4 Preventive Measures (p. 465) 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."

3. Site review

During the site review, the audit team examined 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 located on both the upper and lower tiers, are outfitted with fixed barriers and protective flaps over the cuff port. Cells are wet (i.e. toilets are within), which eliminates cross-gender viewing unless incidental to a routine cell check. LAC has a mix of cell doors - the majority of the cell doors are steel with a narrow window; however, some areas have the perforated steel cell doors.

The audit team found that LAC utilizes a paint-on product to limit viewing in common areas of the institution - education and programming buildings. In some areas, the audit team observed some of the painting had been scratched or deteriorated. The facility was notified of these observations, and these were corrected while the audit team was still onsite. The audit team found that this paint on material was sufficient to cover breasts, buttocks, or genitalia of inmates utilizing toilets in these areas.

Of note, there are toilets and urinals in the recreation yards. There are metal partitions that are meant to obstruct viewing of someone using the toilet; however, they are placed too high off the ground, so that if someone is sitting on the outside toilet, the partition does not block any viewing.

During the onsite audit phase, this auditor observed posted / painted reminders at the entryway of each unit directing staff of the opposite biological sex to announce their presence when entering the housing unit. The audit team consistently heard such announcements being made on their behalf when a female staff member was not already present. Informal staff interviews revealed that staff regularly announce

by intercom system, and staff record this announcement in the tower log book. This auditor observed this documentation in red pen, and highlighted as well.

4. Memorandum, subject "Prevention of Opposite Gender Viewing for Perforated Steel Cell Doors", dated May 10, 2017

This memorandum states, in part, "Inmates housed in cells with perforated steel cell doors (cell doors with perforated holes), are permitted to put one towel up when toileting and changing clothing."

5. Random Inmate Interviews

During interviews with inmates, three out of the 50 interviewed stated that they or other inmates are naked in full view of staff. However, the examples that they gave did not meet the guidelines set forth in the PREA standards - one stated that when inmates are masturbating, they could be seen by staff; another stated that when "bird bathing", they were visible to staff, and the last indicated that some showers did not have coverings, but when asked where those were, he was not able to identify the showers. Two inmates out of 50 thought that staff might be able to see from certain angles "if they really wanted to". Two inmates out of 50 interviewed believed that the tower staff could view into their cells and the showers - however, the audit team went into the towers and this does not seem to be the case. The remaining 43 inmates interviewed, all stated they have not been observed by a female staff member in a state of undress.

During interviews with inmates; 37 out of the 50 interviewed stated that cross-gender announcements were consistently made. The remaining 13 stated that these announcements were not made.

6. Random Staff Interviews

During interviews of random staff, all interviewed reported that inmates were able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Staff answered consistently that the showers are built with a metal barrier; and that inmates are able to put up curtains or towels within their cells as well.

Additionally, during these interviews - all interviewed stated that female staff are announced when they arrive on the unit. Sometimes this is done by the tower staff, since they are letting in the female staff, sometimes it is done by the female staff member - and often, it is a combination of the two. One staff member also explained

that the floor staff will go and tell inmates that are deaf and hard-of-hearing if there are any on the unit.

CORRECTIVE ACTION: During the corrective action period, the facility provided several photographs demonstrating that that new barriers were installed in the outside recreation toilets. These additional barriers allow for security to still be able to view the inmate; but allows for inmates to use these outdoor toilets and be covered from ankle to shoulder height while using the facilities.

A final analysis of the evidence indicates the facility is now in substantial compliance with this provision. Photographs have been added as supplemental documents to the OAS.

Findings:

Based on this analysis, the facility is not substantially compliant with this provision and corrective action is required.

Modify the partitions to limit viewing of toilet, change the partitions, cap toilets, or remove all together from recreation yard.

Updated after corrective action: based on the updated analysis, the facility is substantially compliant with this provision and corrective action is no longer needed.

115.15(e)

1. PAQ

The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. In accordance with the policy, the facility reported that no such search has occurred in the past twelve months.

2. CDCR DOM, Chapter 5, 52050.16.7 Unclothed Body Searches of Transgender or Intersex Inmates

DOM, Chapter 5 - 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (p. 381) prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

3. Interview of Random Staff

Interviews with 15 random staff confirmed that agency policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

4. Interviews of Transgender / Intersex Inmates

The audit team interviewed three inmates that identify as transgender; all affirmed that they have never been searched for the purpose of determining their genital status. As a best practice, the agency / facility affords transgender inmates the opportunity to select the gender of the staff person who conducts their search. The preference is designated on a transgender access card, which the inmate would carry on their person.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.15(f)

1. PAQ

The facility indicated in their response to the PAQ that 90 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The facility indicated that all security staff receive training during the academy, in addition to ongoing in-service trainings, on proper pat search procedures. Discussion with the PCM during the onsite portion of the audit clarified that 100 percent of security staff receive this training at the academy, and the 90 percent reflects the annual refresher training of current staff at LAC.

2. Training Materials

Several training modules were provided as validation of the training curriculum. This auditor reviewed an in-service training titled "Prison Rape Elimination Act (PREA)"; on-the-job (OJT) modules titled "Inmate Body Search", "Overview of Senate Bill 132", and an In-Service Training (IST) titled "Working Successfully with Transgender, Intersex,

and Non-Binary Inmates” - all developed by the Office of Training and Professional Development (OTPD). All of which were found to be appropriate and consistent with national standards for conducting inmate searches, including cross-gender searches. Staff are also specifically training to conduct searches of transgender and intersex inmates. Staff are directed to search inmates who identify as transgender in the manner consistent with the primary gender of the facility they are housed in. For example, the training guides indicate that a transgender woman who is housed in a female facility shall be searched only by female staff in a manner consistent with clothed female searches. Conversely, a transgender woman housed in a male facility may be searched by male or female staff. 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.

3. Interviews of Random Staff

Fourteen random interviews with security staff indicated that they had received training conducting cross gender or pat searches and searches of transgender and intersex inmates in a professional and respectful manner while in the training academy and also during in-service annual training.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Justification Memo c. CDCR DOM, Chapter 5, 54040.4 Offender Education d. CDCR Disability Codes e. CDCR “I Speak” Poster f. Interpreters Unlimited, Inc. Standard Agreement

- g. CDCR DOM, Chapter 5, 54040.12 Investigation
- h. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting
- i. Interview of Agency Head
- j. Interview of Inmates with Disabilities or Who Are Limited English Proficient
- k. Interviews of Random Staff
- l. Site review

Reasoning and Analysis (by provision):

115.16(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

2. CDCR DOM, Chapter 5, 54040.4 Offender Education (p. 464-465)

DOM, Chapter 5 - 54040.4 Offender Education (p. 464-465) states "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA..."

3. Justification Memo

A memo issued on October 6, 2017 adds that "CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act."

4. Interpreters Unlimited, Inc. Standard Agreement

CRCR maintains a contract with Interpreters Unlimited, Inc. Interpreter services are available 24 hours a day, seven days a week, and available in 140 languages.

5. "I Speak" Poster

LAC provided a copy of the "I Speak... Language Identification Guide", which includes direction to the facility's LEP Coordinator for additional assistance, as well as a direct phone number.

6. Site review

During the site review, the audit team observed the "I Speak" posters throughout the facility, including in Receiving and Release (R&R) where intake education is completed. The facility's intake staff, who are tasked with providing education, stated that they ask all incoming admissions if they understand the information that was received. They also indicated that they review the files for education levels to ensure that the comprehension of the admissions is there. During the site review, it was observed that there are two employees whose positions are to provide American Sign Language (ASL) translation to inmates that need it. It was learned that LAC is one of nine facilities in California that inmates that need ASL will go to, so that these services are readily available. During informal conversation with both interpreters, it was learned that deaf and hard-of-hearing inmates have access to relay phones, one interpreter was recorded to be part of the PREA Education video, and all staff appeared to have a good working relationship with the interpreters. There are many staff at LAC that speak Spanish fluently, and are able to answer questions for inmates that predominately speak Spanish.

7. Interview of Agency Head

Interview of the Agency Head, Connie Gipson (Director of Division of Adult Institutions) reported that all written materials are in English and Spanish; and that other languages are available contract vendor services for interpretation. For those who are developmentally disabled or have mental health concerns, CDCR uses "Effective Communication" - as staff are trying to explain processes and rights and how to bring forth information, staff ask open ended questions so the individual has to respond and explain to ensure they have the information. Rights to be safe and how to report.

8. Interview of Inmates with Disabilities or Who Are Limited English Proficient

During the onsite audit phase, interviews were conducted with seven inmates with varying degrees of cognitive, hearing, and language limitations. Each indicated that they are provided with access to facility services and are provided with accessible material regarding their right to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.16(b)

1. PAQ

The facility indicated in their response to the PAQ that the agency has established procedures to provide inmates with limited English proficient 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.

2. CDCR DOM, Chapter 5, 54040.4 Offender Education (p. 464-465)

DOM, Chapter 5 - 54040.4 Offender Education (p. 464-465) states "Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish." The DOM further states "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA..."

3. Interpreters Unlimited, Inc. Standard Agreement

CRCR maintains a contract with Interpreters Unlimited, Inc. Interpreter services are available 24 hours a day, seven days a week, and available in 140 languages.

4. "I Speak" Poster

LAC provided a copy of the "I Speak... Language Identification Guide", which includes direction to the facility's LEP Coordinator for additional assistance, as well as a direct phone number.

5. Site review

During the site review, the audit team observed the “I Speak” posters throughout the facility, including in Receiving and Release (R&R) where intake education is completed.

6. Interview of Inmates with Disabilities or Who Are Limited English Proficient

During the onsite audit phase, interviews were conducted with two inmates with limited English language skills. All stated that translation services were available to them, and all information was relayed to them in their language.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.16(c)

1. PAQ

The facility indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties, or the investigation of the inmate’s allegations. The facility encourages interpretation services to avoid using inmates in this capacity, but should they need to, the facility indicated they would document such assistance. LAC indicated that they have not used an inmate in this capacity in the past twelve months.

2. CDCR DOM, Chapter 5, 54040.12 Investigation

CDCR DOM, Chapter 5, 54040.12 Investigation (p. 469) states “Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation.”

3. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting

CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting (p. 465) states

that “The Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties, or the investigation of the offender’s allegations.”

4. Random Staff Interviews

The PCM verified that there have not been any instances in the last twelve months where inmate interpreters, readers, or other types of inmate assistants were used. The audit team interviewed fifteen random staff, and none of them were aware of any instances in which an inmate assistant was used to assist with first response or investigative actions.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 3, 31060.3 Power of Appointment (Revised 01-17-2000) c. Hiring Guide for Managers and Supervisors – Phase 6 Selecting Candidates d. CDCR-1951 Supplemental Application for All CDCR Employees e. Personnel Information Bulletin (PIB) (dated 09-16-2016) f. CDCR-2164 Live Scan Response g. Memorandum, subject “Completion of Background Checks Under the Prison Rape Elimination Policy” (dated 07-14-2017) h. CDCR DOM, Chapter 3, 31060.16 Criminal Records Check

- i. CDCR DOM, Chapter 3, 31060.16.1 Individuals Mandated for Live Scanning
- j. CDCR DOM, Chapter 3, 31060.17 Pre-Employment Documentation
- k. CDCR Special Terms and Conditions - Exhibit D
- l. Memorandum, subject "Hiring and promotion decisions" - dated 10-06-2017
- m. Memorandum, subject "Personnel Identification Card Issuance" - dated 02-26-2016
- n. State of California Application Instructions
- o. CDCR DOM, Chapter 3, 33030.16 Employee Disciplinary Matrix Penalty Levels
- p. CDCR DOM, Chapter 3, 33030.19 Employee Disciplinary Matrix
- q. Interview of Administrative (Human Resources) Staff

Reasoning and Analysis (by provision):

115.17(a, b, f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. The agency also considers any incidents of sexual harassment when making such decisions.

2. CDCR DOM, Chapter 3, 31060.3 Power of Appointment (Revised 01-17-2000)

DOM, Chapter 3, 31060.3 Power of Appointment (p. 153) maintains that the agency shall not hire or promote anyone who may have contact with inmates who:

- a. Have engaged in sexual abuse of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
- b. Have been convicted or 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. Have been civilly or administratively adjudicated to have engage in the activity described immediately above.

The same policy also mandates that the hiring authority “Consider substantiated incidents of sexual harassment in all hiring decisions.”

CDCR’s human resource functions are bifurcated. Institutional Personnel Officers (IPO) for CDCR and California Correctional Health Care Services (CCHCS) indicated that while CCHCS is responsible for hiring all medical personnel, the expectations set forth by this section of the DOM applies to all hires. They confirmed that the application, interview, and review process is the same for new applicants and promotional hires.

3. CDCR-1951 Supplemental Application for All CDCR Employees

The agency’s Supplemental Application for All CDCR Employees (CDCR-1951) prompts new, transfer, and promotional applicants to respond to items a-3 above, in addition to the question “Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?” A notation on the form directs the hiring authority to consult with the PREA Coordinator via email to address any affirmative responses.

4. Personnel Information Bulletin (PIB)

A Personnel Information Bulletin circulated on 09-16-2016 directs all institutional personnel officers (IPO), personnel liaisons, and human resource personnel to collect CDCR-1951 from all internal and external candidates seeking employment. Note, per the PREA Coordinator, the Office of Peace Officer Selection (OPOS) does not collect CDCR-1951 from entry level applicants; rather, OPOS collects CDCR-1902 Personal History Statement wherein peace officer applicants are required to respond to the four questions above. The auditor reviewed personnel records of 16 new or promotional hires (employees and contractors) within the last 12 months and affirmed this practice.

5. Site review

During the site review, it was learned that employees of CDCR do not conduct self-evaluations. Agency policy is dictated by a combination of California Government Code, California Code of Regulations, Penal Code, and collective bargaining agreements; it is applicable to all permanent and probationary employees and guides

performance reviews. Employee performance reviews are conducted annually, based on the job-related requirements and performance for the previous year. Performance reviews are completed by the employee's supervisor. As such, the expectation of 115.71(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.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.17(c)

1. PAQ

The facility indicated 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. LAC reported that 100 percent of individuals (134) hired in the past twelve months who may have contact with inmates had a criminal background records check completed.

2. CDCR DOM, Chapter 3, 31060.16 Criminal Records Check

DOM, Chapter 3, 31060.16 Criminal Records Check (p. 163-164) details the agency's criminal background check expectation. The required pre-employment process includes using data from the following sources: Live Scan, Criminal Identification & Information State Summary Criminal History (CI&I SSCH); CDCR-1951 Supplemental Application for All CDCR Employees or CDCR-1902 Personal History Statement. Per LAC's IPO, the Live Scan Services (i.e. DOJ and FBI) will confidentially alert CDCR human resources of positive results (i.e. law enforcement contact) twenty-four hours a day, seven days a week. Moreover, the requirement of all employees and individuals (to include contractors and volunteers) entering a CDCR facility to carry an identification card provides an additional layer of protection as such card may only be issued following the background checks.

3. Memorandum, subject "Completion of Background Checks Under the Prison Rape Elimination Policy" (dated 07-14-2017)

CDCR requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

CDCR-2025 Employment Reference Questionnaire is circulated to former employers to see if the applicant has a prior history of substantiated sexual abuse or resignation related to such allegation while employed. In response to PREA audit findings, a memo dated 07-14-2017, titled "Completion of Background Checks Under the Prison Rape Elimination Policy", instructs CDCR Office of Peace Officer Selection, Background Investigative Unit investigators to attempt to contact all previous institution (defined as a federal or state prison, county jail, police lockup, community confinement facility, juvenile facilities, or other correctional institutions) employers using the updated CDCR-2025.

4. Interview of Administrative (Human Resources) Staff

This auditor reviewed 12 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 LAC is in compliance with the hiring process set forth by the agency including the previous employer inquiry process and criminal background check. 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.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.17(d)

1. PAQ

The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

2. CDCR Special Terms and Conditions - Exhibit D

LAC 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 aware and at any time during the term of the Agreement." Contractors are directed not to assign any contracted employee who may have contact with inmates to a CDCR facility if any of the provisions as outlined in 115.17 (a, b) are applicable.

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

3. Interview of Administrative (Human Resources) Staff

LAC reported (19) contractors for services where criminal background record checks were conducted. CDCR requires that all prospective contractors be fingerprinted (Live Scanned) and run through the California Law Enforcement Telecommunications System (CLETS). This clearance process provides a criminal background check nationally and locally. In reviewing 8 randomly selected contractor files - four of them no longer went to LAC and had been removed from the system, the remaining four; this auditor verified that the process is being completed at LAC. 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.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.17(e)

1. PAQ

The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is

in place for otherwise capturing such information for current employees.

2. DOM, Chapter 3, 31060.16 Criminal Records Check

DOM, Chapter 3, 31060.16 Criminal Records Check (p. 163164) requires that each prospective employee submit to fingerprinting (i.e. Live Scan).

3. CDCR Memorandum - "Hiring and promotion decisions" (dated 10-06-2017)

CDCR memorandum regarding standard 115.17(e), dated 10-06-2017, further states that a criminal record check is a requirement for employment and includes consent to be fingerprinted and request for and review of the CI&I SSCH. Applicants for all employment shall be live scanned at the earliest possible time if an appointment is expected. Live Scan notification is ongoing, thus exceeding the requirement of this subsection of Standard 115.17.

4. Interview of Administrative (Human Resources) Staff

This auditor's interview with human resources staff also confirmed the use of the Live Scan system.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.17(g)

1. PAQ

The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

2. State of California Application Instructions

State of California Application Instructions, and application (p. 3) states that all applicants must list their history of conduct and that "...any false, incomplete, or incorrect statements may result in my disqualification from the examination process

or dismissal from employment with the State of California”.

3. CDCR DOM, Chapter 3, 33030.16 Employee Disciplinary Matrix Penalty Levels and CDCR DOM, Chapter 3, 33030.19 Employee Disciplinary Matrix

Human resources staff confirmed that all background checks are completed by the Office of Peach Officer Selection, Background Investigative Unit and are reviewed for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination. Employees are also required to notify their hiring authority and Employee Relations Officer of any contact with law enforcement. DOM, Chapter 3, 330.19 (p. 243) outlines that “Falsification or making intentionally misleading statements in official reports or records”, “falsification of application or omission of information for employment or promotion when it materially affects acceptance or rejection for employment or promotion” and “false testimony under oath” all fall under code 9 - which is dismissal from the job.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.17(h)

1. Interview of Administrative (Human Resources) Staff

An interview with the facility’s human resources head confirmed that the facility receives inquiries from other confinement facilities related to a current or former employee’s history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are directed to the Employee Relations Officer and / or possibly the Investigation Service Unit member that did the investigation for review and response in accordance with agency policy.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- a. Pre-Audit Questionnaire (PAQ)
- b. Interview of Agency Head
- c. Interview of Warden / Designee
- d. Site review

Reasoning and Analysis (by provision):

115.18(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response in the PAQ that the facility has NOT acquired a new facility or made a substantial expansion or modification to existing facilities since 08-20-2021, or since the last PREA audit, whichever is later. This was confirmed in the specialized interview of the Chief Deputy Warden Damion Williams.

2. Interview of the Agency Head

Interview of Connie Gipson, Director of Division of Adult Institutions stated that when there are substantial modifications to facilities, the agency considers things like blind spots, and video surveillance to help protect inmates from sexual abuse, and that it is an ongoing priority – not just when modifications are being considered.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.18(a)

	<p>1. Pre-Audit Questionnaire (PAQ)</p> <p>The facility indicated in their response in the PAQ that the facility has 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.</p> <p>2. Interview of the Agency Head</p> <p>Interview of Connie Gipson, Director of Division of Adult Institutions stated that the agency is going more towards video surveillance. They continue to use the methodology of placing monitoring technology in areas of congregation and pathways of the population.</p> <p>3. Interview of Warden or Designee</p> <p>Interview of the Chief Deputy Warden indicates that LAC uses the camera system to monitor what is going on in the facility. Not just for safety, but to go back to review a situation. While they can't always prevent things, it is helpful for investigations to go back and identify not only what potentially happened but who may have seen it.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.12 Investigation c. CDCR DOM, Chapter 5, 54040.8 Response d. CDCR DOM, Chapter 5, 54040.8.1 Crime Scene Preservation, Evidence

- e. CDCR DOM, Chapter 5, 54040.8.4 Transportation Responsibilities
- f. Memorandum, subject "Evidence protocol and forensic medical examinations", dated 10-06-2017
- g. CDCR Custody Supervisor Checklist (PREA)
- h. CDCR Initial Contact Guide (PREA)
- i. CDCR Prison Rape Elimination Act: Transportation Guide
- j. Memorandum, subject "Sexual Assault Kit Processing", date 10-18-2018
- k. CDCR Watch Commander Notification Checklist (PREA)
- l. CDCR Specialized PREA Training for Locally Designated Investigators Participant Workbook
- m. U.S. Department of Justice, Office on Violence Against Women "A National Protocol for Sexual Assault Medical Forensic Examinations" - Adults / Adolescents (April 2013)
- n. Basic Investigators Course - Power Point Presentation
- o. CDCR DOM, Chapter 5, 54040.9 Forensic Medical Examination
- p. CDCR DOM, Chapter 5, 54040.12.1 Investigation of Sexual Violence or Staff Sexual Misconduct - less than 72 hours post incident
- q. CDCR DOM, Chapter 5, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct - Greater Than 72 hours Post-Incident
- r. Memorandum, subject "Discontinuation of copayment for health care services and payment for dental prosthetic appliances", dated 02-19-2019
- s. CDCR DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person
- t. CDCR DOM, Chapter 5, 54040.19 Community Services
- u. Valley Oasis Poster
- v. CDCR DOM, Chapter 5, 54040.4 Education and Prevention
- w. Interview of Random Staff
- x. Interview of SAFE / SANE Staff
- y. Interview of PREA Compliance Manager
- z. Interview of Inmates Who Reported Sexual Abuse
- aa. Site review

Reasoning and Analysis (by provision):

115.21(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response in 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. LAC employs correctional staff that have been trained to conduct both administrative and criminal investigations.

2. CDCR DOM, Chapter 5, 54040.8.1 Crime Scene Preservation

All custody staff are trained in crime scene preservation, outlined in DOM, Chapter 5, 54040.8.1 Crime Scene Preservation (p. 467). LAC employs an Investigative Services Unit (ISU), which is supervised by a Lieutenant. ISU, in coordination with the PCM, investigate the majority of PREA related incidents, that may be criminal in nature. While onsite, the audit team toured ISU, reviewed 12 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.

3. CDCR DOM, Chapter 5, 54040.8.1 Custody Supervisor Responsibilities

ISU and other designated facility investigators follow a uniform evidence protocol. The agency's evidence protocol is found in the DOM, Chapter 5, 54040.1.1 Custody Supervisor Responsibilities, Crime Scene Preservation (p. 467). 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.

4. Interviews of Random Staff

During the onsite phase of the audit - the audit team interviewed 14 random security

staff. All but one security staff stated they understood and had been trained in the agency's policy for obtaining usable physical evidence. The remaining one stated he was new, and recalled being given training, but could not articulate what would be needed. He did state; however, that he would notify his sergeant and do whatever direction was provided by the sergeant. All but the same staff member were able to identify ISU as being responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment at the facility. The auditor observed that most staff carried a pocket guide for first responder steps as a reference to discuss their role following an allegation of sexual abuse. These steps included instructions on who to notify within the facility and what active steps to take in response to an allegation of sexual abuse. The auditor noted that the guide instructs staff to separate the alleged victim and abuser, take the alleged victim to medical for evaluation, and seek assistance to secure the scene.

5. Site review

During the site review, the audit team reviewed evidence collection kits found in ISU. 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.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.21(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response in the PAQ that the facility does not house juveniles or youthful offenders.

2. U.S. Department of Justice, Office on Violence Against Women "A National Protocol for Sexual Assault Medical Forensic Examinations" - Adults / Adolescents (April 2013)

LAC 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.

3. Site review

The auditor was able to verify through facility records and staff interviews that there were no youth housed at LAC during the 12-month review period.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.21(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility, LAC does not perform such examinations. Examinations conducted at an outside facility (i.e. Antelope Valley Medical Center) are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, two inmates (one victim, one suspect) were transported for forensic medical examinations. When the need arises for care in this context, the facility documents all efforts to provide a SANE.

2. CDCR DOM, Chapter 5, 54040.9 Forensic Medical Examination

DOM, Chapter 5, 54040.9 Forensic Medical Examination (p. 468-470) states that the victim shall be transported to the designated hospital, or onsite location, where SART contract staff will complete the forensic examination. Policy delineates between sexual abuse discovered less than 72 hours and more than 72 hours post-incident; and each carries an expectation of SANE care or consultation.

3. Memorandum, subject "Discontinuation of copayment for health care services and payment for dental prosthetic appliances", dated 02-19-2019

In addition, as directed by memorandum dated 02-19-2019 -- LAC offers all inmates who experience sexual abuse access to forensic medical examinations without financial costs to the victim.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.21(d, e, h)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.8.1 Crime Scene Preservation, Evidence

This portion of the DOM indicates (p. 467) that the watch commander or designee is responsible for immediately notifying the local Rape Crisis Center in the event of a SANE examination. The response guide, Watch Commander Notification Checklist, details this action. Thereafter, per policy, the facility shall make available an advocate during investigatory interviews and for emotional support services.

3. Valley Oasis Poster

Posters were observed throughout the facility, which directs victims to the local advocacy organization, via a phone number and address, for support services. These posters are posted in English, Spanish and Hmong throughout the facility.

4. Interview with PREA Compliance Manager

Specialized interview with the PREA Compliance Manager indicated that the facility offers a victim advocate.

5. Interviews with Inmates Who Reported Sexual Abuse

Interviews of three inmates who reported sexual abuse all stated that there were aware of an outside victim advocate that could be contacted should they requested it.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.21(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility has CDCR / LAC officials (i.e. Investigative Services Unit or Office of Internal Affairs) that are responsible for administrative and criminal investigations. As such, this provision is not applicable.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.21(g)

Auditor is not required to audit this provision of the standard.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.12 Investigation c. Memorandum, subject "Policies to ensure referrals of allegations for investigations", dated 10-06-2017 d. CDCR DOM, Chapter 1, 15080.2 Office of Internal Affairs (Revised December 13, 2012) e. CDCR DOM, Chapter 3, 31140.1 Policy f. CDCR DOM, Chapter 3, 31140.6 Authority to Conduct Investigations g. Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020 h. Prison Rape Elimination Act Overview – from CDCR Website i. Interview of Agency Head j. Interview of Investigative Staff k. Site review <p>Reasoning and Analysis (by provision):</p> <p>115.22(a, b)</p> <p>1. Pre-Audit Questionnaire (PAQ)</p> <p>The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the designated 12-month audit period, as evidenced by LAC’s Investigation Services Unit (ISU) log and supporting documentation, LAC received and responded to 49 allegations of sexual abuse and sexual harassment. Zero cases were referred for</p>

prosecution. 17 of these cases were still open at the time of the onsite audit.

2. CDCR DOM, Chapter 5, 54040.12 Investigations

DOM, Chapter 5, 54040.12 Investigations (p. 469) states "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing." The same policy section further describes the investigative process of staff on offender allegations and offender on offender allegations. The hiring authority is responsible for assigning an initial inquiry and / or investigation to a facility-based locally designated investigator (LDI); staff on offender allegations with sufficient information warrants a referral to the Office of Internal Affairs (OIA). Investigators possess legal authority to conduct criminal investigations and will collaborate with the local district attorney to make a determination on prosecution.

3. Memorandum, subject "Policies to ensure referrals of allegations for investigations", dated 10-06-2017

This memorandum further establishes the policy referenced above and reiterates that in inmate-on-inmate sexual violence and sexual harassment cases, the ISU will collaborate with the District Attorney to make a determination on prosecution. In cases of staff sexual conduct and staff sexual harassment - OIA will complete the investigation and work with the District Attorney to make a determination on prosecuting the suspect.

4. Interview of Agency Head

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. She stated LDI's receive specialized training and, as such, conduct an initial inquiry. Following the initial inquiry, the LDI will be instructed by the hiring authority to complete the investigation or refer to OIA. At minimum, an administrative investigation is completed. If a criminal investigation is warranted, OIA or ISU will notify the local district attorney. A discussion with several members of the facility's ISU and agency Office of Internal Affairs confirms this practice.

5. Site review

LAC has a court liaison who works in collaboration with the district attorney's office to prepare applicable cases for prosecution.

6. Prison Rape Elimination Act Overview – from CDCR Website

The auditor reviewed the agency’s public website and easily located the aforementioned policy which describes investigative and referral practices.

7. Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020

In addition to the policy being available on the agency’s public website, the website also has PREA Annual Reports available.

8. Interviews of Investigative Staff

Interview of three investigative staff confirmed that they conduct administrative and criminal investigations and work with the District Attorney’s office when prosecution might occur.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.22(c)

As posted on CDCR’s website – DOM, Chapter 5, Prison Rape Elimination Act Policy, includes section 54040.12 Investigations (p.469) which describes the investigative responsibilities of the agency. The responsibilities outlined in the policy include the following: LDI / ISU initial inquiry, referral to OIA when warranted (for staff on offender allegations), collecting physical and testimonial evidence, a description of reasoning behind credibility assessments, gathering investigative facts and findings, and notifying the alleged victim of the outcome. The DOM also describes the scope of administrative and criminal investigations. As stated above, the agency is responsible for both.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

	<p>115.22(d)</p> <p>The auditor is not required to audit this provision of the standard.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p> <p>115.22(e)</p> <p>The auditor is not required to audit this provision of the standard.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.1 Policy c. CDCR In-Service Training (IST) - Prison Rape Elimination Act (PREA) d. CDCR On-the-Job-Training (OJT) Module - Prison Rape Elimination Act (PREA) e. CDCR In-Service Training (IST) - Inmate / Staff Interaction f. CDCR DOM, Chapter 5, 54040.4 Education and Prevention g. Interview of Random Staff

Reasoning and Analysis (by provision):

115.31(a)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.1 Policy

DOM, Chapter 5, 54040.1 Policy (p. 463) states that "The California Department of Corrections and Rehabilitation (CDCR) is committed to providing a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment....This policy applies to all offenders and persons employed by the institution, community correctional facility, conservation camp, or parole. "

3. CDCR DOM, Chapter 5, 54040.4 Education and Prevention

DOM, Chapter 5, 54040.4 Education and Prevention (p. 464) states that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The same policy states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training.

4. PREA Trainings (IST) and (OJT)

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

5. Interviews of Random Staff

Random and specialized staff who were interviewed reported that they received training consistent with each of the ten elements of this provision. Staff members, selected from different departments and disciplines, were able to articulate training content, knowledge of the agency's zero tolerance policy for sexual abuse and sexual harassment; an understanding that all staff and inmates have the right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. The auditor also reviewed positive and negative training reports, which demonstrate receipt of online and classroom-based training of the above provisions; 96% of staff completed online training, and 100% of staff completed classroom-based instruction.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.31(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention

DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training (p. 464) directs training to be gender specific based on the offender population at the assigned institution. This mandate is further emphasized by California Penal Code Section 3430, which requires gender responsive training for staff.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.31(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. A schedule of on-the-job training and in-service training for all custody and non-custody staff was provided as well.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention

DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training (p. 464) states that all employees, volunteers, and contractors shall receive instructions on the provisions enumerated above. Further, it states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training.

Specifically, employees participate in annual web-based in-service training and biennial on-the-job refresher training.

3. Site review

During the onsite audit phase, the auditor confirmed through 15 random staff interviews that each completed a combination of classroom and web-based training prior to having contact with inmates. These trainings include the elements described in provision (a). Additionally, staff are provided with first responder "pocket cards", which serve as an "at-a-glance" response guide for staff following an incident or allegation of sexual abuse. This auditor was able to view these PREA pocket resource card during the onsite audit phase when interacting with numerous staff, as well as during the random staff interviews. One hundred percent, as confirmed through a course enrollment negative report, of LAC staff members received either classroom or online instruction on the elements required by this provision in 2022.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.31(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with inmates understand the training they have receive through employee signature or electronic verification.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention

DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training (p. 464) indicates that training participation shall be documented on a CDCR-844 "Training Participation Sign-In Sheet". In-service training is conducted on facility grounds and is led by trained facilitators. Following classroom instruction, the CDCR-844 is completed on paper and retained in the staff member's training file. On-the-job training is conducted via the agency's online learning management system.

3. Site review

In a specialized interview with LAC's Training Director; he outlined the process in which each employee passes a quiz at the end of a training, and receive a passing percentage of correct answers. The employee must then check the acknowledgment that they have read, understood and have met the objectives as defined in the training. This training director is responsible for monitoring staff training and ensuring compliance to timeframes.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

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

Evidence relied upon in making the compliance determinations:

- a. Pre-Audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training
- c. CDCR DOM, Chapter 10, 101090.7 Volunteer Orientation
- d. CDCR On-the-Job-Training (OJT) Module – Prison Rape Elimination Act (PREA)
- e. Memorandum, subject “Volunteer and contractor training” – dated 10-06-2017
- f. CDCR-2301 PREA Policy Information for Volunteers and Contractors
- g. CDCR DOM, Chapter 10, 101090.6.2 Volunteer Application Packet and Files
- h. Interviews of Volunteer(s) or Contractor(s) who have Contact with Inmates
- i. Site review

Reasoning and Analysis (by provision):

115.32(a)

- 1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 475 volunteers and contractors currently authorized to enter LAC) 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.

- 2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention

DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training (p. 464) states that contractors and volunteers shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. Training will be conducted during orientation and annual training.

- 3. CDCR On-the-Job-Training (OJT) Module – Prison Rape Elimination Act (PREA)

This auditor reviewed CDCR In-Service Training, Instructor Text, Prison Rape

Elimination Act (PREA), the same curriculum provided to employees, and found the content consistent with the expectation of this provision.

4. Interviews of Volunteer(s) or Contractor(s) who have Contact with Inmates

During the onsite phase of the audit, two volunteers and five contractors were interviewed. These individuals were selected for an interview based on availability in relationship to the schedule of the audit team, and covered a variety of disciplines.

All seven stated that they had received training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. One volunteer additionally stated that even though they have received the training, they receive further training at each new facility they go to. The audit team reviewed the CDCR-2301, "PREA Policy Information for Volunteers and Contractors". This 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 acknowledges with their signature. The audit team reviewed the records of seven current contractors and volunteers to include their signed CDCR-2301.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.32(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with the inmate. 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 on how to report such incidents.

2. Memorandum, subject "Volunteer and contractor training" - dated 10-06-2017

A supplementary memo to the DOM policy statement regarding volunteer and contractor training was issued on 10-06-2017, in which the length and type of training is more clearly defined. All volunteers and contractors receive one hour of mandatory

inmate / staff interaction training while those with frequent and / or less supervised inmate contact receive more extensive training. This training, at minimum, discusses how to maintain professional distance while maintaining effective communication with inmates; determine the fine line between establishing rapport with inmates; identify consequences of denying inmates' rights; and identify and react appropriately to manipulation by an inmate. All volunteers and contractors are also required to complete annual in-service PREA training. Volunteers and contractors also must initially sign CDCR-2301, which includes an overview of PREA, zero tolerance, professional behavior, preventative measures and detection.

3. Interviews of Volunteer(s) or Contractor(s) who have Contact with Inmates

The audit team reviewed the records of seven current contractors and volunteers to include their signed CDCR-2301.

Two volunteers and five contractors stated during their interviews that they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.32(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received.

2. CDCR DOM, Chapter 10, 101090.6.2 Volunteer Application Packet and Files

DOM, Chapter 10, 101090.6.2 Volunteer Application Packet and Files (p. 836) outlines the process for maintaining documentation of training and understanding for volunteers and contractors. All documentation of completed orientation and annual training must be placed in the volunteer / contractor file; this includes the CDCR-2301, "PREA Policy Information for Volunteers and Contractors". Prior to the signature line on this form is the following statement - "I have read the information above and understand my responsibility to immediately report any information that

	<p>indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.”</p> <p>3. Site review</p> <p>During the onsite audit phase, the audit team reviewed training files for contractors and volunteers and found the completed CDCR-2301 was completed in every file.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education c. Senate Bill 132 pamphlet (“The Transgender Respect, Agency and Dignity Act”) d. PREA Information for Orientation Handbook (English and Spanish) e. Sexual Violence Awareness Brochure (English and Spanish) f. Sexual Abuse / Assault Prevention & Intervention Brochure (English and Spanish) g. CDCR-128-B Prison Rape Elimination Act Information / Training Acknowledgment h. Shine the Light Poster (English and Spanish) i. Interview of Intake Staff j. Interview of Random Inmates

k. Site review

Reasoning and Analysis (by provision):

115.33(a, b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted inmates (i.e. 1,609) were given this information at intake. The agency also indicated in their response to the PAQ that in the past 12 months, 100 percent of inmates (i.e. 1,287) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education

DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education (p. 464) states that verbal and written information shall be provided to offenders which will address prevention / intervention; reporting; treatment and counseling. This same policy requires that initial orientation is “provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish”.

3. Orientation Materials

The facility provided a general “PREA Information for Orientation Handbook” that is provided to all California facilities. A review of the California State Prison - Los Angeles County Inmate Orientation Manual (revised August 2022) incorporates this PREA Information (p. 27-31). This manual is distributed to all inmates upon admission to LAC, and contains the agency’s zero-tolerance policy and reporting options. This handbook further provides information on the federal law, inmates’ rights to be free from sexual abuse and sexual harassment in confinement, definitions, retaliation, cross-gender announcements, transgender accommodations, and support services (i.e. advocacy). The facility also distributes three brochures: Senate Bill 132, Sexual Violence Awareness, and Sexual Abuse / Assault Prevention & Intervention. The sum of these materials detail dynamics of sexual abuse, protective measures, medical care, investigative practices, and transgender rights - and are produced in English

and Spanish.

4. Site review

During the onsite audit phase, this auditor observed the education process in R&R; including the display of a PREA education video (i.e. Just Detention International's video - PREA: What You Need to Know), which may be shown with or without subtitles in English, Spanish, and Hmong immediately upon their arrival to LAC. Intake staff distribute the aforementioned manual and brochures; answer questions; and facilitate receipt of information documentation. During the onsite review, the audit team observed two large screen televisions playing the Just Detention video - the captions were on, and staff stated that they leave the captions on all the time. The video replays in English, Spanish and Hmong and then repeats. It should further be noted that one of the facility's on-site ASL interpreters has also provided sign language interpretation to the video.

This auditor randomly selected 12 inmate records to review for evidence of education acknowledgment while onsite. All 12 inmates had a signed DCD-128B "Receipt of Inmate PREA Education Chrono" on file.

5. Interview of Intake Staff

In addition to observation, this auditor confirmed the intake and comprehensive education process during a pre-onsite interview with the facility's intake lieutenant and during follow-up questions while reviewing the R&R process while onsite. Intake staff further explained that the PREA video is shown on the inmate channel on a regular basis.

6. Interviews of Inmates

Thirty-four of fifty inmates remembered receiving comprehensive information at intake. Of this thirty-four, thirty-one stated they received the information the same day they arrived at LAC. The remaining three stated it was longer than a few days before getting this information. While the remainder did not recall receiving this information during intake, they were all able to articulate how to access this information.

Findings:

Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.

115.32(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that all inmates have received education. Agency policy requires that inmates who are transferred from one facility to another be education 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.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education

DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education (p. 464) states that the brochures "Sexual Violence Awareness" and "Sexual Abuse / Assault - Prevention & Intervention" - shall be available through R&R or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook.

3. Interview of Intake Staff

Interviews of Intake Staff corroborated practice is consistent with policy, all inmates processed through LAC's R&R receive comprehensive PREA education.

4. Site review

The audit team's observation of the R&R process; as well as a review of the education materials provided to each inmate, makes it clear that the agency has adopted a universal means of reporting sexual abuse, sexual harassment and report-related retaliation. As stated above, this auditor randomly selected 12 inmate records to review for evidence of education acknowledgment while onsite. All 12 inmates had a signed DCD-128B "Receipt of Inmate PREA Education Chrono" on file.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.33(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that PREA education is available in formats accessible to all inmates, included those who are limited English proficient, deaf, visually impaired, otherwise disable, and / or limited in their reading skills.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education

DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education (p. 465) requires such accommodation.

3. Site review

This auditor observed that LAC has PREA information posters displayed throughout the facility printed in Spanish and English languages. In 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. LAC has a contract with a translation service, Interpreters Unlimited, to assist non-English speaking or non-reading inmates understand the agency's zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. The agency's PREA video is translated into Spanish and Hmong, in addition to subtitles. As noted above, LAC has further included an ASL interpretation onto the PREA video.

Additionally, intake staff reported that they use their internal computer system (DOMS) to review the inmate's educational level to ensure the material is appropriate for the individual. They also make a point to ask the inmate if they understood everything that was given to them, and give the inmate an opportunity to ask questions if needed.

Findings:

Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.

115.33(e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency maintains documentation of inmate participation in PREA education sessions.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education

DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education (p. 465) states that the receipt of education shall be documented on CDCR Form 128-B 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 CDCR-128B.

3. Site review

As stated above, this auditor randomly selected 12 inmate records to review for evidence of education acknowledgment while onsite. All 12 inmates had a signed DCD-128B "Receipt of Inmate PREA Education Chrono" on file.

Findings:

Based on this analysis, the facility is substantially compliance with this provision and corrective action is not required.

115.33(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

2. Site review

LAC 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 include the "Shine the Light" sexual abuse posters, "Help is Available" (Valley Oasis Advocacy Group) and the Prison Rape Elimination Act Office of the Inspector General poster. Both posters were observed to be presented

	<p>throughout the institution in both English and Spanish. The Prison Rape Elimination Act Office of the Inspector General posters describes reporting options; specifically, Office of the Inspector General (OIG) notification, which made be made anonymously, indicates OIG is also an avenue to contest the results of a PREA investigation.</p> <p>Informal conversations and interviews with both staff and inmates demonstrated that inmates readily know how and where to access information concerning PREA and methods of reporting.</p> <p>Findings:</p> <p>Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training c. Power Point Presentation – Basic Investigators Course – Specialized PREA Training for Locally Designated Investigators d. CDCR Basic Investigators Course – Specialized PREA Training for Locally Designated Investigators Participant Workbook e. Interviews of Investigative Staff f. Site review <p>Reasoning and Analysis (by provision):</p> <p>115.33(a)</p>

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training

DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training (p. 464) 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). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and / or staff sexual misconduct are properly trained." Facility based staff are, specifically, deemed "locally designated investigators" after receiving training to conduct investigations into allegations of sexual violence and / or staff sexual misconduct per the definitions set forth in this section of the DOM.

3. Interviews of Investigative Staff

While onsite, the audit team reviewed training records, interviewed three LDIs, and discussed the specialized training with the Lieutenant of Investigative Services Unit (ISU). LAC has 13 LDIs, and demonstrated that all LDIs have received the specialized training required by this provision.

Findings:

Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.

115.32(b)

1. Training Materials

By way of curriculum review (i.e. Power Point Presentation – Basic Investigators Course – Specialized PREA Training for Locally Designated Investigators and CDCR Basic Investigators Course – Specialized PREA Training for Locally Designated Investigators Participant Workbook); this auditor confirmed the comprehensive training utilized to train staff to investigate allegations of sexual abuse contain the elements required by this provision, which include: interviewing sexual abuse victims, proper use of Miranda warnings, the Garrity rule, sexual abuse evidence

collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The approved curriculum is an eight-hour classroom-based course which targets ISU and Office of Internal Affairs investigators. Instructors must have a minimum of three years full-time instructional experience and must have completed a basic training course in the techniques of training.

2. Interviews of Investigation Staff

This auditor spoke with three LDIs who have completed the specialized training for sexual abuse investigations, as well as informal conversations with additional members of LAC's investigative services team. This auditor found that these individuals were well versed in general investigative techniques as well as the specialized techniques for sexual abuse investigations; to include (but not limited to) policy, first responder procedure, trauma / victimization, documentation, Miranda rights, advocacy, and prosecutorial referral.

Findings:

Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.

115.34(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training.

Specifically, 13 staff members at LAC are trained to conduct sexual abuse investigations.

2. Site review

Training completion is tracked via the agency's learning management system; a list of participants may be queried by course title and retained accordingly. This auditor reviewed such documentation demonstrating training for all 13 investigators.

Findings:

Based on this analysis, the facility is in substantial compliance with this

	<p>provision and corrective action is not required.</p> <p>115.34(d)</p> <p>The auditor is not required to audit this provision of the standard.</p> <p>Findings:</p> <p>Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training c. Memorandum, subject "Prison Rape Elimination Act - Specialized Training for Medical and Mental Health Staff", dated August 9, 2017 d. CDCR On-the-Job Training (OJT) - Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff e. Interviews of Medical and Mental Health Staff f. Site review <p>Reasoning and Analysis (by provision):</p> <p>115.35(a)</p> <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who regularly work in its facilities. Specifically, LAC has 165 medical and mental health care practitioners who fall into this category. Reportedly, at the time the PAQ was completed, 89% received training required by this provision.

2. Memorandum, subject "Prison Rape Elimination Act - Specialized Training for Medical and Mental Health Staff", dated August 9, 2017

Specialized training of medical and mental health practitioners is not directed by policy, but rather by a memo issued August 9, 2017. This memo 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 issuance.

3. CDCR On-the-Job Training (OJT) - Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff

This auditor reviewed the training content and found the elements required for specialized training were present. By the time this auditor arrived onsite, a report of all medical and mental health practitioners revealed that 164 out of 165 participated in the required training. The remaining staff person was notified of the outstanding training and was directed to complete.

4. Interviews of Medical and Mental Health Staff

Interviews of medical and mental health staff indicated that they were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. These staff indicated that they received training online and classroom instruction on these responsibilities.

Findings:

Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.

115.35(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that agency medical staff do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at a local medical hospital, Antelope Valley Hospital.

2. Interviews of Medical and Mental Health Staff

Medical and mental health staff interviewed confirmed that the facility does not provide these types of examinations.

Findings:

Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.

115.35(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite phase, LAC reported that 89% of their medical and mental health care providers that provide services to inmates received agency training of how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. LAC tracks participation electronically via the LMS. While onsite, this auditor reviewed a training report reflecting the participation of all but one medical / mental health staff member. That staff member was instructed to complete.

Findings:

Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.

115.35(d)

	<p>1. Site review</p> <p>During the onsite audit phase, this auditor conducted a cross-reference 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>Findings:</p> <p>Based on this analysis, the facility is in substantial compliance with this provision and corrective action is not required.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.6 Offender Housing c. Instructions for Completion of the PREA Screening Tool d. California Penal Code Section 667.5(c) defines "violent felony" e. Title 15, Article 1.6. Inmate Housing f. Memorandum, subject "Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities", dated September 29, 2017 g. PREA Screening h. Memorandum, subject "Prison Rape Elimination Act Risk Screening", dated August 28, 2017 i. Memorandum, subject "Changes to the Prison Rape Elimination Act Screening Form – Standard 115.41 Compliance", dated July 23, 2020 j. SOMS Screening Form Access k. PREA Screening Job Aid and Instructions

- l. CDCR PREA Screening Instructions
- m. CDCR-128-MH5 Mental Health Referral Chrono
- n. Memorandum, subject "Prison Rape Elimination Act – Reassessments at Reception Centers", dated March 13, 2019
- o. CDCR DOM, Chapter 5, 54040.7 Screening for Appropriate Placement
- p. Interview of Staff Responsible for Risk Screening
- q. Interview of Inmates
- r. Interview of PREA Coordinator
- s. Interview of PREA Compliance Manager
- t. Site review

Reasoning and Analysis (by provision):

115.41(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy (i.e. DOM, Chapter 5, 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 toward other inmate.

2. CDCR DOM, Chapter 5, 54040.6 Offender Housing

DOM, Chapter 5, 54040.6 Offender Housing, Single Cell Status (p. 465) and Screening for Appropriate Placement (p. 466) outlines the facility's responsibility for screening for the risk of victimization or abusiveness for every inmate upon admission to LAC. The facility supplied the audit team with the auditing instrument and the instructions for completion of screenings using this assessment measure.

3. Interviews with Staff Responsible for Risk Screening

This auditor discussed the risk screening process with the facility's primary risk screener during a pre-on-site interview, and conducted a second interview with a different (back up) staff member. Both discussed that the risk screening is completed

the day the inmate gets to LAC. One intake staff member indicated that if an inmate were to come in after 10:00 pm, that inmate would be screened the following morning after 6:00 am. He also indicated that if that were to happen - they do not provide the inmate with their property so that they are motivated to return to R&R to get their property and conduct all the screenings necessary (risk screening, health screening).

4. Interviews of Inmates

Of 50 inmate interviews, 32 of them had arrived at LAC greater than 12 months earlier, so questions about the risk screening process was not asked. Of the remaining 18 inmates - 13 recalled receiving a risk screening "right off the bus", and 5 did not have any recollection of a screening being completed.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that their policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Their policy does not provide a 72-hour timeframe, but rather states that "upon arrival" at the facility, a designated custody supervisor shall screen an inmate for an appropriate housing assignment. The facility indicated that 100% (i.e. 1,543 inmates) of inmates entering the facility within the past 12 months, whose length of stay in the facility was for 72 hours or more, and were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

2. Interviews of Staff Responsible for Risk Screening

While on site, the audit team interview two staff responsible for risk assessment screenings. Both of these staff indicated that all inmates arriving at LAC are screened for risk of victimization or abuse on the same day as arrival to the facility. The audit team observed same day intake of new inmates, including completion of the PREA risk assessment screening.

3. Interviews of Inmates

During random inmate interviews, 18 inmates were noted to have arrived at LAC within the past 12 months. Of these inmates, 72% (13/18) inmates reported completing PREA risk assessment screening. All of these 13 inmates indicated receiving the screening "right off the bus". Five inmates did not have any recollection of a screening being completed.

4. Site review

This auditor reviewed records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. A random sampling of 12 files, found that all but one had their screening documented. Of note, it was explained to this auditor by several intake staff that if the screening is not saved appropriately, it does not go into the inmate's file correctly.

Findings:

Based on this analysis, the facility is not substantially compliant with this provision and corrective action is required.

Modify the process to require that all screenings are documented in the inmate's record and a rescreening is conducted within 30 days of arrival.

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

The facility also provided records for the last several months indicating that all inmates were screened within 72 hours of admission. These records were updated to the OAS.

UPDATED Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that their risk assessment is conducted using an objective screening instrument. LAC provided numerous documents related to the screening instrument used to assess PREA risk factors. The screening measure assess both risk of sexual victimization and abusiveness. Areas assessed include history of sexual abuse and / or violence within facilities; history of substantiated or unsubstantiated sexual abuse and harassment within correctional facilities within the past 10 years; sexual victimization in a non-correctional setting; mental, physical, or developmental disabilities; age, noting special attention to 21 and under as well as 65 and older; physical build (with stature of 5'2" or less and / or less than 120 lbs. for males and 5' or less and / or weight under 90 lbs. identified as slight build); prior sexual offense convictions; self-identification or perception of others of the individual's sexual orientation and identification; first incarceration; exclusively non-violent criminal conviction history; self-perception of vulnerability to sexual victimization; history of sexual offending; and history of non-sexual violence in non-correctional settings as well as within correctional settings. Screening is completed via an electronic screening tool and information gathered is used to determine risk of victimization or risk as an abuser. While this measure is subjective, specific assessment is objective as it considers screener's perceptions, inmate perceptions, external perceptions, and addresses inmate history and individual characteristics that may result in risk of abusiveness or victimization.

2. Site review

While on site, members of the audit team reviewed the electronic screening process and observed risk assessment screening. It is noted that staff completing the screening informed the audit team that they use screening observations of inmate appearance to assist in determining external perception of sexual orientation and gender identification.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that their risk assessment is conducted using an objective screening instrument. LAC provided numerous documents related to the screening instrument used to assess PREA risk factors. The screening measure assess both risk of sexual victimization and abusiveness. Areas assessed include history of sexual abuse and / or violence within facilities; history of substantiated or unsubstantiated sexual abuse and harassment within correctional facilities within the past 10 years; sexual victimization in a non-correctional setting; mental, physical, or developmental disabilities; age, noting special attention to 21 and under as well as 65 and older; physical build (with stature of 5'2" or less and / or less than 120 lbs. for males and 5' or less and / or weight under 90 lbs. identified as slight build); prior sexual offense convictions; self-identification or perception of others of the individual's sexual orientation and identification; first incarceration; exclusively non-violent criminal conviction history; self-perception of vulnerability to sexual victimization; history of sexual offending; and history of non-sexual violence in non-correctional settings as well as within correctional settings. Screening is completed via an electronic screening tool and information gathered is used to determine risk of victimization or risk as an abuser. While this measure is subjective, specific assessment is objective as it considers screener's perceptions, inmate perceptions, external perceptions, and addresses inmate history and individual characteristics that may result in risk of abusiveness or victimization.

These questions cover (1) through (9) of the criteria listed in this standard. LAC 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.

2. Interviews of Staff Responsible for Risk Screening

An interview with the facility's primary intake risk screener affirmed that the required considerations are made. The screener successfully recited each of the questions on the PREA Screening, which encompasses the above criteria. All interviews are conducted in a private and confidential area, away from others.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(e)

1. Site review

The PREA Screening tool includes an assessment of the criteria required by this provision and described in discussion of 115.41(d). Each of these questions attempts to elicit information about an inmate's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

Responses are recorded as part of the screening and used to determine each inmate's risk of being sexual abusive.

2. Interviews of Staff Responsible for Risk Screening

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

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy that requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period; not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, 1,287 inmates have reportedly entered the facility and remained there for 30 days or more. Of these inmates, the facility stated all were rescreened for risk within 30 days of admission.

Contrary to the facility's PAQ disclosure, this auditor could not identify policy language within the DOM that supports this provision. However, note - a policy is not required for this provision.

2. Memorandum, subject "Prison Rape Elimination Act - Reassessments at Reception Centers", dated March 13, 2019

A memorandum, dated March 13, 2019 clarifies that all risk assessment rescreenings must be completed within 30 days of arrival and outlines the specific reassessment process. This rescreening process does not require the inmate to be seen for rescreening, unless new information is noted to include any disciplinary concerns, reports of victimization, change to mental health needs, or any additional information has been identified that could indicate the inmate being at higher risk for sexual abuse or victimization.

3. Interviews with Staff Responsible for Risk Screening

This auditor found that the staff that complete the initial screenings are not tasked with completing rescreenings at LAC. This responsibility is designated to the Correctional Counselors and is monitored by ISU for compliance.

4. Interviews of Inmates

During inmate interviews, 18 inmates arriving within the past 12 months were randomly interviewed. None of these 18 reported having a rescreening completed after arrival. It is noted that the audit team did not observe any inmate PREA risk assessment rescreenings while on site, as none were reportedly being performed.

Review of records of inmates' initial assessment and reassessment for risk of sexual victimization or abusiveness was completed. This review indicated 83% compliance (10/12) was within the 30-day time frame for rescreening all reviewed files of inmates arriving within the past 12 months.

Findings:

Based on this analysis, the facility is not substantially compliant with this provision and corrective action is required.

Modify the process to require that all screenings are documented in the inmate's record and a rescreening is conducted within 30 days of arrival.

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

The facility also provided records for the last several months indicating that all inmates were screened within 72 hours of admission. These records were updated to the OAS.

UPDATED Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(g)

1. Pre-Audit Questionnaire (PAQ)

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.

2. CDCR DOM, Chapter 5, 54040.7 Screening for Appropriate Placement

DOM, Chapter 5, 54040.7 Screening for Appropriate Placement (p. 466) restates this expectation and further states "Any staff member, with significant concern that an offender may be subject to sexual victimization, shall immediately notify a custody supervisor who will refer that offender for a mental health evaluation per existing policy regarding mental health referrals." There is no indication that this mental health screening is equivalent to a PREA screening.

3. Interviews with Staff Responsible for Risk Screening

Both staff interviewed indicated that inmates are reassessed for risk of abuse and / or risk of victimization upon referral, request, incident of sexual abuse or receipt of additional information.

4. Interviews with Inmates

Records review indicated that rescreenings were conducted under this provision's requirements. Random, general population inmates who have been at the facility for a longer duration stated that the risk screening is conducted by their counselor during their annual review.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(h)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.6 Offender Housing

DOM, Chapter 5, 54040.6 Offender Housing - Single Cell Status (p. 465) states that inmates shall not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. Interviews with the staff that complete the risk screening confirm that inmates are allowed to skip a question, or not answer a question, or not be truthful, and they will not be disciplined.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.41(i)

1. Interviews

A review of interviews with the agency PREA Coordinator, LAC PREA Compliance Manager and Staff Responsible for Risk Screening indicates that all interviewed individuals reported that electronic management systems are used in maintaining responses to PREA risk assessments. This screening is loaded into a system identified as EMRS, and the risk assessment category of "risk of victimization" or "risk of abusiveness" is entered into the electronic SOMS system. The storage systems

provide levels of access to this information depending on rank, job assignments and “need to know”. Sergeants and higher (in R&R) are able to access screening information. Receiving and release staff do the initial housing assignment, and when bed decisions are made, the Sergeant has to approve the move using a review of the victimization or abusiveness risk (in order to ensure the two categories are not celled together). While on site, the audit team was able to observe the use of EMRS and SOMS systems. There is a warning of confidentiality when staff access this risk assessment screening information.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. California Penal Code Section 667.5(c) defines “violent felony” c. Memorandum, subject “Use of Screening Information”, dated October 6, 2017 d. CDCR’s compliance with 115.42 guide e. CDCR DOM, Chapter 5, 54040.6 Offender Housing f. Memorandum, subject “Changes to Prison Rape Elimination Act Screening Form – Mental Health Referral Process”, dated October 24, 2018 g. Memorandum, subject “Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities”, dated September 29, 2017 h. SOMS PREA Screening Instructions i. PREA Screening Job Aid and Instructions

- j. CDCR, Title 15, 3377. Facility Security Levels
- k. Senate Bill 312 “The Transgender Respect, Agency and Dignity Act” brochure (English and Spanish)
- l. CDCR DOM, Chapter 5, 54040.14.2 Transgender, Biannual Reassessment for Safety in Placement and Programming
- m. Memorandum, subject “Overview of Senate Bill 132 - Training”, dated November 6, 2020
- n. Memorandum, subject “Transgender Biannual Reassessment for Safety in Placement and Programming”, dated August 25, 2017
- o. CDCR DOM, Chapter 6, 62080.14 Transgender or Intersex Inmates Revised May 15, 2018
- p. Interview of PREA Compliance Manager
- q. Interviews of Staff Responsible for Risk Screening
- r. Interviews of Transgender / Intersex Inmates
- s. Interviews of LGB Inmates
- t. Site review

Reasoning and Analysis (by provision):

115.42(a, b)

1. Pre-Audit Questionnaire (PAQ)

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. They further indicated that the agency makes individualized determinations about how to ensure the safety of each inmate.

2. Memorandum, subject “Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities”, dated September 29, 2017

Per a memo from the Division of Adult Institutions Director on 09-29-2017; in an effort to immediately come into compliance with 115.41 and 115.42, all facilities were to

ensure each inmate was screened for risk during their next annual classification review. Following this “catch up” period, initial risk screening is conducted during Receiving & Release by the custody supervisor (i.e. Lieutenant or Sergeant) and again within 14 days of arrival by the appropriate correctional counselor in anticipation of the Initial Unit Classification Committee. Results of this risk screening may categorize the inmate as having no risk, risk of abusiveness, or risk of victimization. In the event that an inmate is determined to be at risk, they must be designated as such in the inmate precaution screen of SOMS so that this information is know when making housing assignments - the PREA Screening Instructions details the electronic entry process. If either precaution exists, the custody supervisor is required to review the potential cellmate’s precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell.

3. CDCR DOM, Chapter 5, 54040.6 Offender Housing

DOM, Chapter 5, 54040.6 Offender Housing, Single Cell Status (p. 465) reflects that 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.

4. Memorandum, subject “Use of Screening Information”, dated October 6, 2017

This memo outlines what staff classifications can use information from the risk screening; and clearly outlines the purposes for which the risk screening information can be used for.

5. Interviews

During interviews and conversations with 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.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.42(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

2. CDCR DOM, Chapter 6, 62080.14 Transgender or Intersex Inmates Revised May 15, 2018

According to Chapter 6, 62080.14 Transgender or Intersex Inmates Revised May 15, 2018 (p. 567); a classification committee shall review case factors for transgender and intersex inmates so as to determine institutional placement and housing assignments. In an effort to deliver appropriate medical care and mental health treatment, transgender and intersex inmates shall be housed at one of 14 (3 female sites, and 11 male sites) 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.

3. Interviews

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. LAC is not a designated facility for transgender inmates. This auditor spoke to three inmates who identified as transgender - all three described a case-by-case determination; further one indicated that they were awaiting transfer to one of the designated sites, the other indicated that they were "okay" at LAC and did not want to be transferred.

4. Site review

During the site review, the audit team learned about materials that are distributed during intake. One document is a brochure that includes information about Senate Bill 132, the Transgender Respect, Agency and Dignity Act. This brochure highlights the rights afforded to those that identify as transgender, frequently asked questions, requesting transfer, and sexual abuse / sexual harassment reporting information. Additionally, there is a description of the process to request transfer to a facility that matches the inmate's gender identity.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.42(d)

1. CDCR DOM, Chapter 5, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming

According to DOM, Chapter 5, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 470-471), 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 pre-committee interview. The correctional counselor is also responsible for reviewing the inmate's case factors in SOMS and the electronic medical record to glean additional, relevant information. Following the review, the correctional counselor shall document actions on the CDCR-128-B Transgender Biannual Assessment – PREA Chrono. If an inmate discloses any threats, the correctional counselor must immediately notify a custody supervisor. If the inmate shares information related to sexual abuse and / or sexual harassment, the correctional counselor is directed to document and notify the facility's LDI in accordance to agency policy. Finally, the PCM is responsible for overseeing that this process is completed in a timely manner, maintaining a tracking log, and ensuring the PREA Coordinator receives receipt of completed assessments within five days of the review.

2. Interviews

During specialized interviews, the PCM and custody counselors stated that not only are transgender / intersex inmates seen biannually; but their records are reviewed every 30 days to ensure that they are safe. As noted above, LAC is not a designated hub for transgender and intersex inmates, but three inmates who identify as transgender were interviewed, and stated that they are reviewed every six months.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.42(e)

1. CDCR DOM, Chapter 5, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming

According to DOM, Chapter 5, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 470-471), the reassessment process is triggered by headquarters, who are responsible for sending each respective facility a listing of known transgender inmates, included deadlines by which to reassess the inmate. 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 a CDCR-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 is complete.

2. Interviews

An interview with the PCM corroborated that the facility's practice aligns with agency policy. He indicated that LAC gives serious consideration to transgender or intersex inmate's own views about their safety within the institution. This assertion was verified by review of assessment documentation for the two transgender inmates interviewed.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.42(f)

1. Site review

A review of the facility's physical plant and showering accommodations confirmed a discussion with the facility's PCM who stated that transgender inmates have an opportunity to shower separately, and privately by space. Modesty curtains or barriers are in place in all the showering areas. Inmates who identify as transgender affirmed they are afforded showering opportunities without being view by others.

	<p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> <p>115.42(g)</p> <p>1. Interviews</p> <p>The agency’s PREA Coordinator affirmed that the agency is not subject to a consent decree, legal settlement or legal judgement regarding lesbian, gay, bisexual, transgender or intersex inmates be placed in dedicated facilities, units or wings solely on the basis of their sexual orientation, genital status, or gender identity. He stated that inmates who identify as such are spread throughout the agency in accordance with their security and programming needs. While inmates who identify as transgender or intersex may be placed at designated facilities, they are housed throughout the facility in all housing units, not a dedicated unit. Additionally, these inmates are not housed at one of these designated facilities solely on the basis of their gender identify or medical diagnosis – but rather due to potential housing, medical and / or property needs. Interviews of seven inmates that are Transgender / Intersex / Gay / Lesbian and Bisexual all indicated that they have never been housed at any facility solely on that factor.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR, Title 15, 3335 Administrative Segregation c. CDCR DOM, Chapter 5, 54040.6 Offender Housing

- d. Interview of Warden or Designee
- e. Interview of Staff who Supervise Inmates in Segregated Housing
- f. Site review

Reasoning and Analysis (by provision):

115.42(a)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.6 Offender Housing

According to DOM, Chapter 5, 54040.6 Offender Housing (p. 465) states that inmates at "high risk" for sexual victimization "shall not be placed in segregated housing unless as an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers". In the event that segregated housing is appropriate, the inmate shall be issued an "Administrative Segregation Placement Notice", which must state the reason for segregated housing. Thereafter, the inmate's placement is reviewed by the Institution Classification Committee. The inmate shall not ordinarily exceed 30 days in segregated housing.

3. Interview of Warden or Designee

An interview with the Chief Deputy Warden indicated that policy prohibits placing those at high risk of victimization, on that basis alone, in a segregated status unless there are no other means for housing. Rather, they consider what other housing unit(s) are most appropriate, with the goal of preserving their programming and privileges.

Findings:

Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.

115.43(b)

1. CDCR, Title 15, 3335 Administrative Segregation

According to Title 15, 3335 Administrative Segregation (p. 186-187), 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".

2. Interviews

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.

Discussion with staff members who supervise inmates in segregated housing reveals that inmate that are in Non-Disciplinary Segregation (NDS) status maintain education, property (with some limitations), yard time, access to provides, pay status, and programming; full restriction is not acceptable.

Findings:

Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.

115.43(c)

1. Pre-Audit Questionnaire (PAQ)

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. Zero inmates have been involuntarily segregated for any period of time. According to Chapter 5, 54040.6 Offender Housing (p. 465) 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.

2. Interviews

Discussion with the facility's Chief Deputy Warden and staff who supervise inmates in a segregated status affirmed this practice.

Findings:

Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.

115.43(d)

1. Pre-Audit Questionnaire (PAQ)

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 Chapter 5, 54040.6 Offender Housing (p. 465) if involuntary segregated housing assignment is made in accordance with the above provisions, the inmate is to be issued a "Administrative Segregation Placement Notice", which clearly articulates the reason for the staff member's concern for inmate safety, the other alternative means of separation explored, and the reason why there are no alternative means of separation that could be arranged.

Interviews with the Chief Deputy Warden, the 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.

Findings:

Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.

115.43(e)

	<p>1. Pre-Audit Questionnaire (PAQ)</p> <p>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 responded that if an involuntary segregated housing assignment was made, the facility would review the inmate’s status every 30 days to determine if there was a continuing need for separation from the general population.</p> <p>According to Chapter 5, 54040.6 Offender Housing (p. 465) 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>2. Interviews</p> <p>A staff member that supervises inmates in segregation stated that inmates are reviewed every 30 days. The Chief Deputy Warden, PCM and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary 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>Findings:</p> <p>Based on this analysis, the facility substantially exceeds requirement with this provision and corrective action is not required.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR 128-B Receipt of Inmate PREA Education c. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education

- d. CDCR DOM, Chapter 54040.7 Detection, Notification and Reporting
- e. CDCR Title 15, 3401.5. Staff Sexual Misconduct
- f. "Shine the Light" Poster - English and Spanish
- g. PREA Sexual Violence Awareness Brochure - English and Spanish
- h. PREA Sexual Abuse / Assault Prevention & Intervention - English and Spanish
- i. Interviews of Random Staff
- j. Interviews of Inmates
- k. Interview of PREA Compliance Manager
- l. Interview of Mailroom Staff
- m. Site review
- n. CDCR Website (www.cdcr.ca.gov)

Reasoning and Analysis (by provision):

115.51(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse; sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.

2. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education

According to the DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education (p. 464-465) states that "approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas." Further, this policy states "The PREA brochure entitled 'Sexual Violence Awareness' and the PREA booklet entitled 'Sexual Abuse / Assault - Prevention and Intervention' will be distributed during initial processing in RC

institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook."

3. Interviews

Informal conversations with inmates during the site review and formal random and targeted inmate interviews indicated that all but five inmates could recite at least one way to report sexual abuse or sexual harassment. Those who did not or could not recite a method stating that they would not elect to report even if they needed to for various reasons (e.g. bravado, cultural reasons). Of 25 random staff interviewed, all but one was able to recite appropriate reporting options. It should be noted that the one who could not was a very new staff member, and appeared to be very young and quite nervous throughout the interview.

4. Site review

During the site review, it was noted that LAC provides facility specific education to inmates via the Inmate Orientation Manual, along with the Sexual Violence Awareness and Sexual Abuse / Assault Prevention & Intervention upon intake. Each of these documents detail reporting options, which include those outlined in the policy above. Each inmate is asked to sign receipt via the CDCR-128-B Receipt of Inmate PREA Education.

The audit team observed multiple types of colorful posters displayed throughout the facility, to include areas where third parties may observe (i.e. visiting rooms). These displays included reporting types, phone numbers and addresses as outlined in agency policy. The signs were in English, Spanish and Hmong. All signage was in good condition, and were accessible to all inmates (i.e. signage was posted at "average" height and lower for wheelchair bound inmates).

The audit team tested the hotlines provided; calls were responded to within 24 hours. As these were tests, the Investigative Services Unit (ISU) outlined the steps they would have taken had it been an actual call; immediately initiate PREA protocols (Including a notification to the Hiring Authority and notification to the PREA Compliance manager). ISU or Facility staff would conduct a confidential clarification interview with the victim and to gather any additional information not included in the 1-800 call to the OIG. Once a victim is identified we will separate the victim from any alleged suspects. Provide immediate medical services to the victim. Provide a Victim Advocate to the victim to assist the victim through the process. An Investigative Interview and physical evidence would be collected from any crime scene. A CDCR 7219 Medical Evaluation would be conducted on the victim and potential suspect. SART

would be initiated. Ensure the victim and suspect are appropriately housed.

Additionally, this auditor placed a note in one of the grievance boxes. Information conversation with staff had indicated that these are picked up once a day. Within 24 hours, this auditor received a response that the note was found and outlined the steps that would have been taken based on the allegation (similar to above).

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.51(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

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 officials and relevant officials of the Department of Homeland Security.

2. Site review

During the site review, it was determined that the Office of the Inspector General (OIG) is the designated office that is not part of the agency. The facility's orientation manual and brochures entitled Sexual Violence Awareness and Sexual Abuse / Assault Prevention & Intervention further states letters to OIG will be processed as legal mail and reporters can request to remain anonymous.

3. Interviews

Interview of mailroom staff stated that inmates may receive paper and postage page

envelopes free of charge. Inmates may send an unlimited number of letters at their own expense. Privileged correspondence, including mail to the OIG, does not need to include the inmate's name or CDCR number as long as it is marked "confidential".

An interview with the PCM confirmed that an inmate may report externally, and anonymously (if they so choose) to OIG by phone or letter. Of 50 random and target inmate interviews, there was variation in understanding anonymous reporting options. 56% (28 of 50) stated that one could make a report external report, anonymous or not. 36% (18 of 50) stated they did not know, and the remaining four said there was not a way. However, it should be noted that the inmates that stated they did not know, or that there wasn't a way; it was clear to the audit team that they knew where to find this information, should they need it. This was evidenced by their knowledge of the posters, manuals, and information on the inmate channel.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.51(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports.

2. CDCR DOM, Chapter 54040.7 Detection, Notification and Reporting

According to DOM, Chapter 54040.7 Detection, Notification and Reporting (p. 465), states that offenders may report to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party. Staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.

3. Interviews

All random staff, as well as the PCM, that were interviewed stated inmates can report in any of the ways described by this provision. All stated that they would immediately complete an incident report upon receiving a verbal report from an inmate. Six of 50 inmates stated they could not or were not aware of written, verbal or third-party reporting options; the overwhelming majority affirmed that they can report in any of the accepted ways with the exception of reporting anonymously as described above.

4. CDCR Website

A review of CDCR's public website revealed a list of ways in which sexual abuse or sexual harassment may be reported. Specifically, community-based reporters may disclose an experience of sexual abuse or sexual harassment on behalf of an inmate to OIG, OIA, or the respective facility. The displayed information includes a listing of mailing addresses and telephone numbers.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.51(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor.

2. CDCR DOM, Chapter 54040.7 Detection, Notification and Reporting

According to DOM, Chapter 54040.7 Detection, Notification and Reporting (p. 465), states that offenders may report to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party. Staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. This expectation is also reiterated in Title 15, 3401.5 Staff Sexual Misconduct.

	<p>3. Interviews of Random Staff</p> <p>All fifteen staff selected randomly stated that they can and should report privately, to a supervisor. One staff further stated that they could contact OIG if they were not comfortable going to their supervisor.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR Title 15, Article 8, Inmate Sexual Safety c. CDCR Title 15, 3483, Grievance Review d. CDCR DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer e. CDCR DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender f. CDCR DOM, Chapter 5, 54040.15.1 Alleged Victim - False Allegations g. Inmate Orientation Manual h. Interviews of Inmates Who Reported a Sexual Abuse i. Interview of Grievance Staff j. Site review <p>Reasoning and Analysis (by provision):</p>

115.52(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

2. CDCR Title 15, Article 8, Inmate Sexual Safety

According to the CDCR Title 15, Article 8, Inmate Sexual Safety, any grievance containing allegations of sexual abuse and / or sexual harassment shall be immediately reviewed by the Hiring Authority or designee. It further states that the inmate is not required to use the grievance process to report or resolve an allegation of sexual abuse and / or sexual harassment.

3. Site review

Each inmate receives an inmate manual which outlines the grievance / appeal process. During this audit period, 66 grievances alleging sexual abuse were received via the appeal process. This auditor reviewed seven complaints and spoke with the facility's senior grievance staff member who described the review, follow-up and documentation process.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.52(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy or procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The facility also reported that agency policy requires an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of sexual abuse.

2. CDCR Title 15, Article 8, Inmate Sexual Safety

According to the CDCR Title 15, Article 8, Inmate Sexual Safety, states that there shall be no time limit for allegations of staff sexual misconduct or inmate-on-inmate sexual violence.

3. Site review

The facility's Inmate Orientation Manual encourages inmates to attempt to resolve issues with appropriate staff before filing an appeal. This is consistent with information from specialized staff. Staff confirmed during interviews that no time limits are imposed for allegations of sexual abuse, and further; that there are no requirements imposed using an informal grievance process prior to making an allegation of sexual abuse.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.52(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency's policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the person who is the subject of the complaint; and further, grievances of this nature will not be referred to the staff member who is the subject of this complaint.

2. CDCR Title 15, Grievances

According to the CDCR Title 15, Grievances, "the Reviewing Authority shall ensure that any individual whose personal interaction with a claimant forms part of the claim is excluded from participating in the grievance process".

3. Site review

Outside of the grievance process, inmates are afforded the opportunity to report sexual abuse or sexual harassment in writing or by phone to the OIG or OIA, in writing to any staff member, verbally to any staff member, and through a third party without

involving a staff member who is the subject of the complaint. Inmates are notified of the grievance / appeal process through the inmate orientation manual.

Additionally, the audit team observed lock boxes for inmates to send grievances.

Through informal conversation with inmates and staff; confirmed that inmates are able to submit grievances or appeals bypassing the staff member who may have been involved or is the subject of the grievance.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.52(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency's policy requires a decision on the merits of any grievance or portion of a grievance alleging sexual abuse within 90 days of the filing of the grievance.

2. CDCR Title 15, Grievances

According to the CDCR Title 15, Grievances, the grievance coordinator shall ensure that a written grievance decision is completed no later than 60 calendar days after receipt of the grievance. However, it also states that if the grievance is identified as Staff Misconduct - the claim gets referred to the appropriate authority to gather relevant facts, and results in "exhaustion of the administrative remedies process" for the claim (but still gets investigated).

The facility reported 66 grievances file that alleged sexual abuse. All but two were appropriately handled within 90 days. Twelve remained under investigation for longer than 90 days, and an extension was file.

3. Interviews of Inmates Who Reported a Sexual Abuse

Of the three inmates interviewed who reported a sexual abuse; two stated that they had not received this notification (however, did not report via the grievance process).

The third had just made their report within the last 30 days.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.52(e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that agency policy allows third parties (including fellow inmates, staff members, family members, attorneys, and outside advocates) to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Moreover, 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.

2. CDCR DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer

According to DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (p. 466); 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. Reviews of investigative files show that reports from third parties are accepted and investigated. According to the PAQ, third party reports are tracked by OIA / AIMS / AIU.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.52(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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. The agency conforms to the procedures outlined in CCR, Title 15, Article 8, which states that all grievances alleging sexual violence of staff sexual misconduct are processed as emergency appeals, which triggers an assessment to determine risk. Imminent risk requires immediate corrective action.

The risk assessment must be documented within 48 hours of receipt of imminent risk. A final decision, including a description of actions taken in response, is required within 5 calendar days. This auditor spoke to the facility's grievance coordinator, who successfully demonstrated understanding of this process, including elevating the complaint to an "emergency", as directed by policy and handled accordingly.

LAC reported that they received zero grievances or appeals citing substantial risk of imminent sexual abuse received in the last 12-month review period, but also noting that information is tracked by OIA / AIMS / AIU.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.52(g)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

2. CDCR DOM, Chapter 5, 54040.15.1 Alleged Victim - False Allegations

According to DOM, Chapter 5, 54040.15.1 Alleged Victim - False Allegations (p. 471); indicates the reporter may be subject to disciplinary action if it is determined the allegation was not made in good faith or upon reasonable believe that the alleged conduct occurred. A charge of "making a false report of a crime" is applicable only if

	<p>evidence indicates the inmate “knowingly” made a false report. Furthermore, unsubstantiated or unfounded dispositions are not equivalent to false reporting. LAC has processed two grievances in the past 12 months which suggest a report was made in bad faith; and discipline was issued. This auditor reviewed these two grievances and subsequent investigations for appropriateness.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person c. CDCR Sexual Abuse / Assault Prevention & Intervention Brochure (English and Spanish) d. “Help is Available” Poster (English, Spanish, and Hmong) e. PREA Orientation Handbook (sample) f. Interviews of Random Inmates g. Interviews of Inmates Who Reported a Sexual Abuse h. Site review <p>Reasoning and Analysis (by provision):</p> <p>115.53(a)</p>

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse; 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, therefore, does not provide information for immigrant services agencies.

2. CDCR DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person

According to the DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person (p. 468) restates this service provision and specifically, indicates this contact information is available to inmates in the following written resources: Sexual Violence Awareness brochure, Sexual Abuse / Assault - Prevention & Intervention brochure and facility-specific orientation manual. This auditor observed the telephone number and mailing address for Valley Oasis in each of these resources, in addition to posters displayed throughout the facility in inmate common areas, and every housing unit.

3. Interviews

During random inmate interviews, specialized inmate interviews and informal conversations with inmates - the audit team learned that about 40% of inmates did not know or weren't sure if outside victim services were available. However, all but two inmates were able to articulate where PREA information, reporting methods and contact information could be located should they need it.

An interview with the mailroom staff affirmed that indigent inmates may receive paper and postage paid envelopes free of charge. Thereafter, inmates may send an unlimited number of letters at their own expense. Correspondence, including mail to Valley Oasis will be handled in accordance with the agency's privileged mailing procedures.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.53(b)

1. Pre-Audit Questionnaire (PAQ)

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.

2. Inmate Orientation Manual

LAC provided a copy of their Inmate Orientation Manual – page 30 specifically states that inmates at LAC may write or call Valley Oasis, and provides the mailing address and telephone number. It further states “Privacy: Written correspondence between an inmate and a rape crisis center advocate or OIG/OIA is confidential pursuant to CAL. EVID. CODE § 1035.4. The outside of envelope must state ‘ Evid. Code 1035.4 Confidential / Privileged Communication’ to be processed in this manner.”

2. Interviews

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 expectation provided in this provision. It should be noted that none of the fifty inmates interviewed acknowledged utilizing victim services outside of the facility. This auditor found that LAC has documented, in the facility manual and brochures provided to all inmates at intake, the procedure for inmates to maintain the confidentiality of their correspondence with outside victim services.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.53(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to

	<p>sexual abuse, and that the facility maintains copies of these agreements.</p> <p>The facility indicated that their current contract with Valley Oasis has expired and they are working on renewing the contract. This auditor reviewed past MOUs while onsite; and additionally contacted Valley Oasis, who stated that if their services were needed, they would still provide them even while the contract was being worked on.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR Title 15, 3391 - Employee Conduct c. CDCR DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer d. CDCR DOM, Chapter 5, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender e. CDCR website information f. Site review <p>Reasoning and Analysis (by provision):</p> <p>115.54(a)</p> <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency and facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment; and that they publicly distribute reporting information on CDCR’s website, to receive third-party reports of inmate sexual abuse or sexual harassment.

2. Site review

This auditor observed this information is posted publicly by navigating to CDCR, locations, Adult Institutions, Prison Rape Elimination Act (PREA). There, readers will learn that third parties may contact the facility directly, the regional Office of Internal Affairs, or Office of the Inspector General. In addition to posting methods on the public website, the facility circulates such information via the inmate orientation manual, which states “you may tell a family member or friends, who can report on your behalf”. This information is also visible in the visiting areas of LAC. Interviews with random and targeted inmates affirm that they are aware they may report to a person external to the agency.

3. CDCR DOM, Chapter 5, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer

DOM, Chapter 5, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (p. 466) emphasizes that third party reports may be received on behalf of an inmate and goes on to describe the process of evaluating the report for investigation. The term “third party” includes inmates, family members, attorneys or outside advocates.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:
	a. Pre-Audit Questionnaire (PAQ)

- b. CDCR DOM, Chapter 5, 54040.4 Education and Prevention, Staff Training
- c. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting
- d. CDCR On-the-Job Training (OJT) Module – Prison Rape Elimination Act
- e. CDCR Prison Rape Elimination Act In-Service Training (IST)
- f. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up
- g. CDCR DOM, Chapter 5, 54040.8 Response
- h. CDCR-2304 Protection Against Retaliation (PAR) – Inmate
- i. CDCR-2305 Protection Against Retaliation (PAR) – Staff
- j. Interviews of Random Staff
- k. Interviews of Medical and Mental Health Staff
- l. Interview of Warden or Designee
- m. Interview of PREA Coordinator
- n. Site review

Reasoning and Analysis (by provision):

115.61(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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.

2. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting

According to DOM, Chapter 5, 54040.7 Detection, Notification (p. 465), and all staff have a responsibility to immediately and confidentially report any information that

indicates an inmate is being, or has been, the victim of sexual abuse or sexual harassment. Staff shall report to the “appropriate supervisor” and are further instructed to assist the inmate, refer them to medical / mental health and document on a CDCR-837 Crime Incident Report. Additionally, section 54040.4 Education and Prevention, Staff Training (p. 464) outlines that all staff are to receive training to make them aware of this responsibility.

2. Training Modules

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

3. Interviews

Random staff interviews demonstrated that staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.61(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, 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.

2. CDCR DOM, Chapter 5, 54040.8 Response

DOM, Chapter 5, 54040.8 Response (p. 467) reminds staff that incident-based information is confidential and shall only be disclosed on a “need to know” basis or in accordance with law. The agency defines “need to know” in the DOM as “when the information is relevant and necessary in the ordinary performance of that employee or contractor’s official duties”.

3. Interviews of Random Staff

Fifteen random staff were interviewed; all were able to articulate their reporting responsibilities as well as maintaining the confidentiality of the information except in instances where staff had a “need to know”.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.61(c)

1. Interviews of Medical and Mental Health Staff

This auditor interviewed a medical clinician and a mental health practitioner; both indicated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. They affirmed they are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.61(d)

1. Interviews

LAC does not house youthful inmates. LAC reported that there have been zero youthful inmates at the facility in the past 12 months. The auditor confirmed with the

	<p>Chief Deputy Warden (Warden designee), PREA Coordinator and PCM to confirm no youthful inmates are housed at this facility.</p> <p>CDCR Division of Juvenile Justice (DJJ) maintains custody of youthful inmates.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> <p>115.61(e)</p> <p>1. Interview of Warden or Designee</p> <p>An interview with the Chief Deputy Warden confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators. The Investigative Services Unit (ISU) confirms this practice. This auditor examined a sample of five allegations which were promptly referred to ISU and investigated.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p>

- b. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting
- c. Interview of Agency Head
- d. Interview of Warden or Designee
- e. Interview of Random Staff
- f. Site review

Reasoning and Analysis (by provision):

115.62(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. LAC reports that a specific number of times that the facility determined an inmate was subject to a substantial risk of imminent sexual abuse is unknown; but that they would immediately take action.

2. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting

DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting (p. 465) directs all staff to protect offenders in their custody. All staff are responsible for immediately and confidentially reporting 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.

3. Interview of Agency Head

The Agency Head stated that all staff are responsible for immediately intervening when they receive information that an inmate might be at imminent risk. They are required to notify a supervisor in a confidential setting.

4. Interview of Warden or Designee

The Chief Deputy Warden reiterated that all staff are responsible for immediately protecting an inmate when they receive information that an inmate may be at imminent risk.

	<p>5. Interview of Random Staff</p> <p>Interviews with fifteen random staff verified that those at imminent risk would be separated from the threat immediately by housing unit. Staff further articulated that they would act immediately; ask preliminary questions to better understand the risk; monitor; act immediately as safety is of utmost concern; notify a supervisor; and keep the person at risk separate from the threat until a placement decision could be made.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities c. Interview of Agency Head d. Interview of Warden e. Site review <p>Reasoning and Analysis (by provision):</p> <p>115.63(a)</p> <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, LAC has received eight allegations of abuse at another confinement facility, and subsequently, made the required notifications to the confinement-based location for each.

2. CDCR DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities

DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities (p. 466-467) restates 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 statement.

Investigative Services Unit (ISU) staff confirmed that they would conduct an initial interview with the reporter and forward that documentation to the investigating facility, via the Warden / designee.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.63(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

2. CDCR DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities

DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities (p. 466) states "Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."

This auditor reviewed the eight notifications from LAC to other confinement facilities. All notifications were done within 72 hours.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.63(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that agency or facility documents that it has provided such notifications within 72 hours after receiving the allegation.

2. CDCR DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities

DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities (p. 466) states that the initial notification shall be made via telephone contact or electronic mail, and then followed up with a written summary of the alleged victim's statement.

This section further states "The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form". This auditor reviewed the eight notifications from LAC to other confinement facilities. All were documented in nearly identical summary format.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.63(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, LAC has received eight notifications from other confinement facilities.

2. CDCR DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities

According to DOM, Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities (p. 466-467); 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 is managed in accordance with DOM, Chapter 5, 54040.12 Investigation.

This auditor review eight notifications received by LAC from other confinement facilities and confirmed appropriate follow up; up to and including investigation.

3. Interviews

Both the Agency Head (designee) and Chief Deputy Warden accurately described appropriate follow-up action; to include inquiry and investigation.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. CDCR DOM, Chapter 5, 54040.8 Response, Initial Contactc. Prison Rape Elimination Act: Initial Contact Guided. Prison Rape Elimination Act: Custody Supervisor Checkliste. Interview of Security Staff and Non-Security Staff First Responders

- f. Interview of Inmates Who Reported a Sexual Abuse
- g. Interview of Random Staff
- h. Site review

Reasoning and Analysis (by provision):

115.64(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated they received 28 allegations of sexual abuse. Per the facility's response to the PAQ, a security staff member was the first to respond to the report separated the alleged victim and abuser in 14 of these allegations. (Clarification was made on site that the alleged victim and alleged suspect were already separated in the remaining 14 cases). Additionally, eight of these reports were received in time to collect physical evidence and preserve the crime scene.

2. CDCR DOM, Chapter 5, 54040.8 Response, Initial Contact

DOM, Chapter 5, 54040.8 Response, Initial Contact (p. 467) directs all employees to take the alleged victim to a private, secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence. The facility's DOM supplement specific to PREA reaffirms that first responders are to take action as described in the Initial Contact Guide. The custody supervisor, as described in DOM, Chapter 5, 54040.8.1 Custody Supervisor Responsibilities (p. 467) is responsible for taking the remaining first responder steps as outlined by this provision. Evidence preservation and retention guidelines found in this section of the DOM are well defined.

3. Contact Guides

LAC provided both the Initial Contact Guide, as well as the Custody Supervisor Contact Guide. Both describe first responder duties for initial responders and supervisory staff in a clear and concise, but thorough, manner. These steps are also detailed on pocket cards that staff were found in possession of during staff random and specialized interviews.

4. Interviews

Fourteen security staff members randomly selected for interviews successfully articulated an understanding of all of their first responder duties; including separating the victim and abuser, preserving and protecting the crime scene, requesting the alleged victim not to take any actions that might destroy physical evidence, and ensuring the alleged abuser not take any actions that might destroy physical evidence. The two first responder staff interviewed stated all of this same information, and further added they would notify a supervisor and contact medical personnel.

Three inmates who reported a sexual abuse were interviewed. One of these three inmates reported that “nothing” was done immediately; however, with further questioning, this auditor determined that the inmate’s report was being investigated – however, the suspect was no longer at the facility, and the alleged incident had occurred several months prior; thus, no physical evidence would be able to be preserved. The other two inmates stated that they were separated from the alleged perpetrator immediately, and an investigation started.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.64(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that 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 further indicated that in the past 12 months, there were two allegations of sexual abuse in which a non-security staff member was the first to respond.

	<p>2. CDCR DOM, Chapter 5, 54040.8 Response, Initial Contact</p> <p>DOM, Chapter 5, 54040.8 Response, Initial Contact (p. 467) directs all employees to take the alleged victim to a private, secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence.</p> <p>3. Interviews</p> <p>Interviews with non-security staff members indicate all are well-versed in their first responder duties.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR, California State Prison – Los Angeles County, Operations Manual, Coordinated Response Plan c. Interview of Warden or Designee <p>Reasoning and Analysis (by provision):</p> <p>115.65(a)</p>

	<p>1. Pre-Audit Questionnaire (PAQ)</p> <p>The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>2. CDCR, California State Prison – Los Angeles County, Operations Manual, Coordinated Response Plan</p> <p>LAC provided their current coordinated plan, which outlines CDCR DOM, Chapter 5, 54040.1 Policy; 54040.2 Purpose; 54040.7 Detection, Notification, and Reporting; 54040.8 Response – Initial Contact and 54040.8.1 Custody Supervisor Responsibilities. It further includes the Initial Contact Guide, Custody Supervisor Checklist and Transportation Guide. This plan was signed by the Warden on 08-03-2022.</p> <p>3. Interview of Warden or Designee</p> <p>An interview with the Chief Deputy Warden affirms this response plan is in place following an incident of sexual abuse and that staff receive training regarding their responsibilities.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</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>Evidence relied upon in making the compliance determinations:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Agreement Between the State of California and California Correctional Peace Officers Association (CCPOA) Covering Bargaining Unit 6 Corrections (effective July 3,</p>

2020)

- c. Agreement Between the State of California and Union of American Physicians and Dentist (UAPD) Covering Bargaining Unit 16 Physicians, Dentist, and Podiatrists (effective July 1, 2020 through July 1, 2022)
- d. Agreement Between the State of California and California Association of Psychiatric Technicians (CAPT) Covering Bargaining Unit 18 Psychiatric Technicians (Effective July 2, 2019 through July 1, 2022)
- e. Agreement Between the State of California and International Union of Operating Engineers (IUOE) Covering Bargaining Unit 12 Craft and Maintenance (Effective July 1, 2021 through June 30, 2023)
- f. Agreement Between the State of California and The Professional Engineers in California Government (PECG) Covering Bargaining Unit 9 Professional Engineers (Effective July 1, 2020 through July 1, 2022)
- g. Agreement Between the State of California and CAL FIRE Local 2881 Covering Bargaining Unit 8 Firefighters (Effective January 1, 2017 through July 1, 2021)
- h. Agreement Between the State of California and Service Employees International Union (SEIU) - Local 1000 Covering Bargaining Units 1, 3, 4, 11, 14, 15, 17, 20 and 21 Master Agreement (Effective January 2, 2020 through June 30, 2023)
- i. Interview of Agency Head

Reasoning and Analysis (by provision):

115.66(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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 all of the collective bargaining unit agreements provided in the PAQ, and verified that none 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, these agreements maintain 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

	<p>employer may determine to be necessary for the orderly, efficient and economical operation of CDCR". Finally, the collective bargaining agreements are silent regarding suspensions pending investigation; when the contract is silent on issues, policy governs.</p> <p>2. Interview of Agency Head</p> <p>An interview with the Agency Head (designee) agreed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> <p>115.66(b)</p> <p>The auditor is not required to audit this provision of the standard.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p>

- b. CDCR Title 15, 3401.5. Staff Sexual Misconduct
- c. CDCR DOM, Chapter 5, 54040.1 Policy
- d. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up
- e. CDCR-2304 Protection Against Retaliation (PAR) – Inmate
- f. CDCR-2305 Protection Against Retaliation (PAR) – Staff
- g. Interview of Agency Head
- h. Interview of Warden or Designee
- i. Interview of Designated Staff Member Charged with Monitoring Retaliation
- j. Interview of Inmates in Segregated Housing
- k. Inmates Who Reported a Sexual Abuse
- l. Site review

Reasoning and Analysis (by provision):

115.67(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperation with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. At LAC, the PCM delegates that responsibility for retaliation monitoring to ISU.

2. CDCR DOM, Chapter 5, 54040.1 Policy

The agency's zero tolerance statement as recorded in DOM, Chapter 5, 54040.1 Policy (p. 463) 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.

3. CDCR Title 15, 3401.5. Staff Sexual Misconduct

CDCR Title 15, 3401.5. Staff Sexual Misconduct (p. 261) repeats that retaliatory actions against inmates or staff reporters “shall not be tolerated” and met with the consequences stated above.

4. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up

CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up (p. 470), the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member, and additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer / contractor reports, or if any person fears retaliation for cooperating in an investigation. Retaliation monitors are instructed to act promptly to remedy retaliation and document such efforts on CDCR-2304 or CDCR-2305 Protection Against Retaliation (PAR) form series.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.67(b)

1. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up

CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up (p. 470) 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.

2. Interviews

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 measures such as housing changes, removal of the alleged abuser, and offering support in the form of a mental health referral. LAC’s Chief Deputy Warden restated the facility will act

promptly to investigate retaliation related to reporting via the PAR process, which is facilitated by ISU. The goal of the PAR process is to remedy retaliation, ensure safety, and if applicable, protect the integrity of the investigation. In addition to investigating potential retaliation, the facility will protect the alleged victim from real or perceived retaliation by separating from the suspect and offer supportive services. Staff and inmates who engage in retaliation are subject to progressive discipline and consequences, respectively. In practice, per the facility's primary retaliator monitors (ISU Lieutenant for staff, ISU Sergeant for inmates), those who report sexual abuse are monitored every two weeks. Prior to each investigatory interview, all inmates and staff are reminded that there is zero-tolerance for report related retaliation, and every effort is made to keep the information confidential. ISU monitors a variety of sources (mental health, job changes, housing unit changes, rule violations - to name a few) for real and perceived retaliation. As stated in 115.43; LAC does not house inmates in segregated housing for risk of sexual victimization or who have alleged to have suffered sexual abuse; as such, no inmate interviews were conducted for this criteria. Three inmates who have reported sexual abuse were interviewed; all three stated that they felt safe after reporting and did not experience any retaliation.

3. Site review

This auditor reviewed five completed PAR forms. Reporters and alleged victims did not express concerns or fears for retaliation. Retaliation monitoring was done every 14-15 days, and for a full 90 days; and no follow-up actions to remedy retaliation were necessary.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.67(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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 inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. When revealed, the facility acts promptly to remedy any such retaliation. Retaliation monitoring lasts for at least 90 days and continues beyond 90 days if there is a continuing need. The facility reported that there has been zero instances of reported retaliation in the last 12 months.

2. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up

As described above, CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up (p. 470) tasks the PCM (or designee) with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. At LAC, this responsibility is delegated to ISU. ISU investigators meet with reporters or alleged victims every 14-15 days for a period of 90 days following the report unless the allegation is determined to be unfounded. Retaliation monitors are instructed to document their findings on Protection Against Retaliation (PAR) form, and notify the facility PCM if their findings affirm the presence of retaliation. The PCM shall act promptly to remedy any such retaliation. Per policy, and affirmed by ISU – retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need. Monitoring, as directed by policy and prompted by the PAR form, shall include reviewing: disciplinary reports, housing reports, program changes, negative performance reviews, and reassignment of staff.

3. Interviews

The Chief Deputy Warden stated that when the facility suspects retaliation, they will investigate the potential action and protect the victim. The two retaliation monitors interviewed stated they monitor staff and inmates for at least 90 days (longer if needed), and check in every 14-15 days. They both indicated that they assess the person's perception of safety, and review medical, mental health, work, programming, or disciplinary status changes. If these reviews suggest the presence of retaliation, they would bring this information to the PCM immediately.

4. Site review

This auditor reviewed five completed PAR forms connected to allegations of sexual abuse and sexual harassment. These forms prompt the user to comment on their monitoring efforts and actions taken to remedy; to include post reassignment, emotional support services referral, removal of alleged staff abuser from contact with victim, facility transfer and other. The form includes instructions that remind the responsible party of the agency's retaliation monitoring policy and procedure. All five were monitored for at least 90 days, with checks every 14-15 days.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.67(d)

1. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up

According to CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up (p. 470), 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 period status check shall be extended beyond 90 days.

2. Interviews

Both ISU staff members interviewed affirmed that retaliation monitoring is done every 14-15 days, for a period of no less than 90 days post-allegations. Both affirmed that if needed, the status checks may extend beyond 90 days, for as long as deemed necessary.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.67(e)

1. CDCR DOM, Chapter 5, 54040.1 Policy

The agency's zero tolerance statement as recorded in DOM, Chapter 5, 54040.1 Policy (p. 463) 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.

2. CDCR Title 15, 3401.5. Staff Sexual Misconduct

CDCR Title 15, 3401.5. Staff Sexual Misconduct (p. 261) repeats that retaliatory actions against inmates or staff reporters "shall not be tolerated" and met with the consequences stated above.

3. CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up

CDCR DOM, Chapter 5, 54040.13 Allegation Follow-up (p. 470), the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member, and additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer / contractor reports, or if any person fears retaliation for cooperating in an investigation.

4. Interviews

An interview of the Agency Head (designee) indicated the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The Chief Deputy Warden reiterated that any who expressed fear would be protected from such retaliation, and the person would be closely monitored. The Chief Deputy Warden also stated that there would be an investigation into the person doing the retaliation, and the individuals would be separated. As stated earlier, LAC has not received any reports of retaliation, or fears of retaliation from an inmate or staff in the last 12 months.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.67(f)

The auditor is not required to audit this provision.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.68	Post-allegation protective custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 412 1278 445">Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> <li data-bbox="256 490 767 524">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="256 568 1023 602">b. CDCR Title 15, 3335. Administrative Segregation <li data-bbox="256 636 1054 669">c. CDCR DOM, Chapter 5, 54040.6 Offender Housing <li data-bbox="256 703 799 736">d. Interview of Warden or Designee <li data-bbox="256 770 1246 804">e. Interview of Staff who Supervise Inmates in Segregated Housing <li data-bbox="256 837 975 871">f. Interview of Inmates in Segregated Housing <p data-bbox="256 994 879 1028">Reasoning and Analysis (by provision):</p> <p data-bbox="256 1128 416 1162">115.68(a)</p> <ol style="list-style-type: none"> <li data-bbox="256 1274 719 1308">1. Pre-Audit Questionnaire (PAQ) <p data-bbox="256 1352 1469 1756">The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who alleged 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 are no available alternative means of separation from likely abusers. In the past 12 months, LAC reports that there have been zero inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing for any time period. As such, the facility was unable to produce documentation to demonstrate the basis of the facility’s concern for the inmate’s safety and the reason(s) why an alternative means of separation could not be arranged.</p> <ol style="list-style-type: none"> <li data-bbox="256 1868 1007 1901">2. CDCR DOM, Chapter 5, 54040.6 Offender Housing <p data-bbox="256 1935 1453 2058">According to CDCR DOM, Chapter 5, 54040.6 Offender Housing (p. 465) states reiterates that “...shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made</p>

that there is no available alternative means of separation from likely abusers.”

3. CDCR Title 15, 3335. Administrative Segregation

CDCR Title 15, 3335. Administrative Segregation (p. 186-187) further clarifies that if an inmate is placed in administrative segregation due to an allegation of sexual abuse; that the inmate shall be in “Non-Disciplinary Segregation” (NDS) status; and will be afforded all programs, privileges, and education opportunities.

4. Interviews

An interview with the Chief Deputy Warden indicated policy prohibits placing alleged victims in a segregated status unless there are no other safer means. The Chief Deputy Warden also stated that at times, victims will request to be placed in a segregated status – and if they are, they are in NDS status. However, he could not recall any instances in which this occurred.

A staff member who supervises inmates in segregated housing affirmed that inmates are not placed in segregated housing following an allegation of sexual abuse. The facility may elect to place inmates at imminent risk in an NDS status if no other options exist. He stated that the facility would explore every other possible option before placing an inmate in NDS status, including transfer to another facility. This auditor also learned that inmates in NDS status maintain work status (or pay if they are unable to attend), education, property, yard time, access to providers and programming.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- a. Pre-Audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 3, Article 14 – Internal Affairs Investigations
- c. CDCR DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer
- d. CDCR Basic Investigators Course – Specialized PREA Training for Locally Designated Investigators
- e. CDCR, Title 15, 3316 Referral for Criminal Prosecution
- f. CDCR DOM, Chapter 3, 31140.20 Criminal Investigation
- g. CDCR DOM, Chapter 5, 54040.17 Records Retention
- h. PREA – Instructions for Records Retention Schedule (RRS) Update
- i. Interview of Warden or Designee
- j. Interview of PREA Coordinator
- k. Interview of PREA Compliance Manager
- l. Interviews of Investigative Staff
- m. Interviews of Inmates who Reported a Sexual Abuse
- n. Site review

Reasoning and Analysis (by provision):

115.71(a)

- 1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency / facility has a policy related to criminal and administrative agency investigations. CDCR DOM, Chapter 5, 54040.12 Investigation asserts that every allegation of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and findings documented in writing. CDCR DOM, Chapter 3, Article 14 – Internal Affairs Investigations (p. 183-189) covers the investigations, both criminal and administrative, that the locally designated investigators (LDIs) handle.

2. Interviews of Investigative Staff

Interviews of three ISU staff; all affirmed that all report are taken seriously, regardless of the source, and investigated promptly. They described evidence preservation and collection; the medical forensic examination process (to include advocacy); interviewing victims, suspects and witnesses; Mirandizing suspects; medical referrals; documentation; and prosecutorial referrals. A review of twelve files suggest investigations are completed promptly, objectively, and thoroughly.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(b)

LAC provided the CDCR Basic Investigators Course; Specialized PREA Training for Locally Designated Investigators Participant Workbook. Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into sexual violence and / or staff sexual misconduct per CDCR DOM, Chapter 3, Article 14 - Internal Affairs Investigations. The Hiring Authority or PCM are responsible for ensuring those tasked with sexual abuse or sexual harassment investigations are properly trained. LAC has 13 LDIs who have received specialized investigator training per standard 115.34 as evidenced by training records and discussions with the facility’s ISU staff. All three ISU staff interviewed stated that they received specialized training in order to investigate allegations of sexual abuse.

Twelve investigative files were reviewed to determine compliance. Of the names of assigned investigators found in these files, all were confirmed as receiving specialized training by cross-referencing a list of training investigators provided by the facility.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(c)

From formal interviews of three investigators from ISU, as well as informal

conversation with other ISU staff; all were well versed in their understanding of gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Twelve investigative files were reviewed to determine compliance. This auditor reviewed thorough and organized investigations to include comprehensive interviews of all parties; related information / evidence; and prior complaints of both the victim and the suspect.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(d)

From formal interviews of three investigators from ISU, as well as informal conversation with other ISU staff; all stated that they would consult with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution when the quality of evidence appears to support criminal prosecution. Additionally, within ISU, there is a liaison from the local District Attorney's office. His role is to work with the ISU on cases that may result in criminal charges.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(e)

From formal interviews of three investigators from ISU, as well as informal conversation with other ISU staff; all stated that each investigation is taken as "its own". Each allegation is taken as it is true until it is proven that it is not. Staff confirmed that they do not use polygraphs, or any other truth-telling devices. (DOM, Chapter 1, Article 20 Polygraph states that no person shall be ordered to take a polygraph examination.)

Three inmates who reported an allegation of sexual abuse stated that they were not required to submit to a polygraph or any other type of truth telling device.

In review of twelve files, this auditor found no evidence of any bias of status.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(f)

In conversations with investigators (both specialized and informal), 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. Should the investigator find any evidence of staff actions or failures to act that contributed to the abuse, the investigator would notify the PCM in writing immediately.

A review of twelve investigative files demonstrated that investigations are conducted in a professional and organized manner and that all requirements of this provision are completed.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(g)

A review of twelve 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 applicable. Agency policy and training curriculum include how investigations are to be documented and content of documentation which include the expectations of this provision.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(h)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or since the last PREA audit, whichever is later, the facility reports that they have had zero substantiated allegations of conduct that appeared to be criminal.

2. CDCR DOM, Chapter 3, 31140.20 Criminal Investigation

DOM, Chapter 3, 31140.20 Criminal Investigation (p. 187) states "Upon completion of the investigation, if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution".

3. Interviews of Investigative Staff

All three investigators interviewed stated that anytime their investigation appears to have a criminal conduct present, the case is referred to the local prosecutor.

However, the facility did not have any files to review for this provision, which was confirmed with the PCM.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(i)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. 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.

2. Site review

This practice was confirmed while onsite; in the ISU. Their department is accessible only by ISU staff, and further contained locked cabinets for boxes with each years' investigative files.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(j)

Interviews of investigation staff indicated that even if the alleged abuser or victim departs the facility / agency; the investigation still continues until it is finalized.

This was confirmed by a review of files in which the abuser or victim had transferred to another facility; the investigation file was still prompt, thorough and objective.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(k)

The auditor is not required to audit this provision.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.71(l)

	<p>CDCR and LAC conduct administrative and criminal investigations. This provision does not apply as stated. However, the PREA Coordinator stated that each facility maintains a memorandum of understanding with their local district attorney's office to facilitate a strong working relationship. While the criminal investigative responsibility lies with the agency, information sharing between the two parties is immediate. This practice was confirmed by the Chief Deputy Warden, the PREA Compliance Manager, the Investigative Staff, as well as the onsite District Attorney Liaison.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR Basic Investigators Course - Specialized PREA Training for Locally Designated Investigators c. CDCR DOM, Chapter 3, 33030.13.1 Investigative Findings d. CDCR DOM, Chapter 5, 54040.12 Investigation e. Interviews of Investigative Staff <p>Reasoning and Analysis (by provision):</p> <p>115.72(a)</p> <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) <p>The facility indicated in their response to the PAQ that 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.</p>

	<p>2. CDCR DOM, Chapter 3, 33030.13.1 Investigative Findings</p> <p>DOM, Chapter 3, 33030.13.1 Investigative Findings (p. 238) indicates that a “sustained” investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.</p> <p>3. CDCR DOM, Chapter 5, 54040.12 Investigation</p> <p>DOM, Chapter 5, 54040.12 Investigation (p. 469) states “No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained.”</p> <p>4. Interviews of Investigative Staff</p> <p>All three investigative staff stated that the application of preponderance of evidence is used to assign a category of substantiated, unsubstantiated, or unfounded. A review of twelve investigation files was completed onsite, and found that a preponderance of evidence was accurately used to close the files.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR Basic Investigators Course – Specialized PREA Training for Locally Designated Investigators c. CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders d. CDC-128-B e. Interview of Warden or Designee f. Interviews of Investigative Staff

g. Interviews of Inmates Who Reported a Sexual Abuse

Reasoning and Analysis (by provision):

115.73(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who makes an allegation that he or she sufferance sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Further, the facility reported that there were 17 criminal and / or administrative investigations of alleged inmate sexual abuse that were completed by the agency / facility in the past 12 months; and that all 17 of these inmates were notified, verbally or in writing, of the results of the investigation. Of note, the agency / facility takes the additional step of notifying those alleging sexual harassment of the investigative outcome.

2. CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders

CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders (p. 470) provides that after completion of an investigation the institution shall inform the alleged victim of the disposition. The obligation to provide such notification is terminated if the inmate releases from the agency's custody. In practice, the agency notifies the alleged victim of the outcome via CDC-128B PREA Closure Chrono. Not only is this written notification provided to the alleged victim, but they are asked to sign as evidence of receipt, and a refusal to sign is documented as such. A copy is placed in the investigation file.

3. Interviews

The auditor spoke to the Chief Deputy Warden, Investigative Staff, Inmates who Reported a Sexual Abuse; and all confirmed this practice. In addition, review of investigative files further affirmed this process.

Findings:

Based on this analysis, the facility substantially exceeds compliance with

this provision and corrective action is not required.

115.73(b)

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

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.73(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency / facility subsequently informs the inmate (unless the agency has determined that the allegation 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.

2. CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders

CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders (p. 470) recites the applicable provisions. In the 12-month review period, there were staff-on-inmate allegations. The auditor reviewed these records and located corroborating documentation, but the aforementioned statuses described by this provision did not apply. As such, notification was not necessary. As stated previously, the facility not only notifies alleged victims of sexual abuse, but also those alleging sexual harassment.

3. Interviews

The auditor spoke three Inmates who Reported a Sexual Abuse; however, their allegations were about another inmate, and this provision did not apply to them.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.73(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that following an inmate's allegation that he or she has been sexually abused by another inmate 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.

2. CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders

CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders (p. 470) recites the applicable provisions. The auditor reviewed investigative files; however, none resulted in indictment or conviction.

3. Interviews

The auditor spoke three Inmates who Reported a Sexual Abuse; however, the alleged suspect was not indicted or convicted and as such, this provision did not apply to them.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.73(e)

	<p>1. Pre-Audit Questionnaire (PAQ)</p> <p>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, there were three notifications to inmates that were provided and documented. This auditor reviewed these three files, and found documentation of the notification. CDCR DOM, Chapter 5, 54040.12. Reporting to Offenders (p. 470) reiterates this provision.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> <p>115.73(f)</p> <p>The auditor is not required to audit this provision.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR Title 15, 3401.5. Staff Sexual Misconduct c. CDCR DOM, Chapter 3, 33030.15 Types of Adverse Action Penalties d. CDCR DOM, Chapter 3, 33030.18 Mitigating and Aggravating Factors e. CDCR DOM, Chapter 3, 31140.20 Criminal Investigation

f. CDCR DOM, Chapter 5, 54040.12.3 Reporting to Outside Agencies

Reasoning and Analysis (by provision):

115.76(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

2. CDCR Title 15, 3401.5. Staff Sexual Misconduct

CDCR Title 15, 3401.5. Staff Sexual Misconduct (p. 261-262) states that all allegations of staff sexual misconduct are subject to investigation, disciplinary action and / or criminal prosecution. Further, "failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action".

3. CDCR DOM, Chapter 3, 33030.15 Types of Adverse Action Penalties

CDCR DOM, Chapter 3, 33030.15 Types of Adverse Action Penalties outlines five types of adverse action penalties at the agency's disposal; they include a letter of reprimand, salary reduction, suspension without pay, demotion to a lower class, and dismissal from state service.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.76(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that in the past 12 months, zero staff members have violated agency sexual abuse or sexual harassment policies. As such, the facility did not have any staff that were terminated for violated agency sexual abuse or sexual harassment policies. This assertion was verified during conversation with ISU.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.76(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. As stated above, LAC indicated that in the past 12 months, zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

2. CDCR DOM, Chapter 3, 33030.18 Mitigating and Aggravating Factors

When assessing discipline under CDCR DOM, Chapter 3, 33030.18 Mitigating and Aggravating Factors (p. 239-240), this section states that the provisions are to be applied "based upon the assumption that there is a single misdeed at issue and that the misdeed is the employee's first adverse action". The base penalty shall be imposed unless aggravating or mitigating factors are found. Additionally, the Hiring Authority (or designee) "is not required to impose an identical penalty in each case because there are a variety of factors which may influence the Hiring Authority to take stronger action in one case than it does in another". This section covers a list of factors to be considered.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.76(d)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.12.3 Reporting to Outside Agencies

CDCR DOM, Chapter 5, 54040.12.3 Reporting to Outside Agencies (p. 470) states that for all employees, contractors or volunteers that are terminated for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the Hiring Authority or designee.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 3, 31140.20 Criminal Investigations c. CDCR DOM, Chapter 5, 54040.12.4 Reporting to Outside Agencies for

Contractors

- d. CDCR DOM, Chapter 10, 101090.9 Rejection and Termination
- e. Interview of the Warden or Designee

Reasoning and Analysis (by provision):

115.77(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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. In the past 12 months, LAC reported that no contractors or volunteers have been reported for engaging in sexual abuse of inmates.

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

According to CDCR DOM, Chapter 5, 54040.12.4 Reporting to Outside Agencies for Contractors (p. 470) "Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee".

As there were no incidents of contractor or volunteer sexual abuse of inmates in the last 12 months, there were no documents of discipline for the auditor to review.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.77(b)

1. Pre-Audit Questionnaire (PAQ)

	<p>The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>2. Interview of Warden or Designee</p> <p>Interview of the Chief Deputy Warden confirms that the investigation of a contractor or volunteer follows a similar path of a staff investigation; however, he has the latitude to prohibit a contractor or volunteer from entering the facility. Further, the disciplinary process is not the same as staff, and more likely than not – the contractor or volunteer status and access would be revoked. The facility would proceed with law enforcement for prosecution, if appropriate.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.15 Disciplinary Process c. CCR Title 15, 3323. Disciplinary Credit Forfeiture Schedule d. CCR Title 15, 3315 Serious Rule Violation e. CCR Title 15, 3317 Mental Health Assessments for Disciplinary Hearings f. CCR Title 15, 3007 Sexual Behavior g. CDCR DOM, Chapter 5, 54040.7 Substantiated, Perpetrator h. CDCR DOM, Chapter 5, 54040.15.1 Alleged Victim – False Allegation i. Interview of the Warden or Designee

Reasoning and Analysis (by provision):

115.78(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and / or criminal finding that an inmate engaged in inmate-on-inmate abuse. LAC reported that there were 16 administrative findings of inmate-on-inmate sexual abuse within the facility, and zero criminal findings of guilt for inmate-on-inmate sexual abuse.

2. CDCR DOM, Chapter 5, 54040.15 Disciplinary Process

According to CDCR DOM, Chapter 5, 54040.15 Disciplinary Process (p. 471) states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, if the allegation of sexual violence warrants a disciplinary / criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The respective CDCR sections describes the disciplinary process and applicable sanctions in detail. Specifically, those found to have engaged in rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will are subject to credit forfeiture of 181-360 days.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.78(b)

1. Interview of Warden or Designee

CCR, Title 15, Section 3215 Serious Rule Violation describes a uniform process by which to impose sanctions. A review found that the code requires the 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 Chief Deputy Warden; he described a practice consistent with code and this provision.

A review of investigative reports and documents of sanctions imposed confirms this practice.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.78(c)

1. Interview of Warden or Designee

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 rules violation. The process calls for a mental health review using the CDCR 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. An interview with the Chief Deputy Warden confirmed that the disciplinary process includes a requirement that mental health clinicians review the incident to determine if mental health or status or condition was a contributing factor. Further, hearing officers are allowed to consider if mental health contributed to the incident and may mitigate to consequences.

A review of investigative reports and documents of sanctions imposed confirms this practice.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.78(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility offers therapy, counseling, or 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.

2. CDCR DOM, Chapter 5, 54040.15 Disciplinary Process

According to CDCR DOM, Chapter 5, 54040.15 Disciplinary Process (p. 471) states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, if the allegation of sexual violence warrants a disciplinary / criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The respective CDCR sections describes the disciplinary process and applicable sanctions in detail. Specifically, those found to have engaged in rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will are subject to credit forfeiture of 181-360 days.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.78(e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

2. CDCR DOM, Chapter 5, 54040.15 Disciplinary Process

According to CDCR DOM, Chapter 5, 54040.15 Disciplinary Process (p. 471) states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, if the allegation of sexual violence warrants a disciplinary / criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The respective CDCR sections describes the disciplinary process and applicable sanctions in detail. Specifically, those found to have engaged in rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will are subject to credit forfeiture of 181-360 days.

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

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.78(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

2. CDCR DOM, Chapter 5, 54040.15.1 Alleged Victim – False Allegation

DOM, Chapter 5, 54040.15.1 Alleged Victim – False Allegation (p. 471) recites the language in this provision. Policy further states that there must be evidence that an offender “knowingly” made a false report before issuing discipline. Unsubstantiated or unfounded allegations based upon a lack of evidence do not constitute false reporting.

	<p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> <p>115.78(g)</p> <p>1. Pre-Audit Questionnaire (PAQ)</p> <p>The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between inmates and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between inmates is prohibited, and inmates are subject to disciplinary action for such behavior under CCR, Title 15, Section 3007 Sexual Behavior (p. 23).</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. CDCR DOM, Chapter 5, 54040.7 Referral for Mental Health Screening</p> <p>c. CDCR California Correctional Health Care Services - Health Care Department Operations Manual</p> <p>d. CDCR DOM, Chapter 5, 54040.8 Response</p>

- e. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting
- f. CDCR MH-7448 Informed Consent for Mental Health Care
- g. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information
- h. Interview of Staff Responsible for Risk Screening
- i. Interviews of Medical and Mental Health Staff
- j. Site review

Reasoning and Analysis (by provision):

115.81(a, c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the inmate screening. The facility indicated initially that during the 12-month audit period, an unknown number of inmates accepted a medical or mental health referral during the screening process. However, it was determined onsite that the correct number was zero, as evidenced by querying a screening report.

2. CDCR DOM, Chapter 5, 54040.7 Referral for Mental Health Screening

DOM, Chapter 5, 54040.7 - specifically section 54040.7.1 Initial Custody Intake or Subsequent Screening Information Reporting Prior Sexual Victimization and / or Prior Perpetration of Sexual Abuse (p. 466) restates this expectation and details the referral process.

3. Interview of Staff Responsible for Risk Screening

During an interview, one of the facility's risk screeners stated that following an inmate's disclosure of past sexual abuse, whether it occurred in an institutional setting or the community; the electronic risk screening triggers the screener to offer a medical and mental health referral. Specifically, they make an emergency referral which prompts follow-up within 24 hours. Medical and mental health staff affirmed inmates, upon referral, are seen within 14 days. The auditor interviewed three inmates who disclosed sexual victimization during risk screening, all indicated they

did not request a follow-up referral.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.81(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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.

The facility indicated initially that during the 12-month audit period, an unknown number of inmates who previously perpetrated sexual abuse during risk screening were offered a follow-up meeting with a mental health practitioner. However, it was determined onsite that the correct number was 100%, as evidenced by querying a screening report, and that all inmates denied.

2. CDCR DOM, Chapter 5, 54040.7 Referral for Mental Health Screening

DOM, Chapter 5, 54040.7 - specifically section 54040.7.1 Initial Custody Intake or Subsequent Screening Information Reporting Prior Sexual Victimization and / or Prior Perpetration of Sexual Abuse (p. 466) states that if an inmate reveals prior perpetration during the screening process they shall be offered a follow-up meeting with mental health and referred using the CDCR 128-MH5 chrono. Thereafter, inmates shall be seen in a confidential environment within 12 calendar days of the referral. An interview with a facility risk screener reiterated that, like victims, perpetrators are referred to mental health immediately following a disclosure during risk screening. Although no perpetrators accepted a referral, the auditor reviewed CDCR 128-MH5 Mental Health Referral Chrono, which demonstrated there is a process in place to ensure referral and document follow-up.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.81(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health practitioners. However, 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.

2. CDCR DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting

DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting (p. 465) states that "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law."

3. Site review

While onsite, the auditor observed the facility's database to track offender details and movements (i.e. SOMS). Not only is this information elicited in a private office, but it is transmitted in a secure, access-controlled database. Inmates categorized as having a risk of victimization or risk of abusiveness should be coded as having a "situation alert" in SOMS, which will prevent incompatible housing assignments.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.81(e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that medical and mental health practitioners obtain informed consent from inmates before reporting information

about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

2. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information

CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information is completed in advance of such disclosures. 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 is completed may the authorization to disclose be honored. One section requests authorization to release information to the facility's ISU; who is then responsible for reporting to the above jurisdictions / agencies.

3. CDCR MH-7448 Informed Consent for Mental Health Care

CDCR MH-7448 Informed Consent for Mental Health Care 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 additionally leaves space for the inmate to indicate that they give consent to the conditions as set forth on the form, decline consent or are unable / unwilling to sign but have been informed.

4. Interviews of Medical and Mental Health Practitioners

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

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- a. Pre-Audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person
- c. CDCR DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities
- d. CDCR – California Correctional Health Care Services – Health Care Department Operations Manual – Treatment Recommended for Evaluation and Follow-up for Sexual Abuse
- e. CDCR – California Correctional Health Care Services – Health Care Department Operations Manual
- f. Memorandum, subject “Discontinuation of copayment for health care services and payment for dental prosthetic appliances”, dated February 22, 2019
- g. Interviews of Medical and Mental Health Staff
- h. Interviews of Inmates Who Reported a Sexual Abuse
- i. Interviews of Security Staff and Non-Security Staff First Responders

Reasoning and Analysis (by provision):

115.82(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

2. CDCR DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities

DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities (p. 468) states the California Correctional Health Care Services (CCHS) medical staff will provide indicated emergency medical response.

3. CDCR DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person

DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination (p. 468) states that in incidents where an inmate has alleged sexual

abuse, the watch commander or designee shall immediately notify the local Rape Crisis Center. It further states that the victim has the right to have a victim advocate present.

4. Interviews

Interviews with medical staff, mental health staff and the PCM confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 72 hours, the inmate is transported to Antelope Valley Hospital upon direction from the on-call medical forensic nurse examiner for a SANE examination.

The auditor spoke with three inmates during the onsite review who previously alleged sexual abuse at LAC in the preceding 12-month period; all three stated that their report was much later after the incident, and a SANE was not warranted. Review of their files indicate that they were still seen by medical and mental health staff after their allegation was made.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.82(b)

1. Interviews

Two first responders were interviewed; and both demonstrated that they would take preliminary steps to protect the victim, immediately notify a supervisor, and immediately notify the appropriate medical and mental health practitioners. The two interviewed successfully articulated their protection and first responder duties pursuant to 115.62 and 115.64, respectively (as noted in those discussions).

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.82(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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 prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

2. CDCR DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities

DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities (p. 468) states the California Correctional Health Care Services (CCHS) medical staff will conduct follow-up testing for sexually transmitted infections / diseases, HIV, Hepatitis B and / or C, and pregnancy (if appropriate). The CDCR CCHC Operations Manual provides additional information on the testing of sexually transmitted infections / diseases, and treatments.

3. Interviews

An interview with medical staff confirmed that inmates receive information about sexually transmitted infections prophylaxis. LAC does not house female inmates and, as such, does not offer information about emergency contraception. The auditor spoke with three inmates during the onsite review who previously alleged sexual abuse at the facility; all stated they were not in need of sexually transmitted infections prophylaxis.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.82(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is further outlined in CDCR – California Correctional Health Care Services – Health

	<p>Care Department Operations Manual – Section 4.1.6 Prison Rape Elimination Act, under (d) Procedure. Additionally, LAC supplied a memorandum, subject “Discontinuation of copayment for health care services and payment for dental prosthetic appliances”, dated February 22, 2019, which states that inmates no longer get charged a copayment for any health care services.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<p>115.83</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities c. CDCR CCHCS Health Care Department Operations Manual d. Memorandum, subject “Discontinuation of copayment for health care services and payment for dental prosthetic appliances”, dated February 22, 2019 e. CDCR DOM, Chapter 5, 54040.7 Mental Health Referrals f. Interviews with Medical and Mental Health Staff g. Interviews of Inmates Who Reported a Sexual Abuse <p>Reasoning and Analysis (by provision):</p> <p>115.83(a, b, c)</p>

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Further, the facility indicated that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals to continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility provides such victims with medical and mental health services consistent with the community level of care.

2. CDCR CCHCS Health Care Department Operations Manual

Evaluation and treatment guidelines are further described in the CCHCS Health Care Department Operations Manual. 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.

3. Interviews of Medical and Mental Health Staff

Interviews with medical and mental health staff affirmed that inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable; and that services are consistent with community-based care. In review of sexual abuse investigations by the audit team, each included evidence of a medical referral post-allegation.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.83(d, e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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 inmates. This was confirmed via conversations with the PREA Coordinator, PCM, and medical staff. During the onsite audit phase, the auditor did not observe any female inmates. Additionally, the transgender inmates at LAC do not

have female genitalia, as confirmed with medical staff.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.83(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

2. CDCR DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities

DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities (p. 468) states the California Correctional Health Care Services (CCHS) medical staff will conduct follow-up testing for sexually transmitted infections / diseases, HIV, Hepatitis B and / or C, and pregnancy (if appropriate). The CDCR CCHC Operations Manual provides additional information on the testing of sexually transmitted infections / diseases, and treatments.

3. Interviews

The auditor spoke with three inmates during the onsite review who previously alleged sexual abuse at the facility; all stated they were not in need of testing for sexually transmitted infections.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.83(g)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is further outlined in CDCR – California Correctional Health Care Services – Health Care Department Operations Manual – Section 4.1.6 Prison Rape Elimination Act, under (d) Procedure. Additionally, LAC supplied a memorandum, subject “Discontinuation of copayment for health care services and payment for dental prosthetic appliances”, dated February 22, 2019, which states that inmates no longer get charged a copayment for any health care services. Interviews with the three inmates who made an allegation of sexual abuse confirmed that they were not charged for any medical or mental health appointments, in whole or in part.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.83(h)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

2. CDCR DOM, Chapter 5, 54040.7 Mental Health Referrals

DOM, Chapter 5, 54040.7 Mental Health Referrals (p. 466) states that “Mental health shall conduct a mental health evaluation of all known inmate-on-inmate abusers within sixty (60) calendar days of the facility having learned of such abuse history”. An interview with a mental health clinician indicated mental health staff will conduct a mental health evaluation of known inmate abusers.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee c. Institutional PREA Review Committee (IPRC) d. Subsequent Institutional PREA Review Committee (IPRC) e. Interview of Warden or Designee f. Interview of PREA Compliance Manager g. Interview of Incident Review Team h. IPRCs (added during post au <p>Reasoning and Analysis (by provision):</p> <p>115.86(a)</p> <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) <p>The facility indicated in their response to the PAQ the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the facility completed 13 investigations of sexual abuse, excluding unfounded incidents.</p> <ul style="list-style-type: none"> 2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee <p>DOM, Chapter 5, 54040.17 Institutional PREA Review Committee (p. 487-488) requires</p>

each hiring authority to conduct an incident review at the conclusion of every substantiated and unsubstantiated sexual abuse incident investigation. The auditor reviewed 12 sexual abuse investigations; ten required a sexual abuse incident review, but there was evidence of an IPRC for just four.

Findings:

Based on this analysis, the facility is not substantially compliant with this provision and corrective action is required.

Ensure that the facility conducts a sexual abuse incident review (IPRC) at the conclusion of every sexual abuse allegation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

115.86(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee

DOM, Chapter 5, 54040.17 Institutional PREA Review Committee (p. 487-488) states "The IPRC shall meet to review PREA incidents on at least a monthly basis, or on a schedule to ensure all cases are reviewed within 60 days of the date of discovery or within 30 days of the conclusion of the investigation. All PREA investigations shall have an IPRC conducted within 30 days of the date of closure of the investigation, even if the case had been reviewed initially upon 60 days of the date of discovery. The IPRC shall ensure the report of its findings and recommendation is completed within 30 days of the conclusion of the investigation."

This auditor recognizes that the above-mentioned section of DOM, Chapter 5, 54040.17 Institutional PREA Review Committee was revised September 9, 2022 due to audits of other California facilities. However, as stated in 115.86(a), only four files reviewed contained an IPRC.

Findings:

Based on this analysis, the facility is not substantially compliant with this provision and corrective action is required.

Ensure that the facility conducts a sexual abuse incident review (IPRC) at the conclusion of every sexual abuse allegation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded; and that this review is completed within 30 days of the conclusion of the investigation.

115.86(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee

DOM, Chapter 5, 54040.17 Institutional PREA Review Committee (p. 487-488) 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.

3. Interview of Warden or Designee

Discussions with the facility's Chief Deputy Warden, PCM, and ISU Investigators stated a multidisciplinary team including the professionals listed above attend LAC's IPRCs.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.86(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee

DOM, Chapter 5, 54040.17 Institutional PREA Review Committee (p. 487-488) 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; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (c) assess whether physical barriers in the area may enable abuse; (d) and (e) assess the adequacy of the staff levels in that area during different shifts; (f) assess whether monitoring technology should be deployed or augmented to supplement staffing by staff. Further, this policy states that the IPRC must prepare a report of its findings, recommendations for improvement, corrective action planned, and implementation action plans (or reasons for not doing so). The report must 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.

3. Interviews

The Chief Deputy Warden, PCM, and ISU Supervisor were each interviewed in advance of the onsite phase. They properly identified the objective of the review; to include an analysis of contextual variables, incident causes or motivations, policy failures, trends, physical plant needs, staffing levels, and technology or tools to supplement staff supervision; as well as any corrective actions. The committee uses the information to determine if preventive measures can be taken to prevent abuse in the future.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.86(e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the facility implements the recommendations for improvement or documents its reasons for not doing so.

2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee

DOM, Chapter 5, 54040.17 Institutional PREA Review Committee (p. 487-488) states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. In practice, the facility uses the Institutional PREA Committee (IPRC) form to record its recommendation. To date, LAC has not identified any race, gender, or other identifiers that may have contributed to an incident, and no recommendations for improvements have been made.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. U.S. Department of Justice, Bureau of Justice Statistics, Survey of Sexual Victimization, 2021 (blank)c. CDCR DOM, Chapter 5, 54040.20 Tracking - Data Collection and Monitoringd. CDCR DOM, Chapter 5, 54040.1 Policy (with definitions)

e. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2021

Reasoning and Analysis (by provision):

115.87(a, c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; which includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ.

2. CDCR DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring

DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring (p. 472) indicates the PREA Compliance Manager is responsible for reporting allegations of sexual violence and staff sexual misconduct to the PREA Coordinator monthly using a standardized tracking report. This information is also provided to the agency's Offender Information Systems Branch for compilation and tracking. Further, LAC is responsible for completed the incident-based SSV report within two business days of receiving the allegation. The Office of Internal Affairs must also report standardized data consistent with the SSV data elements.

This auditor found completed incident-based SSV forms in each investigation file, regardless of the disposition type.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.87(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ the agency aggregates the incident-

based sexual abuse data at least annually.

2. CDCR DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring

DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring (p. 472) directs the agency to aggregate data annually and include, at minimum, the data necessary to answer all of the questions from the most recent version of DOJ’s SSV. The facility provided the 2021 Annual PREA Report to confirm that the agency aggregates incident-based data annually.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.87(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring (p. 472) restates this provision.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.87(e)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Additionally, the data from private facilities complies with SSV reporting requirements. DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring (p. 472) directs the agency to collect such information from every

facility the agency contracts with for the confinement of inmates.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.87(f)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. DOM, Chapter 5, 54040.20 Tracking - Data Collection and Monitoring (p. 472) states that the agency shall provide data from the previous calendar year to DOJ by June 30.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. CDCR DOM, Chapter 5, 54040.20 Tracking - Data Collection and Monitoringc. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee - Departmental PREA Coordinatord. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2021e. CDCR Public Website (https://www.cdcr.ca.gov/prea/prea/reports-audits/)f. Interview of Agency Head

- g. Interview of PREA Coordinator
- h. Interview of PREA Compliance Manager

Reasoning and Analysis (by provision):

115.88(a)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including; identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

2. CDCR DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring

DOM, Chapter 5, 54040.20 Tracking – Data Collection and Monitoring (p. 472) restates this expectation. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee – Departmental PREA Coordinator (p. 471) directs the agency’s PREA Coordinator to take data collection actions annually in order to assess and improved 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 that it prompts the PCM to describe any staffing, video monitoring, policies and procedures that were considered and / or modified in the preceding year. The compilation of this data, in addition to incident-based data described in 115-87, is then used to build the agency’s annual report. The auditor reviewed the agency’s most recently completed and posted annual report (i.e. 2021) and confirmed it includes the following components: zero tolerance statement; review of critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement.

3. Interviews

The Agency Head (designee) reported that the facility-level incident review process, which is overseen by each facility’s PCM, is 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. During an interview with the PREA Coordinator; he

stated that his office is responsible for tracking, understanding, and responding to trends that are reported to his office each month by each PCM. This is then documented in the form of an agency annual report, which is posted to CDCR's public website. During an interview with the PCM, he stated that the facility completes a monthly report which is sent to the PREA Coordinator. Annually, the PCM reports data to the PREA Coordinator.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.88(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Further, that the annual report provides an assessment of the agency's progress in addressing sexual abuse.

2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee - Departmental PREA Coordinator

CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee - Departmental PREA Coordinator (p. 471) restates that the annual report shall include comparative data, including a description of corrective action. The auditor reviewed annual reports from 2018-2020; all included comparative data, corrective action, and a discussion of progress.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.88(c)

1. Pre-Audit Questionnaire (PAQ)

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

2. CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee - Departmental PREA Coordinator

CDCR DOM, Chapter 5, 54040.17 Institutional PREA Review Committee - Departmental PREA Coordinator (p. 471) 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 Agency Head (designee) affirmed this practice. This auditor reviewed annual reports posted to the agency's public website.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.88(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Further, the agency indicates the nature of material redacted. DOM, Chapter 5, 54040.20 Tracking - Data Collection and Monitoring (p. 472) expresses this protection. An interview with the PREA Coordinator reveals that the agency does not include any personally identifying information in their annual reports; but that if they could not avoid such inclusion, the information would be redacted and the nature of the redaction would be described.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- a. Pre-Audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction
- c. Interview of PREA Coordinator
- d. CDCR Public Website (<https://www.cdcr.ca.gov/prea/prea/reports-audits/>)

Reasoning and Analysis (by provision):

115.89(a)

- 1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that the agency ensures that incident-based and aggregate data are securely retained.

- 2. CDCR DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction

DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction (p. 472) states that the agency shall securely retain “all PREA data”.

- 3. Interviews

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

Findings:

Based on this analysis, the facility is substantially compliant with this

provision and corrective action is not required.

115.89(b)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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.

2. CDCR DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction

DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction (p. 472) states that all PREA data shall be made readily available to the public at least annually through the CDCR website.

The auditor reviewed CDCR's public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.89(c)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated in their response to the PAQ that before making aggregated sexual abuse data publicly available. DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction (p. 472) restates this provision. By review of the 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.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.89(d)

1. Pre-Audit Questionnaire (PAQ)

The facility indicated 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, 54040.21 PREA Data Storage and Destruction (p. 472) directs the agency to maintain aggregated PREA data for a period of 10 years after the date of the initial collection.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. CDCR DOM, Chapter 5, Prison Rape Elimination Actc. CDCR Public Website (https://www.cdcr.ca.gov/prea/prea/reports-audits/)d. Western State Consortium audit schedulee. Interview of the PREA Coordinator <p>Reasoning and Analysis (by provision):</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.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401(b)

An interview with the PREA Coordinator indicated that CDCR has 34 state correctional institutions operated by the state. The auditor reviewed the agency's 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 the Audit Cycle III due to auditing and travel complications caused by the COVID-19 pandemic. The agency, however, has navigated around this highly unique, exigent circumstance and rescheduled each of their respective year II audits to take place during the final year of the audit cycle.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401(h)

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

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401(i)

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

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401(m)

During the onsite phase of the audit; the auditors, PCM and ISU staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The audit team benefited greatly from the facility's active coordination of interviews and attempts to troubleshoot refusals.

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401(n)

During the pre-audit phase, the auditor communicated with agency and facility personnel through Microsoft Teams. The auditor discussed confidentiality in

	<p>communications between inmates and the auditor. The PCM agreed that he would take responsibility for posting the audit notices in Spanish and English, and provided the auditor with time-stamped photographs. The PCM also directed the mailroom staff to treat correspondence to the auditor as legal / privileged correspondence.</p> <p>The photographs verified that the audit notices were posted six weeks prior to the onsite audit phase. While onsite, the audit notices were displayed throughout the facility. Informal conversations with staff and inmates affirmed that they had been up for the correct timeframe.</p> <p>Findings:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> a. CDCR Public Website b. Interview of the PREA Coordinator <p>Reasoning and Analysis (by provision):</p> <p>115.403(f)</p> <p>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. LAC’s preceding audit report was located on this website. An interview with the PREA Coordinator and internet search confirmed the final audit reports are posted to the agency’s public website.</p>

Findings:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

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

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender 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 decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

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

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	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.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

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

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	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?	no
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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

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

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

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