PREA Facility Audit Report: Final

Name of Facility: Pleasant Valley State Prison
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 01/26/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Cynthia Radtke	**Date of Signature:** 01/26/2024

AUDITOR INFORMATION	
Auditor name:	Radtke, Cynthia
Email:	Cynthia.Radtke@wisconsin.gov
Start Date of On-Site Audit:	12/04/2023
End Date of On-Site Audit:	12/07/2023

FACILITY INFORMATION	
Facility name:	Pleasant Valley State Prison
Facility physical address:	24863 West Jayne Avenue, Coalinga, California - 93210
Facility mailing address:	

Primary Contact

Name:	Raqueal Barker
Email Address:	raqueal.barker@cdcr.ca.gov
Telephone Number:	559-935-4900 x5220

Warden/Jail Administrator/Sheriff/Director	
Name:	Tristan Lemon
Email Address:	tristan.lemon@cdcr.ca.gov
Telephone Number:	559-935-4900 x5506

Facility PREA Compliance Manager	
Name:	Raqueal Barker
Email Address:	raqueal.barker@cdcr.ca.gov
Telephone Number:	O: (559) 417-1040
Name:	Alex Avila
Email Address:	alex.avila@cdcr.ca.gov
Telephone Number:	O: (559) 417-5116
Name:	Arthur Abalos
Email Address:	arthur.abalos@cdcr.ca.gov
Telephone Number:	O: (559) 612-6511
Name:	Jose Melendez
Email Address:	jose.melendez@cdcr.ca.gov
Telephone Number:	O: (559) 317-7766

Facility Health Service Administrator On-site	
Name:	Oscar Galloway
Email Address:	oscar.galloway@cdcr.ca.gov

Telephone Number:	559-935-4900 x5762

Facility Characteristics	
Designed facility capacity:	2308
Current population of facility:	2820
Average daily population for the past 12 months:	2860
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-65
Facility security levels/inmate custody levels:	Level 3 and Level 1
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1399
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1045
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	79

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	

Number of standards met:
45

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-12-04
2. End date of the onsite portion of the audit:	2023-12-07

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	RCS Fresno

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2308
15. Average daily population for the past 12 months:	2860
16. Number of inmate/resident/detainee housing units:	23
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) 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:	2563
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:	81
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:	7
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:	9
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:	49
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:	218
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

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:	0
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:	2
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	1399
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:	79

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:	1045
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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	45
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The audit team began interviewing inmates on 12/5/23. Random inmates were selected across all housing units to ensure geographic diversity. The audit team also made selections of inmates with varying race, ethnicity, custody levels, and time in custody where possible (zero inmates identified as gender fluid). Selections were made by the lead auditor from a list of all inmates provided by the facility one business day in advance of the onsite visit. Interview sample sizes were derived from the PREA Auditor Handbook (Version 2.1, December 2022) and in accordance with the total inmate population on the first day of the onsite audit. From the facility roster, the auditor randomly selected inmates from each facility
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8

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".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
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:	1
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor took steps to determine whether the noted population existed. Based on the information obtained by the PAQ, a review of documentation while onsite, and discussions with staff and other inmates, it was determined this population was not housed at this facility.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor took steps to determine whether the noted population existed. Based on the information obtained by the PAQ, a review of documentation while onsite, and discussions with staff and other inmates, it was determined this population was not housed at this facility.

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:	2
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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor took steps to determine whether the noted population existed. Based on the information obtained by the PAQ, a review of documentation while onsite, and discussions with staff and other inmates, it was determined this population was not housed at this facility.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ 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	
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.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
76. Were you able to interview the Agency Head?	◉ Yes ○ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) 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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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).	No text provided.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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	5	5	5	5
Staff-on-inmate sexual abuse	12	12	12	12
Total	17	17	17	17

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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	8	0	0	0	0
Total	9	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	3	1	0
Staff-on-inmate sexual abuse	8	2	2	0
Total	9	5	3	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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:	14

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	9
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The auditor took steps to determine whether any files existed. Based on the information obtained by the PAQ, a review of documentation while onsite, and discussions with staff and other inmates, it was determined this type of investigation file was not at this facility.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes ( ) No (●) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ 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?	○ Yes ○ No ◉ 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.	The auditor took steps to determine whether any files existed. Based on the information obtained by the PAQ, a review of documentation while onsite, and discussions with staff and other inmates, it was determined this type of investigation file was not at this facility.

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.	○ Yes ◉ No

Non-certified Support Staff

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.	◉ Yes ○ No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	3

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	○ The audited facility or its parent agency ◉ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify your state/territory or county government employer by name:	Wisconsin Department of Corrections

Was this audit conducted as part of a consortium or circular auditing arrangement?	(●) Yes ( ) No

Standards
Auditor Overall Determination Definitions
• 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
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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR Operations Manual (i.e. DOM), Chapter 5, Article 44 Prison Rape Elimination Act Policy (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44 54040.2 Purpose (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (revised 5/19/2020)

g. Prison Rape Elimination Act Implementation Memo (effective 8/13/2015)

h. California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, Section 3401.5 Staff Sexual Misconduct (updated 10/2016)

i. CDCR Statewide PCM List (updated 6/30/2022)

j. Female Offender Programs & Services Organizational Chart (updated 7/2/2022)

k. CDCR, FOPS/SH, (PREA) Captain Duty Statement (date unknown)

Interviews

a. PREA Coordinator

b. PREA Compliance Manager

Site Review

Findings (By Provision)

115.11 (a). Pleasant Valley State Prison (PVSP) indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477), states, “CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and of all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.” The agency’s policy, DOM, Chapter 5, Article 44, Prison Rape Elimination Policy, further outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. While this direction is adopted by the facility, PVSP has taken the additional measures to develop supplemental procedural guidance in their local operations manual to guide their response to an allegation of sexual misconduct (i.e. PVSP DOM Supplement, Prison Rape Elimination Act); this manual is reviewed and revised annually by the facility’s Investigative Services Unit, in consultation with the facility’s PCM and Warden.

Of note, as reflected in the DOM’s definition section, the agency does not define staff-on-inmate sexual abuse in the same manner set forth by the National Standards to Prevent, Detect, and Respond to Prison Rape. DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 478) indicates “Staff Sexual Misconduct” includes, “any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders” and includes any sexual misconduct defined by CCR, Title 15, Section

3401.5 and Penal Code Section 289.6. A review of these respective codes, including cited sub definitions of sexual intercourse, sexual penetration, oral copulation, and sodomy reveal that the following provisions of PREA standard 115.6 may be inferred, but are not expressly included in the agency's definition of staff sexual misconduct:

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

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

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

According to the agency's table of organization, the PREA Coordinator reports directly to the Associate Warden of Female Offenders Program and Services/Special Housing (FOPS). They directly oversee 35 PREA Compliance Managers in each respective facility and one PREA Compliance Manager tasked with monitoring agency contract facilities.

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

115.11 (c). The facility indicated in their response to the PAQ that the facility has a designated PCM who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. PVSP designated Associate Warden Raqueal Barker with this responsibility which is defined by the agency's PCM duty

	statement. Associate Warden Barker reported during her specialized interview that she has sufficient time and authority to serve as the PCM, in addition to his duties as Associate Warden. She noted she is supported by the Investigative Services Unit (ISU) lieutenant, has adequate authority to delegate tasks among his team, and has access to facility leadership and subject matter experts so as to expedite compliance-related decisions. At the facility level, the PCM reports directly to the Chief Deputy Warden and has regular access to and interaction with the Warden, which was verified through conversations with both. At the agency level, the PCM reports to the PREA Coordinator who indicated during his interview that he communicates with the PCMs on a regular basis via telephone, email, video conference, and site visits. The PCM confirmed these methods of communication. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take. **Recommendation** **115.11 (a)**. Clarify or expand the agency's definition of staff sexual misconduct to include the stated language and, most importantly, applicable body parts of staff-on-inmate sexual abuse as set forth by PREA standard 115.6. For example, the phrase "sexual contact" in the DOM's glossary of terms could be defined in greater detail thereby eliminating any confusion about which body parts or behaviors constitute sexual abuse.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. (14) CDCR Contract Standard Agreements (executed various dates) c. Contracting with other entities for the confinement of inmates – 115.12 memo (dated 2/1/2022) d. Custody to Community Transitional Reentry Program (CCTRP) and Male Community

Reentry Program (MCRP) Contract Chart

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

f. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)

g. Contract Compliance Review Report form (date unknown)

Interviews

a. Agency Contract Administrator
b. PREA Coordinator

Findings (By Provision)

115.12 (a). The facility indicated in their response to the PAQ that the agency has renewed 13 contracts for the confinement of inmates since the last agency PREA audit and that each are required to adopt and comply with PREA standards. This expectation is reflected in CDCR's contractual Exhibit D Special Terms and Conditions which specify that the contractor and its staff are "required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards."

During the pre-onsite phase, CDCR enclosed 13 examples of contracts for the confinement of inmates (i.e. modified community correctional facilities) in the PAQ with the following agencies/governments: Each contract requires the contractor to adopt and comply with the PREA standards as stated above. All included the aforementioned Special Terms and Conditions template section which sets forth the compliance expectation.

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

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

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

Corrective Action.

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

	this standard. There is no corrective action to take.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (revised 5/19/2020) e. Codes for Staff Vacancies (revised 7/2020) f. Pleasant Valley State Prison Staffing Plan Analysis (no date) g. PVSP FY22-23 Standardized Staffing – Facility Breakdown h. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet; completed and blank (dated 4/1/2022) i. The Future of California Corrections j. Daily Activity Report examples (various dates) k. PVSP housing unit logbook entries (various dates) **Interviews** a. Warden b. PREA Coordinator c. PREA Compliance Manager d. Intermediate or Higher-Level Facility Staff e. Random Staff **Site Review**

Findings (By Provision).

115.13 (a). The facility indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan restates the staffing plan expectation of this provision, including the eleven required elements for consideration.

The average daily population as reported during the pre-onsite audit phase was 2860 inmates. The current approved standardized for FY23-FY24 allows for 807 custody positions, 254.70 medical/mental health positions, 337.40 non-custody/support positions. According to the auditor's interview with the Warden and PCM, CDCR has adopted a "standardized staffing" model wherein staffing levels and patterns are determined using a matrix which weighs housing unit design, specialized programming, and population needs. The Future of California Corrections states, "standardized staffing replaces the outdated ratio-driven staffing model" and allows facilities to "safely operate" with a population density ranging from 100 to 160 percent. The Warden and PCM affirmed the eleven required elements of this provision are considered on an annual basis when reviewing the staffing plan. The auditor's review of the staffing plan materials provided by PVSP revealed the facility is detailed in defining what positions are required to meet minimum staffing levels on each shift. In addition to the standardized staffing calculations, PVSP takes the additional measure of preparing a staffing plan analysis, which is distinctly organized by the 11 elements required by this provision.

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

115.13 (b). The facility indicated in their response to the PAQ they do not deviate from the staffing plan. In order to comply with the authorized staffing plan, the Warden and PCM said that any reduction in personnel realized by the institution is supplemented by the utilization of voluntary or required overtime. While deviations are possible, the Warden and PCM stated that any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan. Facility leadership will also strategically collapse positions or pause certain programs and divert staff to critical areas where and when needed. The audit team observed this practice while onsite. Whenever the facility deviates or redirects staff they are required, per policy and the employee collective bargaining contract, respectively, to document such adjustments.

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

plan."

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

115.13 (c). The facility indicated in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan 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. Discussions with the PREA Coordinator and PCM confirmed this annual review process.

The Warden indicated there is a process to request augmented staffing resources through headquarters should the sustained need arise. The auditor reviewed PVSP 2023 Staffing Plan Analysis and supplementary CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet, which provides space to document applicable assessments and determinations of the staffing plan, the facility's use of monitoring technology, and resources to ensure adherence. The plan is signed by the PCM; the PREA Coordinator documented that no further action is needed.

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

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

During the onsite audit phase, the auditor was able to review the logbooks on each housing unit and all other major areas of the facility including those outside of the secure perimeter of the facility. The dates and times of the log entries appeared random suggesting no specific pattern. Interviews with random staff and informal interviews with housing unit staff during the facility review confirmed that unannounced rounds are conducted. All confirmed that they are prohibited by from notifying other staff. Interviews with intermediate and higher-level staff also verified that unannounced rounds are completed per policy on a weekly and monthly basis.

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

Corrective Action

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** Pre-Audit Questionnaire **Interviews** PREA Compliance Manager 115.14 (a-c). The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders. Informal interviews with staff in the housing units and with the PCM confirmed that youthful inmates are not housed at PVSP. Accordingly, no youthful inmates, education and program staff who work with youthful inmates, or staff who supervise youthful inmates were interviewed specific to this provision. A final analysis of the evidence indicates the facility is in substantial compliance with this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (effective 7/1/2015) c. CDCR DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (revised 7/1/2015)

d. CDCR DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (effective 7/1/2015)

e. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (revised 5/19/2020)

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

g. CDCR DOM, Chapter 5, Article 44, 54040.5 Searches (revised 5/19/2020)

h. Changes in the Use of the ADANI CONPASS Low Dose Scanner memo (dated 2/8/2019)

i. CDCR In-Service Training, Transgender Inmates, Version 1.0, BET Code: 11058564 (approved 6/2018)

j. CDCR In-Service Training, Instructor Text, Working Successfully with Transgender, Intersex, and Non-Binary Inmates, Version 2.0, BET Code: 11060835 (approved 12/2019)

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

l. Overview of Senate Bill 132 -Training memo (dated 11/6/2020)

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

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

o. Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates memo (dated 9/24/2019)

p. Course enrollment reports (positive and negative) (various dates)

q. Transgender Access card

Interviews

a. Random Staff

b. Random Inmates

c. Inmates Who Identify as Transgender

Site Review

Findings (By Provision).

115.15 (a). The facility indicated in their response to the PAQ that the facility does

not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, PVSP staff have conducted zero cross-gender or cross-gender body cavity searches.

DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 388) mandates that staff of the opposite biological sex shall not conduct unclothed body inspections or searches of inmates except in an emergency or when performed by a qualified medical professional. If an unclothed cross-gender (i.e. sex) search is required during or in response to an emergency, the search shall be documented using a Notice of Unusual Occurrence (NOU) form, which must be reviewed by a supervisor, routed to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (p. 479) restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837. Further, if utilized, body worn cameras are to be deactivated during unclothed body searches per agency memo dated 8/19/2021.

Twelve of 12 random security staff (non-medical) confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances. One hundred percent of interviewed inmates stated they have never been subject to an unclothed body search by a non-medical female staff person at PVSP.

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

115.15 (b). The facility indicated in their response to the PAQ that the facility does not house female inmates and, as such, does not permit cross-gender pat-down searches of female inmates, nor does it restrict female inmates' access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed through a website review, census report, and discussions with the PCM, PVSP does not house female inmates.

DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 388) expressly states that male staff shall not perform a non-emergency search of a female inmate under any circumstances. This DOM excerpt maintains that searches of female inmates shall only be conducted by female staff unless an exigent circumstance is present. Exigent circumstances are described as scenarios in which an immediate search must be performed in order to avoid "the threat of death, escape, or great bodily injury to staff, inmates, or visitors" and shall only exist until "sufficient numbers of female correctional staff are available to assume critical body search duties." The same policy further describes the steps to perform a search in the least intrusive way. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (p. 479) restates this expectation.

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

115.15 (c). The facility indicated in their response to the PAQ that the facility

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

DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 388) states if an unclothed cross-gender (i.e. sex) search is required during or in response to an emergency, the search shall be documented using a Notice of Unusual Occurrence (NOU) form, which must be reviewed by a supervisor, routed to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (p. 479) restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837. DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 388) follows suit by directing staff to document in the same manner should a cross-gender pat search of female inmate be required during an exigent circumstance.

During the facility review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male inmates occurred in the past 12 months as no related NOU's were on record. This was also confirmed during interviews with 12 random security staff and 53 random and target inmates who all indicated that they were not aware of any female officers conducting cross-gender strip searches.

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

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

DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures (p. 479) mandates that inmates are afforded such opportunity as defined by this provision except in exigent circumstances or when such viewing is incidental to routine cell checks. As an assurance, "except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing." An additional measure, cross-gender announcing, is required per the same DOM section referenced above. Specifically, "staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes."

During the onsite audit phase, the auditor viewed the shower areas in the housing units from multiple vantage points, including the floor/dayrooms and elevated officer control stations, to ensure that staff did not have the ability to observe genitalia.

	Of the 53 inmates interviewed, all stated they have not been observed by a female staff member in a state of undress. Twelve of 12 security staff members affirmed that there are policies and procedures in place to prevent opposite gender viewing. During the onsite audit phase, the audit team consistently heard announcements being made on their behalf when a female staff member was not already present. Informal staff interviews revealed that staff regularly announce by announcing through the intercom system. Twelve of 12 randomly interviewed security staff members stated the announcement is consistently completed by either the female staff member or by the officer in the control station (elevated post) on the unit. With the exception of a few outliers, the majority of inmates affirmed this practice is in good working order. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.15 (e)**. The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (p. 387) prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. In accordance with the policy, the facility reported that no such search has occurred in the past 12 months. Interviews with 12 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. Additionally, interviews with a staff member that performs screening for risk of sexual victimization and a medical staff member also verified that inmates identifying as transgender or intersex are not searched to solely determine genital status. As a best practice, the agency/facility affords transgender inmates the opportunity to select the gender of the staff person who conducts their search. Such preference is designated on a transgender access card which they carry on their person. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.15 (f)**. The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-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. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) requires that staff be trained on the tenets of this provision.

	Several training modules were provided as validation of the training curriculum, as were PVSP course enrollment reports. A review of PVSP in-service training records confirmed that all staff in work status had been trained. The auditor reviewed an in-service training titled, Prison Rape Elimination Act (PREA); on-the-job training (OJT) modules titled, Inmate Body Search, Overview of Senate Bill 132, and Expectations for Working with Transgender, Intersex, Gender Non-Conforming, and the Non-Binary Inmate Population; and lesson plan titled, Searches and Inmate Property that were developed by the Office of Training and Professional Development. All of which were found each to be appropriate and consistent with national standards for conducting inmate searches, including cross-gender searches. Staff are also, specifically, trained to conduct searches of transgender and intersex inmates; the content of such training was reviewed in a variety of formats including an instructor lesson plan, participant guide, and participant workbook. Staff are directed to search inmates who identify as transgender in the manner consistent with the primary gender of the facility they are housed in. 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. Twelve random interviews with security staff indicated that they were all trained within the past 12 months, which mirrored the staff in-service training rosters provided. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR Inmates with disabilities and inmates who are limited English proficient memo (dated 10/6/2017)

c. CDCR I Speak…Language Identification Guide poster (date unknown)

d. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020)

e. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020)

f. CDCR Disability Code Definitions

g. Interpreters Unlimited, Standard Agreement #C5610079 (effective 7/1/2021 – 6/30/2024)

h. Natural Languages, LLC, Standard Agreement #C5609621 (effective 7/1/2020 – 12/31/2023)

i. Inmate Primary Language and English Comprehension (queried 10/14/2022)

j. Disability Inmate Roster (queried 10/14/2022)

Interviews

a. Random staff

b. Inmates who are Deaf or Hard of Hearing

c. Inmates with a Cognitive Disability

d. Inmates who have Limited English Proficiency

e. ADA/LEP Coordinator

Site Review

Findings (By Provision)

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

CDCR maintains a contract with Natural Languages, LLC for American Sign Language assistance. Interpreter services are available 24 hours a day, seven days a week. PVSP shared a copy of I Speak…Language Identification Guide, which includes direction to the facility's LEP or ADA Coordinator for additional assistance. During the facility review, the audit team observed these postings, including in Receiving and

	Release (R&R) where intake education is conducted. The facility's intake sergeant who is tasked with providing education stated he asks all new admissions if they understand the information they receive; he has not received any negative responses, but would engage support services by way of the LEP/ADA Coordinator if someone responded affirmatively. The facility's ADA/LEP Coordinator reported that if a person's disability prevents understanding, the facility is equipped to respond with a variety of interventions to ensure effective communications. Evidence of effective communication consideration was found in each investigation the audit team reviewed. During the onsite audit phase interviews were conducted with seven inmates with varying degrees of physical and hearing limitations. Each indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.16 (b)**. The facility indicated in their response to the PAQ that the agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education (p. 479) states that "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English…Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." A memo titled Notification of Interpretation and Translation Services issued on 6/15/2009 reminds all staff of the agency's commitment to "take reasonable steps to facilitate effective communication with LEP inmates." The memo further directs facilities to designate a local LEP coordinator and implement language-based solutions including contracted translation services, identifying "competent" bilingual local and neighboring staff to interpret/translate, and accessing/collecting translated forms. CDCR maintains a contract with Interpreters Unlimited for foreign language assistance. Interpreter services are available 24 hours a day, seven days a week. Additionally, the facility has a list of approved multilingual staff who are certified to provide translation services. PVSP provided a copy of I Speak…Language Identification Guide, which includes dozens of printed languages to help staff identify an inmate's language needs. This posting includes direction to the facility's LEP/ADA Coordinator for additional assistance. The posting also includes a direct telephone number to reach the agency's additional language interpretation service, Interpreters Unlimited. During the facility review, the audit team observed these postings. As with disabled inmates, the facility's R&R sergeant confirms understanding among the LEP population when providing intake education; he is familiar with the method to connect with language assistance services.

	During the onsite audit phase, the audit team interviewed five inmates identified as disabled, including those as limited English proficient. Staff members successfully demonstrated understanding of their resources and process by connecting the team with Interpreters Unlimited. Staff members also stated they would engage the assistance of certified multilingual staff within PVSP to manage immediate needs. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.16 (c)**. The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using inmates in this capacity, but should they need to the facility indicated they would document such assistance. PVSP has not used an inmate in this capacity in the past 12 months. DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) restates this provision. Inmates with limited English proficiency were interviewed with the assistance of the contracted language line during the onsite phase. Additionally, four inmates with cognitive, hearing, vision, and/or physical limitations were interviewed. Each indicated that that they had no difficulty reading or understanding the PREA information (e.g., handouts, video, and posters) made available at the facility and knew how to access interpretation services via staff. Each was also able to clearly articulate how they could report sexual abuse or sexual harassment and were aware of their rights pursuant to the Prison Rape Elimination Act. The auditor’s interview with the PCM verified the information provided during the pre-onsite audit phase; there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used. PVSP provided a list of staff and qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. If necessary, the agency maintains contracts with Interpreters Unlimited and Natural Languages, LLC to assist with their language translation needs if no qualified staff or contractor is available. Interviews with 12 random staff confirmed that they were not aware of any instance where an inmate interpreter was used to assist with first responder or investigative actions. The facility’s ADA/LEP Coordinator stated that due process hearings, classification, investigatory interviews, and any other interaction that may negatively impact the inmate’s adjustment require translation services or adaptive support. During the site review of PVSP, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown) c. CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status (updated 1/2009) d. CCR, Title 15, Section 33030.16 Employee Disciplinary Matrix Penalty Levels (date unknown) e. CCR, Title 15, Section 33030.19 Employee Disciplinary Matrix (date unknown) f. CDCR DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (revised 7/1/2015) g. CDCR DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (revised 6/28/2017) h. CDCR DOM, Chapter 3, Article 7 Personal Identification Cards (revised 4/18/2020) i. CDCR DOM, Chapter 10, Article 9, 101090.6.2 Volunteer Application Packet and Files (7/23/2018) j. CDCR DOM, Chapter 10, Article 9, 101090.6.3 Security Clearance (7/23/2018) k. CDCR 1902 Personal History Statement; completed (revised 1/2019) l. CDCR 1951 Supplemental Application for All CDCR Employees; completed and blank (revised 7/2018) m. Personnel Information Bulletin; Revision to the Supplemental Application for All CDCR Employees, CDCR Form 1951 (dated 9/16/2016) n. CDCR 2025 Employment Reference Questionnaire (dated 4/2018) o. CDCR 2164 Live Scan Response completed and blank (revised 7/2019) p. CA Department of Human Resources, STD 678 Examination/Employment Application (revised 12/2017) q. Request for Assistance with State Licensing Board Investigations Related to Mandatory SB-425 Reports of Patient Sexual Allegations memo (dated 11/9/2020) r. Mandatory Reporting of Patient Sexual Abuse or Misconduct (dated 1/3/2020) s. Completion of Background Checks Under the Prison Rape Elimination Policy memo (dated 7/14/2017) t. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown) u. Hiring and promotion decisions memo (dated 10/6/2017) v. Duty to Report – Prison Rape Elimination Act memo (dated 5/15/2020)

w. Personnel Identification Card Issuance (dated 2/26/2016)

Interviews

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

Findings (By Provision).

115.17 (a, b, f). The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. The agency also considers any incidents of sexual harassment when making such decisions. DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (p. 160) maintains that the agency shall not hire or promote anyone who may have contact with inmates, who:
a. has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
b. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
c. has been civilly or administratively adjudicated to have engaged in the activity described immediately above.

The same policy also mandates that the hiring authority “consider substantiated incidents of sexual harassment in all hiring decisions.”
The agency’s Supplemental Application for All CDCR Employees (CDCR 1951) prompts new, transfer, and promotional applicants to respond to items a.-c. above, in addition to the question, “Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?” A notation on this form directs the hiring authority to consult with the PREA Coordinator via email to address any affirmative responses. A Personnel Information Bulletin circulated on 9/16/2016 directs all institutional personnel officers (IPO), personnel liaisons, and human resource personnel services to collect CDCR 1951 from all internal and external candidates seeking employment. 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 38 new or promotional hires (employees and contractors) within the last 12 months and affirmed this practice.

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 DOM, Chapter, 3, Article 6, 31060.3 Power of Appointment applies to all hires. They confirmed that the application, interview, and review process is the same for

new applicants and promotional hires.

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

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

115.17 (c). 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. PVSP reported one hundred percent of individuals hired in the past 12 months who may have contact with inmates had a criminal background record check completed.

DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) 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 PVSP's IPO, the Live Scan Service (i.e. DOJ and FBI) will confidentially alert CDCR human resources staff 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 per DOM, Chapter 3, Article 7 Personal Identification Cards (pp. 172-173) provides an additional layer of protection as such card may only be issued following the required background checks.

CDCR also requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. CDC 2025 Employment Reference Questionnaire is circulated to former employers so as to ascertain whether the applicant has a prior history of substantiated sexual abuse or resignation related to such allegation while employed. In response to PREA audit findings a memo dated 7/14/2017, 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 institutional (defined as a federal or state prison, county jail, policy lockup, community confinement facility, juvenile facility, or other correctional institutions)

	employers using the updated CDC 2025. The auditor reviewed 16 randomly selected personnel records, including that of contractors, and accompanying forms that document the application process, including the previous employer inquiry process and criminal background checks. The IPO affirmed that when a prospective employee or contractor reports having been employed by another confinement facility and requests employment at PVSP, contact is made with the prior facility to inquire about past discipline via the CDC 2025. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.17 (d)**. The facility indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. CDCR Contractor Special Terms and Conditions, section Security Clearance/Fingerprinting (p. 1) “reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information, prior to award and at any time during the term of the Agreement.” Contractors are directed not to assign any contracted employee who many have contact with inmates to a CDCR facility if any of the provisions of 115.17(a, b) are applicable. Special Terms and Conditions instructs the contractor to conduct a criminal background check for each contract employee who will have contact with inmates. They are required to provide a written certification of the check and that the contracted employee has not engaged in sexual abuse in a confinement facility or been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community. Moreover, the contractor is required to submit to gate clearance to enter each facility. Facility personnel runs a California Law Enforcement Telecommunications System (CLETS) check prior to entry. PVSO's IPO shared that gate clearance, which includes a CLETS check, in addition to live scanning, is completed for all prospective contractors. In the past 12 months, PVSP reported having 75 contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates. The auditor randomly selected 4 contractor personnel files and verified that all had a criminal background check conducted. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.17 (e)**. The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) requires that each prospective employee submit to fingerprinting (i.e. Live Scan). A CDCR memorandum regarding standard 115.17(e) dated 10/6/2017 further states that a criminal record check is a requirement for employment and includes consent to be fingerprinted and request for and review of the CI&I SSCH. Applicants for all employment shall be live scanned at the earliest possible time if an appointment is

	expected. Live Scan notification is ongoing, thus exceeding the requirement of this subsection of Standard 115.17. The auditor's interview with human resources staff also confirmed the use of the Live Scan system. In addition, CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.17 (g)**. The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. CDCR 1951 Supplemental Application for All CDCR Employees states all applicants must list their history of conduct and that "failure to disclose your arrests will be grounds for denial of your application and/or termination of your employment." By signing the supplemental application all prospective employees "understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected, on probation, and/or disciplined, up to and including dismissal from State service." Human resources staff confirmed that all background checks completed by the Office of Peace Officer Selection, Background Investigative Unit are reviewed for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination. Employees are also required to notify their hiring authority and Employee Relations Officer of any contact with law enforcement. This expectation is codified in CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. A memo issued by the Division of Adult Institutions Director on 5/15/2020 further detailed that all staff have a continuing affirmative duty to promptly notify the institution head if any of the conditions of this standard apply. As described in this memo, the agency is seeking an edit to California Code of Regulations to expressly state this duty. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.17 (h)**. An interview with the facility's IPO confirmed that the facility regularly receives inquiries from other confinement facilities related to a current or former employee's history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are directed to the Employee Relations Officer for review and response in accordance with agency policy. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR Design and Construction Policy Guidelines Manual (dated 1/2014; prefaced by Notice of Change Supplement date 8/14/2017) c. Video monitoring technology project manual specifications (date unknown) d. Design Change Request Form example (dated 5/3/2017) **Interviews** a. Warden b. PCM **Site Review** Findings (By Provision) **115.18 (a)**. The facility indicated in their response to the PAQ that the facility has acquired a new facility or made a substantial expansion or modification to existing facilities since 8/20/2012, or since the last PREA audit, whichever is later. Upon discussion with the Warden and PCM, in addition to observations during the site review, since their last PREA audit PVSP modified the Correctional Treatment Center. When the facility requires additional, substantial modification or expansion the agency has a process in place which is guided by CDCR Design and Construction Policy Guidelines Manual. Specifically, the manual indicates, “when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department’s ability to protect inmates from sexual abuse.” The agency head designee indicated that the agency works consistently to consider safety and privacy needs of inmates, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision. Practically, the PCM stated she is actively involved with the construction, tours, and final walkthroughs so as to ensure security and sexual abuse prevention

	measures are achieved. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.18 (b)**. The facility indicated in their response to the PAQ that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 8/20/2012, or since the last PREA audit, whichever is later. During the onsite audit, it was observed that PVSP is undergoing the installation of video equipment but the equipment is not yet functional. Video monitoring upgrade projects are funded and planned at the agency-level. As guided by the CDCR Design and Construction Policy Guidelines Manual, the agency has a process in place to plan for such projects. Specifically, the manual indicates, “when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department’s ability to protect inmates from sexual abuse.” Such updates must also conform to the agency’s standardized video surveillance specifications. PVSP provided documentation noting they are evaluating how such technology may enhance the facilities ability to protect inmates from sexual abuse. The agency head designee reported that it’s an ongoing priority of the agency to request and obtain additional resources from the state legislature to fund camera projects, especially in areas of passage and congregation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.8 Initial Contact (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities,

	Crime Scene Preservation, Evidence (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (revised 5/19/2020) g. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020) h. CDCR DOM, Chapter 5, Article 44, 54040.10 Community Services (revised 5/19/2020) i. Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances memo (dated 2/22/2019) j. Evidence protocol and forensic medical examinations memo (date 10/6/2017) k. CDCR Initial Contact Guide (PREA) (date unknown) l. PREA Information pocket card (date unknown) m. CDCR Custody Supervisor Checklist (PREA) (date unknown) n. Custody Supervisor Information pocket card (date unknown) o. CDCR Watch Commander Notification Checklist (PREA) (date unknown) p. CDCR Transportation Guide (PREA) (date unknown) q. Sexual Assault Kit Processing memo (10/17/2018) r. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 7/2017) s. U.S. DOJ, Office on Violence Against Women, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition (revised 4/2013) t. CALCASA/JDI California Advancing PREA: A Guide to Working with Rape Crisis Centers (date unknown) u. Help is Available posters; English, Spanish, Hmong **Interviews** a. Sexual Abuse Investigator b. Administrative (Human Resources) Staff c. Sexual Assault Service Provider d. Inmates who Reported Sexual Abuse

e. SANE

f. Random Staff

Site Review

Evidence preservation kits

Findings (By Provision).

115.21 (a). The facility indicated in their response to the PAQ that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. California Penal Code (PC) grants CDCR correctional staff peace officer status; they are authorized and trained to conduct both administrative and criminal investigations. Locally Designated Investigators (LDI) make up the facility's Investigative Services Unit (ISU). These investigators, in addition to other designated institutional staff, receive specialized training to conduct criminal and administrative investigations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence (pp. 481-482) describes standard evidence collection and preservation procedures following an incident of sexual abuse. Policy directs the respective custody supervisor and watch commander to employ incident checklists to guide their response, including evidence processing. In applicable sections, the DOM further describes a myriad of evidence preservation and collection expectations for first responders, transportation, and medical and mental health staff. Local procedure, Operations Manual Supplement, Section Response (pp. 5-8), describes these expectations including that of evidence preservation which is the responsibility of Custody Supervisor and designated Evidence Officer.

During the onsite audit phase, the audit team interviewed 12 random security staff, each of whom expressed awareness of and articulated the agency's policy for obtaining usable physical evidence. Security supervisors understood the requirement to local law enforcement to engage SART/SANE services and transport, when advised, to the local medical center if the abuse occurred within the preceding 72 hours. They also knew who (i.e. ISU) is designated as the primary investigator at the facility for allegations of sexual abuse and sexual harassment. A series of checklists also guide action from first responder and security staff.

During the site review, the auditor observed evidence collection kits which are accompanied by step-by-step instructions directing users on how to collect physical evidence such as clothing; how to instruct the alleged victim and suspect; how to secure the scene; who to notify; and where to place the evidence in order to maintain a chain of custody. Evidence collection kits are made available to first responders, medical staff, and investigative staff to aid their efforts in collecting and preserving timely usable evidence. Instruction to preserve evidence using a kit are also enumerated on the Prison Rape Elimination Act: Transportation Guide form. Once a kit is returned to the institution from a SANE examination and DOJ, they are stored in the ISU Evidence Room.

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

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

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

115.21 (c). The facility indicated in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility; PVSP does not perform such examinations. Examinations conducted at an outside facility are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, zero inmates have been transported for a forensic medical examination.

DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (pp. 482-483) states that the victim shall be transported to the designated hospital, or onsite location, where SART contract staff will complete the forensic examination. Policy delineates between sexual abuse discovered less than 72 hours and more than 72 hours post-incident; each carries an expectation of SANE care or consultation.

In addition, as directed by policy, PVSP offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. A memo entitled, Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances, dated 2/22/2019 and issued by the agency's Secretary and Healthcare Receiver states that, "Effective March 1, 2019, California Department of Corrections and Rehabilitation (CDCR) patients shall no longer be charged a copayment for health care services…"

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

115.21 (d, e, h). The facility indicated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. While an outside advocate is always available on-call thereby eliminating a great majority of the need for the facility to provide an alternate qualified staff member in the event an advocate is unavailable, the facility does maintain a process for the exception. Support services include supporting the victim through the forensic medical examination process and investigatory interviews and providing emotional support, crisis intervention, information, and referrals. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 481) indicates that the watch commander or designee is responsible for immediately notifying the local Rape Crisis Center in the

	event of a SANE examination. The response guide, Watch Commander Notification Checklist, details this action. Thereafter, per policy, the facility shall make available an advocate during investigatory interviews and for emotional support services. Posters were observed throughout the facility, in addition to information contained in the inmate handbook, which direct victims to the local advocacy organization, via a phone number and address, for support services. During the pre-onsite audit phase, the auditor conducted an interview with an advocate who indicated that a victim advocate is available to meet with the inmate victim during a SANE exam (or equivalent) upon request. In practice, the service provider is staffed to respond to the hospital 24 hours a day and seven days a week; there is not practical need for the facility to make a qualified agency staff member available. However, DOM, Chapter 5, Article 44, 54040.3 Definitions states that a “victim advocate” includes a designated employee in the absence of an outside rape crisis center representative. Employees acting in this capacity shall be either certified by a rape crisis center as trained in counseling; a mental health or nursing clinician; and/or received advanced training as defined by California Evidence Code 1035.2. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.21 (f)**. As stated, CDCR/PVSP officials (i.e. Investigative Services Unit or Office of Internal Affairs) are responsible for administrative and criminal investigations. As such, this provision is not applicable. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.21 (g)**. Auditor is not required to audit this provision of the standard. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation through 54040.12.5

Reporting to Offenders (revised 5/19/2020)

c. CDCR DOM, Chapter 4, Article 14, 31140.1 through 31140.2 Internal Affairs Investigations Policy and Purpose (effective 1/2007)

d. CDCR DOM, Chapter 1, Article 35, 15080.2 Office of Internal Affairs (revised 12/13/2012)

e. Policies to ensure referrals of allegations for investigations memo (10/6/2017)

f. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020 (signed 7/16/2021)

g. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2021 (signed 5/31/2022)

h. CDCR Public Website

i. PVSP Investigation Tracking Log (calendar year 2023)

Interviews

a. Warden

b. Sexual Abuse Investigators

Findings (By Provision).

115.22 (a, b). The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.12 Investigation states “all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing” (p. 483). 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 Office of Internal Affairs (OIA). Investigators possess legal authority to conduct criminal investigations and will collaborate with the local district attorney to make a determination on prosecution.

In the designated 12-month audit period, as evidenced by a review of PVSP's Investigation Services Unit (ISU) log and supporting documentation, PVSP received and responded to 16 allegations of sexual abuse or sexual harassment. Of these investigations, zero allegations were substantiated or, subsequently, referred for prosecution.

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 appropriate, OIA or ISU will notify the local district attorney. A discussion with the several members of the facility's ISU and agency Office of Internal Affairs confirmed this practice. The auditor reviewed the agency's public website and easily located the aforementioned policy which describes investigative and referral practices. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.22 (c)**. DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (pp. 477-486) is posted on CDCR's website and includes the section 54040.12 Investigation (p. 483) which describes the investigative responsibility of the agency. The responsibilities outlined in the policy include the following: LDI/ISU initial inquiry; referral to OIA 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. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.22 (d)**. The auditor is not required to audit this provision of the standard. **115.22 (e)**. The auditor is not required to audit this provision of the standard. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: **Documents** a. Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)

d. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11054378 (date unknown)

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

f. CDCR Basic Correctional Officer Academy (BCOA), Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11055014 (date unknown)

g. CDCR New Employee Orientation, Prison Rape Elimination Act (PREA), Version 1.0, BET Code: 11054846 (approved 9/2015)

h. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020)

i. CDCR On-the-Job Training (OJT) Module, Inmate/Staff Interaction, Version 2.1, BET Code: 11053211 (approved 10/2018)

j. Mandated On-the-Job Training for All Staff memo (dated 9/3/2020)

k. Overview of Senate Bill 132 - Training memo (dated 11/6/2020)

l. Course enrollment positive and negative reports

Interviews
a. PCM

b. Training Coordinator

c. Random Staff

Site Review

PREA posters

Findings (By Provision)

115.31 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention,

	Staff Training (p. 479) states that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The same policy (p. 479) states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training. The 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. Random and specialized staff who were interviewed reported they received training consistent with each of the ten elements listed above. Staff members were able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy; an understanding that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. The auditor also reviewed positive and negative training reports, which demonstrate receipt of training on the above provisions. One hundred percent of staff completed training per this provision. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.31 (b)**. The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) directs training to be gender specific based on the offender population at the assigned institution. This mandate is further emphasized by California Penal Code Section 3430 which requires gender responsive training for staff. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.31 (c)**. The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) states that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The same policy (p. 479) states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training. Specifically, employees participate in annual web-based in-service training and biennial on-the-job refresher training. During the onsite audit phase, the auditor confirmed through 12 random staff interviews that each completed a combination of classroom and web-based training prior to having contact with inmates. These trainings include the elements described in provision (a). Less senior security staff reported receiving classroom instruction during CDCR's training academy. Ninety-three percent, as confirmed through a course

	enrollment negative report, of PVSP staff members received either classroom or online instruction on the elements required by this provision in 2022 (note, the remaining 83 staff members have until the close of the calendar year to complete). A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.31 (d)**. The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) indicates that training participation shall be documented on CDCR 844 Training Participation Sign-in Sheet. In-service training is conducted on facility grounds and is led by trained facilitators. Following classroom instruction, CDCR 844 is completed on paper and retained in the staff member's training file. On-the-job training is conducted via the agency's online learning management system. The auditor reviewed the electronic acknowledgement at the close of online training modules within the agency's learning management system. Training may only be considered complete after the participant finishes a series of knowledge check questions and marks the self-certification bubble to "acknowledge that (they) have read and understand the policies and procedures as defined in the training." PVSP's training lieutenant is responsible for monitoring staff training and affirmed this process. They have access to query reports so as to manage participation and completion. The auditor reviewed staff training records while onsite and confirmed the electronic acknowledgment method that accompanies staff training. The agency and facility are able to query reports which show positive and negative results. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

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

b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)

c. CDCR DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Forms (revised 12/4/2018)

d. CDCR DOM, Chapter 10, Article 9, Volunteers (revised 7/23/2018)

e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015)

f. CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages (revised 5/2020)

g. Volunteer and contractor training memo (dated 10/6/2017)

h. CDCR Form 2301-PREA Policy Information for Volunteers and Contractors memo (dated 5/27/2020)

Interviews

a. Community Resource Manager (CRM)

b. Volunteer

c. Contractors

d. PCM

Findings (By Provision)

115.32 (a). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 1124 volunteers and contractors currently authorized to enter PVSP) who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. DOM, Chapter 5, Article 44, 54040.4 Education and Training, Staff Training (p. 479) states that contractors and volunteers shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. Training will be conducted during orientation and annual training. The auditor reviewed CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), the same curriculum provided to employees, and found the content consistent with the expectation of this provision.

During the onsite audit phase, two contractors and two volunteers were interviewed. These individuals were selected for an interview based on their schedule and availability while at the facility in relationship to the schedule of the auditors. Each contractor and volunteer confirmed that they had received training on their responsibilities under the agency's zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed random, completed CDCR 2301, PREA Policy Information for

	Volunteers and Contractors signature pages which affirm receipt of training. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.32 (b)**. The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Further, all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A supplementary memo to the DOM policy statement regarding volunteer and contractor training was issued on 10/6/2017 in which the length and type of training is more clearly defined. All volunteers and contractors receive one hour of mandatory inmate/staff interaction training while those with frequent or less supervised inmate contact receive more extensive training. Training, at minimum, discusses how to maintain professional distance while maintaining effective communication with inmates; determine the fine line between establishing rapport with inmates; identify consequences of denying inmates' rights; and identify and react appropriately to manipulation by an inmate. All volunteers and contractors are also subject to annual in-service PREA training. Further, all volunteers and contractors are initially required to sign CDCR 2301 which includes an overview of PREA, zero tolerance, professional behavior, preventative measures, and detection. The auditor reviewed training records for random contractors and volunteers; each of which contained evidence of training participation. Two contractors and two volunteers 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. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.32 (c)**. The facility indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) describes that receipt of training shall be documented on the CDCR 844 Training Participation Sign-in Sheet, which is restated in DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Form. CDCR 844 follows participation in the given in-service training whereas CDCR 2301 PREA Policy Information for Volunteers and Contractors is the initial informational PREA resource prospective volunteers and contractors receive. The statement on this form for which the volunteer or contractor is required to sign reads "I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment." As stated, the auditor reviewed random, completed CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages, in addition to learning management system training records for three contractors, which indicated receipt

	and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment. All four 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. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020) c. CDCR Sexual Violence Awareness brochure; English and Spanish versions (date unknown) d. CDCR Sexual Abuse/Assault Prevention & Intervention brochure; English and Spanish versions (revised 11/2020) e. Senate Bill 132 brochure (date unknown) f. Pleasant Valley State Prison, Inmate Orientation Handbook g. PREA Information for Orientation Handbook template; English and Spanish versions (revised 9/30/2021) h. CDC-128B Receipt of Inmate PREA Education (revised 1/1995) i. Shine the light on Sexual Abuse poster; English and Spanish (date unknown) j. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish (date unknown) k. PREA Publication Order Form; blank (date unknown)

l. Prison Rape Elimination, Written Materials Distribution memo (dated 11/4/2015)

Interviews

a. PREA Compliance Manager

b. Intake Staff

c. Random Staff

d. Random and Targeted Inmates

e. ADA/LEP Coordinator

Site Review

a. Sexual Abuse and Sexual Harassment Reporting Posters

b. PREA Audit Postings

c. Inmate Orientation (R&R)

Findings (By Provision).

115.33 (a, b). 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 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 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. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (p. 479) states that verbal and written information shall be provided to offenders which will address prevention/intervention; reporting; treatment and counseling. The same policy requires that initial orientation is “provided in reception centers via either written or multi-media presentation on a weekly basis in both English and Spanish.”

A review of the facility’s Inmate Orientation Manual, which is distributed to all inmates upon admission, contains the agency’s zero tolerance policy and reporting options. The handbook provides information on the federal law, inmates’ rights to be free from sexual abuse and sexual harassment in confinement, definitions, retaliation, cross-gender announcing, transgender accommodations, and support services (i.e. advocacy). The facility also distributes three brochures: Sexual Violence Awareness, Sexual Abuse/Assault Prevention & Intervention, and Senate Bill 132. The sum of these materials detail dynamics of sexual abuse, protective measures, medical care, investigative process, and transgender rights.

During the onsite audit phase, the auditor observed the education process in Receiving and Release (R&R), including the broadcast of a PREA education video.

	Posted information is displayed throughout R&R. Intake staff distribute the aforementioned handbook and brochures, answer questions, and facilitate receipt of information documentation. In addition to observation, the auditor confirmed the intake and comprehensive education process during a pre-onsite interview with the facility's intake sergeant and during follow-up questions while reviewing the R&R process onsite. The auditor randomly selected inmate records to review for evidence of education acknowledgment while onsite. Each of the records reviewed included acknowledgments (CDC-128B Receipt of Inmate PREA Education chrono) and were dated the same date of the inmate's respective admission. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.33 (c)**. The facility indicated in the PAQ that all inmates received education. Moreover, agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The facility reported that comprehensive education is repeated upon each intra-agency transfer. Both facility staff and the PCM stated during interviews that all CDCR facilities have adopted the agency's DOM, Chapter 5, Article 55, 54040.4 Education and Prevention policy. Specifically, section Offender Education (p. 479) of this policy states that the brochure entitled Sexual Violence Awareness and booklet entitled Sexual Abuse/ Assault – Prevention and Intervention "shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook." The facility's intake sergeant and audit team's observation of the R&R process corroborated practice is consistent with policy; all inmates processed through PVSP R&R receive comprehensive PREA education. As observed on all education materials, the agency has adopted a universal means of reporting sexual abuse, sexual harassment, and report-related retaliation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.33 (d)**. The facility indicated in the PAQ that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. DOM, Chapter 5, Article 44, Education and Prevention, Offender Education (p. 479) requires such accommodation. The auditor observed that PVSP has PREA information posters displayed throughout the facility printed in Spanish and English languages. If an inmate arrived at the facility and had any disabilities or limited English proficiency limitations, the facility is prepared to assign a bi-lingual staff member or engage interpretation services to ensure understanding. PVSP has a contract with a translation service 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. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.33 (e)**. The facility indicated in their response to the PAQ that the agency maintains documentation of inmate participation in PREA education. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (p. 479) states that receipt of education shall be documented on CDC Form 128-B General Chrono (or the updated form CDC-128B Receipt of Inmate PREA Education), which shall be forwarded to Inmate Records for scanning into the Electronic Records Management System. Refusal to sign the acknowledgment shall be noted by staff on the CDC-128B. The auditor randomly selected inmate records to review and all included receipt of education documentation as required by this provision or agency policy. **115.33 (f)**. The facility indicated in their response to the PAQ that the agency ensures key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The auditor observed and reviewed that PREA information at PVSP is continuously made available to inmates in several ways: Shine the Light on Sexual Abuse posters. English and Spanish versions restating the agency’s zero tolerance position and describing internal and external reporting options. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish. Describe reporting options; specifically, Office of the Inspector General (OIG) notification, which may be made anonymously. Indicates OIG is also an avenue to contest the results of a PREA investigation. The auditor had an opportunity to view all of the above resources and activities during the on-site audit phase and had multiple discussions with both staff and inmates in regard to these resources. Inmates were readily able to articulate how they could locate or reference a means to report incidents of sexual abuse or harassment. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance:

Documents

a. Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (revised 5/19/2020)

c. CDCR DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (revised 5/19/2020)

d. CDCR Specialized PREA Training for Locally Designated Investigators, Participant Workbook, Version 1.0, BIC BET ID: 11055853 (approved 5/2020)

e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0 (approved 5/2020)

f. PREA Locally Designated Investigator 11057915 enrollment log

g. Basic Investigators Course 11055853 enrollment log

Interviews

a. PCM

b. Sexual Abuse Investigator

Findings (By Provision).

115.34 (a). The facility indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 479) states that “all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (p. 478). PVSP has 17 LDIs who have received specialized investigator training as evidenced by training records and discussions with the facility’s PCM, ISU lieutenant, and ISU sergeant.

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

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

	have a minimum of three years full-time institutional experience and must have completed a basic training course in the techniques of training. The auditor spoke to members of PVSP's ISU. They described the preparatory, specialized training they received in advance of conducting sexual abuse and sexual harassment investigations; topics included policy, first responder procedure, trauma/ victimization, confidentiality, SANE, communication, crime scene preservation, interviewing techniques, mental health referrals, documentation, Miranda, prosecutorial referral, and advocacy. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.34 (c)**. The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. Specifically, 17 staff members at PVSP are trained to conduct sexual abuse investigations. Training completion is tracked via the agency's learning management system; a list of participants may be queried by course title and retained accordingly. The auditor reviewed such documentation demonstrating training. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.34 (d)**. The auditor is not required to audit this provision of the standard. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020) c. CDCR DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (revised 12/4/ 2018) d. Prison Rape Elimination Act - Specialized Training for Medical and Mental Health

Staff memo (dated 8/9/2017)

e. CDCR On-the-Job Training, Lesson Plan, Prison Rape Elimination Act Policy, Specialized Training for Medical and Mental Health Staff, version 1.0, BET: 11057450 (modified 3/2021)

f. Course enrollment positive and negative reports 11057450 (queried 10/12/2022)

Interviews

Medical/Mental Health Staff

Findings (By Provision)

115.35 (a). 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 work regularly in its facilities. Specifically, PVSP has 221 medical and mental health care practitioners who fall into this category. Reportedly, at the time the PAQ was completed, 98% received training required by this provision.

Specialized training of medical and mental health staff was precipitated not by policy, but by a memo issued on 8/9/2017 which directs CDCR Division of Health Care Services and CCHCS medical and mental health staff practitioners who have contact with inmates to complete a Learning Management System (LMS) module within 60 days of the memo's issue. DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (p. 211) states, "It is a condition of employment that all employees complete the training required for their job classification/position. Employees who fail to meet these training requirements may have their merit salary award denied or be subject to other administrative sanctions."

The auditor reviewed the training content and found the elements required for specialized training were present. During the post-onsite phase, the auditor reviewed positive and negative healthcare training reports for all medical and mental health practitioners. Two hundred and twenty of 223 clinicians participated in required training. The remaining staff person was directed to participate in training immediately; evidence of completion was sent on 01/19/2024.
Interviews with both medical and mental health staff and contractors indicated that they were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Staff indicated that they have received both online and classroom instruction on their responsibilities.

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

115.35 (b). The facility indicated in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at the local medical hospital.

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.35 (c)**. The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite audit phase, PVSP reported that 98% of medical and mental health care providers (employees and contractors) that provide services to inmates received agency training of how to detect and assess signs of sexual 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. PVSP tracks participation electronically via the LMS. All clinicians completed the training requirement. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.35 (d)**. During the pre-onsite audit phase and the onsite audit phase, the auditor cross-referenced a random sample of specialized medical and mental health care practitioner training records with the respective employees' (or contractors') introductory and refresher training record, as required per 115.31; all received training in accordance with this provision. Interviews with contracted medical and mental health staff affirmed their receipt of the training standards directed by 115.31. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take. 115.41

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement

	(revised 5/19/2020) d. CCR, Title 15, Section 3269 Inmate Housing Assignments (date unknown) e. CA Penal Code, Part 1, Title 16, Section 667.5(c) (effective 1/1/2020) f. Instructions for Completion of the PREA Screening Tool (date unknown) g. PREA Screening Job Aid and Instructions (date unknown) h. PREA Screening; blank (revision 20.02 4/12/2020) i. SOMS access screenshots j. Prison Rape Elimination Act Risk Screening memo (dated 8/28/2017) k. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo (dated 9/29/2017) l. Prison Rape Elimination Act – Reassessment at Reception Centers memo (dated 3/13/2019) m. Changes to the Prison Rape Elimination Act Screening Form – Standard 115.41 Compliance memo (dated 7/23/2020) n. Overview of Senate Bill 132 – Training memo (dated 11/6/2020) o. Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates (dated 9/24/2019) p. Senate Bill 132 Implementation memo (dated 12/18/2020 q. Gender Identity Questionnaire; blank (version 7/21/2019) r. CDCR 128-MH5 Mental Health Referral Chrono (revised 8/2019) s. Classification Committee Chrono examples (various dates) **Interviews** a. Staff Responsible for Screening b. Random Inmates c. Correctional Counselors d. PREA Coordinator e. PCM **Site Review** Intake/Screening Process

Findings (By Provision).

115.41 (a). The facility indicated in their responses to the PAQ that the agency has a policy (i.e. DOM, Chapter 5, Article 44, 54040.6 Offender Housing) that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates. However, the auditor did not find that this policy section directs the aforementioned screening process, nor could the auditor locate a relevant section with the DOM to describe a sexual abuse risk screening mandate. Note, a policy is not required for compliance with this standard.

A memo entitled Prison Rape Elimination Act Risk Screening from the Division of Adult Institution Director on 8/28/2017 indicated the agency was found non-compliant with this standard and, in response, is (was) implementing a revised risk screening tool and process during intake. Specifically, “the custody supervisor conducting the Initial Housing Review in Receiving and Release (R&R) shall also be responsible for completing a PREA screening form for every inmate.” The memo further describes the screening process, including documentation, communication of those determined “at risk,” housing assignments, and rescreening. Facilities were directed to implement the revised process on 8/28/2017; all screeners were to be trained within 60 days. PREA Screening Instructions provide detailed guidance to conduct the initial risk screening.

The intake sergeant stated an initial risk screening is completed with each inmate upon arrival at PVSP. Most inmates interviewed recall being asked the applicable screening questions.

At least half of the 53 inmates interviewed recalled being asked the applicable screening questions; several more recalled being asked these questions during their annual review.

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

115.41 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, 2,537 inmates reportedly entered the facility and remained there for 72 hours or more. Of these inmates, the facility stated all were screened for risk within 72 hours of admission.

The facility indicated in their responses to the PAQ that the agency has a policy (DOM, Chapter 5, Article 46, 54046.5 Initial Screening) (p. 481) as evidence of policy compliance. This section directs facilities to screen for an appropriate housing assignment upon arrival; it does not comment on the timeliness of such screening, nor could the auditor find such direction in an alternate policy or procedure. However, the memo titled Prison Rape Elimination Act Risk Screening from the agency’s Division of Adult Institutions Director on 8/28/2017 directs custody supervisors to conduct risk screening during the intake process. A memo was also issued on 9/29/2017 in an effort to immediately come into compliance with 115.41 and 115.42; all

facilities were directed to ensure each inmate was screened for risk during their next annual classification review. PVSP's intake sergeant stated the intake process is typically completed within the first few hours of arrival.

The auditor randomly selected inmate records to review for the timeliness of screenings. The facility provided records which demonstrated that all inmates were screened within 72 hours of admission.

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

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

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

The evidence indicates that the PREA Screening is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, guided by a supplemental user guide, and culminates in an overall determination of sexual risk. Eleven of the 15 questions are objective, meaning they are worded in a way which does not allow the person responsible for risk screening to impart their feelings or opinions. Four of the 15 questions as described above are appropriately subjective and are compliant with the variables required per 115.41(d).

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

115.41 (d). The agency's PREA Screening tool is comprised of 15 questions; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes the questions, "Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years?"; "Have you experienced sexual victimization in a correctional setting that you have not previously reported?"; "Have you experienced sexual victimization in a non-correctional setting?"; "Mental, Physical, or Developmental Disability?"; "Age? (21 and under or 65 and over)"; "Physical build? Male 5'2 or less in height and/or weighs less than 120 lbs. Female: 5' or less in height and/or weighs less than 90 lbs."; "Any

	prior or current convictions for sex offenses against as adult or child?"; " Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?"; "First Incarceration in state prison?"; "Exclusively non-violent criminal history (convictions only)?"; "Inmate currently considers themselves vulnerable to sexual victimization?"; "History of Sexual Violence in a correctional setting?"; "Prior convictions for sex offense in a non-correctional setting?"; "Conviction for non-sexual violent offenses in a non-correctional setting, within 5 years?"; "Guilty finding for non-sexual violent offense in a correctional settings; meeting the criteria defined as Division A-1, A-2 or B offense within 5 years?" The PREA Screening does not include extraneous or additional questions that do not serve to assess nine of the 10 prescribed risk-related criteria required by this provision. The facility does not assess for the final consideration (i.e. 115.41(d)(10)), "Whether the inmate is detained solely for civil immigration purposes" as the agency does not confine inmates for this reason exclusively. 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 asked on the PREA Screening, which encompass the above criteria. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.41 (e)**. The PREA Screening includes an assessment of the criteria required by this provision and described in the 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 sexually abusive. The facility risk screener indicated that such considerations are made as they were able to recite these specific questions. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.41 (f)**. The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Contrary to the facility's PAQ disclosure, the auditor could not identify policy language within the DOM that supports this provision. However, a policy is not required for this provision. A memo titled, Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities, dated 9/29/2017 states that in preparation for an inmate's Initial Unit Classification Committee meeting correctional counselors are responsible for identifying new information which is related to an inmate's risk of victimization or abusiveness. This information shall be documented in SOMS as a classification note (i.e. chrono). If the updated information changes the inmate's "at risk" designation, the supervising correctional counselor is responsible for rescreening and further documenting in SOMS. All of this subsequent information is reviewed by the UCC

	chairperson, in consultation with the inmate, so as to identify and consider additional vulnerabilities. This process is repeated during their annual review. In the past 12 months, 2,345 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. During inmate interviews, several inmates recalled being consulted about their degree of risk though most could not recall if they were asked within 30 days of arrival or during their annual classification hearing. The auditor randomly selected inmate records to review for evidence of rescreening within 30 days. All demonstrated rescreening within 30 days of admission. The auditor also spoke to correctional counselors during the site review; they affirmed they are responsible for rescreening during pre-hearing committee (initially and annually). In addition, a correctional counselor supervisor stated that they have a conversation with each inmate to identify potential safety concerns during committee itself, which includes a multidisciplinary group of staff. They, specifically, review prior reported and unreported incidents of sexual abuse, sexual orientation, gender identity, cellmate compatibility, perception of safety, and programming needs. If they elicit new or different information they will document real or perceived vulnerabilities, make appropriate referrals, and classify accordingly. In practice, per inmates, rescreening questions appear to be focused on new or unreported incidents of sexual abuse (i.e. “Do you have any PREA related concerns?”). A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.41 (g)**. The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate’s risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) restates this expectation and, further states that any staff member with concern an inmate may be subject to sexual victimization, shall immediately notify a custody supervisor who will refer for a mental health screening. There is no indication that this mental health screening is equivalent or similar to the PREA Screening. The memo referenced above (i.e. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities) indicates that reassessment is a required part of the annual classification committee process. The auditor could not identify a policy or procedural documentation to describe when the reassessment process is triggered, who is responsible, and how this information is communicated so as to comply with 115.42. Correctional counselor stated, in practice, they rescreen for risk within 30 days of an inmate’s arrival, as needed based upon the receipt of relevant information, and during their annual review. Random, general population inmates who have been at the facility for a longer duration affirmed that the risk screening is conducted by their counselor during their annual review. A final analysis of the evidence indicates the facility is in substantial compliance with

	this provision. **115.41 (h)**. The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining inmates for refusing the answer screening questions related to whether or not they have a mental, physical, or developmental disability; whether or not they are or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not they have previously experienced sexual victimization; or their own perception of vulnerability. DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p. 479) states that inmates shall not be disciplined for refusing the answer, or for not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. Risk screeners affirmed that inmates are not disciplined for refusing to answer. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.41 (i)**. The agency's PREA Screening Instructions state risk-related identification (i.e. "at risk as a victim" or "at risk as an abuser") is not confidential but rather sensitive information and shall only be shared with staff who have a need to know. The risk screening is completed within the agency's intranet; the populated form is uploaded to the respective inmate's electronic medical record. A secondary copy is not saved within the intranet. Only staff with proper computer program access permissions may access the electronic medical record. Staff must have a defined role in the assessment process to be granted access to the assessment system. Access may be queried. Interviews with the PREA Coordinator and PCM affirmed that access is controlled by role or classification; access to the automated system is governed by the user's login and computing permissions. The administrator of the automated system is the only person who can add or modify a user's access. Correctional counselors tasked with rescreening inmates indicated they do not record confidential information in the classification chrono as inmates are permitted a copy of this document during classification; considering this documentation becomes part of their personal property, the facility elects to omit such information so as to mitigate safety risks. As part of the site review, the auditor observed the initial and rescreening risk screening locations. Both are conducted in private spaces. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.42	**Use of screening information**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in order to determine compliance:

Documents

a. Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)

c. CDCR DOM, Chapter 5, Article 12, 62080.14 Transgender or Intersex Inmates (revised 5/15/2018)

d. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (revised 5/19/2020)

e. DOM, Chapter 6, Article 5, 62010.8.3 Initial Classification Committee

f. CCR, Title 15, Section 3377 Facility Security Levels (date unknown)

g. PREA Screening Job Aid and Instructions (date unknown)

h. Instructions for Completion of the PREA Screening Tool (date unknown)

i. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo (dated 9/29/2017)

j. Changes to Prison Rape Elimination Act Screening Form – Mental Health Referral Process memo (10/28/2018)

k. Classification Committee Chrono; samples (various dates)

l. CDCR 128-B Transgender Bi-Annual Assessment – PREA (date unknown)

m. Transgender Biannual Reassessment for Safety in Placement and Programming memo (dated 8/25/2017)

n. Senate Bill 132 brochure; English and Spanish (date unknown)

o. Overview of Senate Bill 132 – Training memo (dated 11/6/2020)

Interviews

a. Staff Responsible for Screening

b. Classification/Housing Assignment Staff

c. PCM

115.42 (a, b). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.41 to inform

	housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Per a memo from the Division of Adult Institutions Director on 9/29/2017, 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. sergeant) and again within 14 days of arrival by the appropriate correctional counselor in anticipation of the Initial Unit Classification Committee. Results of the risk screening may categorize inmates as having no risk, risk of victimization, or risk of abusiveness. In the event an inmate is determined to be at risk, they must be designated as such in the inmate precaution section of SOMS so that the potential vulnerability is known when making housing assignments. PREA Screening Instructions detail this electronic entry process. 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. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) indicates that when the custody supervisor who is tasked with the initial risk screening learns an inmate has previously experienced sexual victimization, alternate housing options shall be discussed with the respective inmate. In accordance with the agency’s single cell policy, per 54040.6 Offender Housing (p. 479), the PREA Screening Form, including questions that attempt to discern sexual violence and victimization, shall be completed as part of the review and evaluation process. CCR, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner. In addition to housing and bed notifications, per DOM, Chapter 6, Article 5, 62010.8.3 Initial Classification Committee (p. 560) the Unit Classification Committee is tasked with initiating an educational, vocational training, or work program and privilege group designation. Considerations of variables impacting an inmate’s actual or perceived safety and placement decisions are to be recorded on the classification chrono within SOMS; as are the follow-up actions taken by the committee chairperson. This process is to be repeated in anticipation of each annual classification review. Once an inmate is identified as having a risk of victimization or abusiveness, the agency requires an additional data entry step (in SOMS) to ensure categories of risk are communicated to those making housing and placement decisions. The R&R sergeant was familiar with this additional step. This data entry step is known and taken by the facility’s R&R sergeant who indicated that the scores generated from the PREA Screening are used to inform placement decisions. Specifically, placement on and movement off of units are recommended by officers and approved by security supervisor who receive risk-based alerts about the compatibility of inmates. 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.

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

115.42 (c). The facility indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. According to DOM, Chapter 6, Article 12, 62080.14 Transgender Inmates (p. 582), a classification committee shall review case factors for transgender and intersex inmates so as to determine institutional placement and housing assignment. In an effort to deliver appropriate medical care and mental health treatment, transgender and intersex inmates shall be housed at one of 14 institutions to the "maximum extent practical." If placement in such facility is difficult, a multidisciplinary team is to convene to determine the most appropriate facility and level of care consistent with the inmate's case factors.\

The agency's PREA Coordinator and facility's PCM both confirmed that CDCR has 14 designated facilities for transgender and intersex inmates which are equipped to better meet their individual needs. There were zero inmates who identify as transgender housed at PVSP during the onsite review.

As stated in 115.41, effective 1/1/2021, the agency implemented the Gender Identity Questionnaire which is intended to elicit information from inmates during their initial intake screening and serve as the source document for staff to identify an inmate's gender identity. The form prompts the custody supervisor to ask a series of questions regarding the inmate's gender identity, search preference, and housing preference.

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

115.42 (d). According to DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 485), transgender and intersex inmates shall be reassessed every six months to review any threats to safety experienced by the inmate. The reassessment process mirrors the annual classification review process, but is held biannually. 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 electronical medical record to glean additional, relevant information. Following the review, the correctional counselor shall document actions on CDCR 128-B Transgender Biannual Assessment – PREA chrono. Threats to the inmate's safety must be communicated immediately to a custody supervisor. If the inmate shares information related to sexual abuse or sexual harassment, the correctional counselor is directed to document and notify the facility's LDI in accordance with

agency policy. Finally, the PCM is responsible for overseeing this process is completed in timely manner, maintaining a tracking log, and ensuring the PREA Coordinator receives receipt of completed assessments within five days of the review.

The PCM and correctional counselors confirmed there is a process in place to review their placement biannually, if needed; specifically, during classification. The auditor reviewed written evidence of this consideration in committee note documentation.

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

115.42 (e). According to DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 485) the reassessment process is triggered by headquarters who is responsible for sending each respective facility a listing of known transgender inmates, including deadlines by which to reassess. The reassessment may either be conducted during the inmate's regularly scheduled classification pre-hearing or a supplementary assessment must be scheduled. The assigned caseworker shall conduct a face-to-face interview and assess for safety, review case factors, and consider any other additional information that may bear upon programming or placement. The compilation of this assessment shall be documented on CDC 128-B Transgender Biannual Assessment-PREA chrono. Safety concerns must immediately be communicated to a custody supervisor. The PCM is responsible for overseeing this process, including notifying headquarters when the assessment(s) is complete.

An interview with the PCM corroborated that the facility's practice aligns with agency policy. She indicated that PVSP 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 eight transgender inmates.

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

115.42 (f). A review of the facility's physical plant and showering accommodations 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 showering areas. Inmates who identify as transgender affirmed that they are afforded showering opportunities without being viewed by others. Note, following the site review, showering curtains in housing units were extended for all inmates to prevent cross-gender viewing.

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

115.42 (g). The agency's PREA Coordinator affirmed that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex inmates be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. The PREA Coordinator stated that inmates who identify as such they are spread

	throughout the agency in accordance with their security and programming needs. While inmates who identify as transgender or who have an intersex condition may be placed in a designated facility, they are housed throughout the facility in all housing types and not in a dedicated unit. It was also explained that transgender and intersex inmates are not housed in one of the designated facilities solely on the basis of their gender identity or medical diagnosis, but due to potential housing, medical, and/or property needs. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020) c. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016) d. CDCR Custody Supervisor Checklist (PREA) (date unknown) e. Administrative Segregation Placement Notice chrono f. Classification Review chrono **Interviews** a. Warden b. Staff Who Supervise Inmates in Segregated Housing Findings (By Provision). **115.43 (a)**. The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative

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

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

A review of the Custody Supervisor Checklist (PREA) revealed that as part of the first response the shift supervisor must determine the most appropriate level of housing. This item is followed by a reminder that the CDC Form Administrative Segregation Placement Notice shall be completed if this placement is necessary. In the past 12 months, PVSP reports that there have been zero inmates who are at risk of victimization who have been involuntarily segregated for any time period. As such, there is no documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.

An interview with the Warden indicated policy prohibits placing those at high risk for victimization, on that basis alone, in a segregated status unless there are no other safer means. Rather, they consider what other housing unit(s) are most appropriate with the goal of preserving their programming and privileges. Segregation is permissible pending an assessment of more appropriate housing options or if all other options are exhausted. Options at PVSP are to assign an inmate to another cellmate; single cell status; non-disciplinary segregated (NDS) status; or transfer to another facility entirely. If segregation is the only option an alleged victim would be placed there for as little time as possible until an alternative solution could be identified. During their placement in segregation, all housing review intervals are observed.

A staff member who supervises inmates in segregated housing affirmed that inmates are not placed in segregated housing following an allegation of sexual abuse or in response to risk. The facility may elect to place inmates at imminent risk in a non-disciplinary segregated (NDS) status if no other options exist. He stated that the

	facility makes every effort to explore alternate housing options and preserve access/ privileges, including transfer to another facility, before placing an inmate at risk in an NDS status. In these cases, inmates will spend the minimum time necessary in this status. Committee will review their placement every 30 days while a threat assessment is conducted and actions are taken to mitigate the risk, but he has the authority to conduct an administrative review within the first 24 hours of placement and release if appropriate. During this time or thereafter, inmates on an NDS status maintain education, property, yard time, access to providers, pay status, and programming; full restriction is not acceptable. As a matter of practice, documentation related to the placement of all inmates in administrative segregation is maintained; chronos detail the reason for separation, movement, meals, grievances, showers, recreation and any refusal(s) of the aforementioned. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.43 (b)**. According to CCR, Title 15, Section 3335 Administrative Segregation (p. 180) if an inmate's presence in general population threatens their safety or that of others (including following an incident of sexual abuse) and the most appropriate placement is non-disciplinary segregation, "the inmate will be afforded all programs, privileges, and education." The facility did not have any completed forms to review as no inmates at high risk of victimization have been placed in a segregated status in the last 12 months. As stated above, a discussion with a staff member who supervised inmates in segregated housing revealed that inmates on an NDS status maintain education, property, yard time, access to providers, pay status, and programming; full restriction is not acceptable. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.43 (c)**. The facility indicated in their response to the PAQ that of those inmates identified as being at risk of sexual victimization, zero were involuntarily segregated for longer than 30 days while awaiting alternative placement. Zero inmates have been involuntarily segregated for any period of time. According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p480) an inmate's "retention in segregation should not ordinarily exceed 30 days. If retention continues beyond 30 days, staff shall comply with policies governing segregated housing assignments. Discussions with the facility's Warden and staff who supervise inmates in a segregated status affirmed this practice; see above. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.43 (d)**. As stated above, the facility has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing in the last 12 months. As such, the facility indicated in their response to the PAQ that there have been no cases in which to record a statement of the basis for the

	facility's concern for the inmate's safety and the reason(s) why alternative means of separation could not be arranged. According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), if an involuntary segregated housing assignment is made in accordance with the above provisions, a restrictive housing supervisor shall clearly document on an Administrative Segregation Placement Notice chrono the basis for the staff member's concern for inmate safety; the other alternative means of separation that were explored; and the reason why no alternative means of separation can be arranged. As stated, the Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleges sexual abuse. As such there are no applicable records to review or inmates to interview. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.43 (e)**. The facility indicated in their response to the PAQ that no inmates were held in involuntary segregated housing pursuant to this standard. The facility further responded that if an involuntary segregated housing assignment was made, the facility would review the inmate's separation every 30 days to determine if a continuing need exists. DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), indicates the Institution Classification Committee shall convene every 30 days to review and determine whether there is a continuing need for separation from the general population. A staff member who supervises inmates in segregation stated that Institution Classification Committee reviews placement on a monthly basis. The Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status or administrative confinement during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleges sexual abuse. As such there are no applicable records to review or inmates to interview. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020) d. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown) e. CCR, Title 15, Section 3138 Indigent Inmates (date unknown) f. CCR, Title 15, Section 3141 Confidential Correspondence (date unknown) g. CDCR Sexual Violence Awareness brochure; English and Spanish versions (revised 11/2020) h. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 11/2020) i. CDC-128B Receipt of Inmate PREA Education (revised 1/1995) j. Shine the light on Sexual Abuse poster; English and Spanish (date unknown) k. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish (date unknown) l. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M (date unknown) m. Pleasant Valley State Prison, Inmate Orientation Handbook n. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020) o. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence with Rape Crisis Centers attachment (dated 6/27/2021) **Interviews** a. Random Staff b. Random Inmates c. PCM **Site Review**

a. Informal Interviews

b. Posted Information

Findings (By Provision).

115.51 (a). 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. According to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) inmates may report the conduct above or violations of agency sexual abuse policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, through a third party, to the OIG Ombudsman for Sexual Abuse in Detention Elimination. The same policy, section Education and Prevention, Offender Education (p. 479) states the facility shall display posters which include reporting hotline numbers.
A facility-specific Inmate Orientation Manual is distributed to inmates upon intake, in addition to brochures Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention (2020 editions). Each detail reporting options which include those outlined in policy above, in addition to the address and phone numbers for the agency's Office of Internal Affairs. Upon distribution of each brochure inmates are asked to acknowledge receipt via CDC-128B Receipt of Inmate PREA Education.

During the site review, posted information was observed throughout. The auditor tested the reporting hotlines and received the appropriate prompts to leave a voice message.

Informal conversations with inmates during the site review and formal random and target inmate interviews indicated they could recite at least one way to report sexual abuse or sexual harassment. Those who did not or could not recite a method stated that they would elect not to report even if they needed to for various reasons (e.g. bravado, fear of retaliation, vigilantism). Of 12 random staff members interviewed all were able to recite appropriate reporting options.

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

115.51 (b). The facility indicated in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity 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. As described above and according to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) inmates may report to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General (OIG). CCR, Title 15, Section 3138 Indigent Inmates may receive up to five postage paid envelopes per week.

	The agency does not house inmates solely for immigration purposes and, as such, does not have a policy or provide inmates detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials. The facility's orientation handbooks and brochures entitled Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention (2020 editions) further state that letters to OIG will be processed as legal mail and reporters can request to remain anonymous; callers may also request to remain anonymous although they must enter their PIN to make the call. Shine the light on Sexual Abuse posters do not include a statement of anonymity, but Office of Inspector General posters do; they state, "You do not have to give your name, but that may limit what can be investigated." The same discussion of 115.33(f) regarding condition and positioning of posted information applies to this provision. Interviews with mailroom staff affirmed indigent inmates may receive paper and postage paid envelopes free of charge. Thereafter, inmates may send an unlimited number of letters at their own expense. Privileged correspondence, including mail addressed to the OIG, need not include the inmate's name or CDCR number provided it is marked "confidential." In practice, mailroom will process mail addressed to OIG accordingly even if it is not marked "confidential." An interview with the PCM confirmed that an inmate may report externally and, if chosen, anonymously to OIG by phone or letter. Not only may they write to OIG, but they may do so anonymously (i.e. they are not required to record their name on the outgoing envelope or enclosed correspondence). Of 53 random and target inmates interviewed, there was variation in understanding anonymous reporting options. Nearly half of inmates stated they were aware of the ability or option to report anonymously. They overwhelmingly stated they would consult written materials (i.e. posters, handbooks) to learn of their options or could not elaborate on a method when prompted. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.51(c)**. The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. According to CCR, Title 15, Section 3401.5 Staff Sexual Misconduct and DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) staff are responsible for reporting immediately and confidentially reporting to an appropriate supervisor (i.e. hiring authority, unit supervisor, or highest ranking official on duty) any information that indicates an inmate has experienced sexual abuse or sexual harassment. Thereafter, staff members shall document on CDCR Form 837 Crime Incident Report. All random staff, including the PCM, interviewed stated inmates can report in any of the ways described by this provision. All also stated that they would complete an incident report immediately upon accepting a report from an inmate, regardless of

	the report method. The overwhelming majority of inmates affirmed that they can report in any of the accepted ways with the exception of reporting anonymously as described above. 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. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.51 (d)**. The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor. Staff are informed of this opportunity via training materials and DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480). The auditor reviewed Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M and training materials, which affirm this reporting option. Twelve of 12 random staff stated they can report privately. They, further, described multiple methods including notifying a security supervisor and contacting OIG. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CCR Title 15, Division 3, Chapter 1, Article 8 Appeals (date unknown) c. CDCR, DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (revised 5/19/2020)

d. CDCR, DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020)

e. CDCR, DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (revised 5/19/2020)

f. CDCR, DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegation (revised 5/19/2020)

g. Pleasant Valley State Prison, Inmate Orientation Handbook

h. Sexual Violence Awareness brochure; English and Spanish versions (revised 11/ 2020)

i. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 11/2020) j. CDCR 602 Inmate/Parolee Appeal (various dates)

k. Notice of Change to Regulations, Title 15, Sections 3486, 3486.1, 3486.3 (dated 4/ 8/2022)

l. Notice of Change to Regulations, Title 15, Sections 3084, 3483 (dated 12/20/2021)

m. CDCR's Grievance and Appeal Regulations posters

n. Claimant Grievance Claims Decision Response (various dates)

Interviews

a. Warden

b. Sexual Abuse Investigator

c. Grievance (Appeal) Staff

Site Review

Findings (By Provision).

115.52 (a). The facility indicated in their response to the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (p. 480) states that any staff member receiving a grievance documented on an applicable appeal form shall immediately notify the warden, unit supervisor, or highest-ranking official on duty per CCR, Title 15. According to CCR, Title 15, Article 8 Appeals (p. 76) grievances in whole or in part containing allegations, including imminent risk, of sexual violence or staff sexual misconduct shall be processed as an emergency appeal, which is immediately forwarded to the Hiring Authority and processed at the second level of review. The second level of review shall be conducted by the Chief Deputy Warden or equivalent.

Effective January 1, 2022, the agency began phasing in emergency regulation that established organizational changes related to the response and investigation of

	allegations of staff sexual misconduct. Policy change is proposed for Title 15. Allegations received through the grievance and appeals process will be routed through newly formed units within Office of Internal Affairs (OIA). These organizational and process changes are intended to remove bias from local institutions when screening complaints for staff misconduct. All allegations of staff sexual misconduct must now be routed to a division of OIA called Allegation Inquiry Management Section (AIMS) within five business days of discovery. Within OIA/AIMS, Centralized Screening Team (CST) will conduct an initial unbiased review to determine if complaints contain any allegations of staff misconduct. If so, Allegation Investigation Unit (AIU) within OIA/AIMS is charged with conducting a thorough investigation. Please see discussion of 115.52 for additional details related to allegations received through the grievance and appeal system. During the site review, the auditor observed posted information related to the aforementioned process changes. The posted notice describes important changes, definitions, and new forms. Notably, the poster emphasizes there is no time constraint when filing an allegation of staff misconduct. The auditor reviewed PVSP's Inmate Orientation Manual and learned that inmates are informed about how to submit a grievance and file an appeal, if necessary. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.52 (b)**. The facility indicated in their response to the PAQ that the agency has a policy or procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident allegedly occurred. The facility also reported that agency policy requires an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of sexual abuse. The agency's appeals policy, CCR, Title 15, Article 8 (pp. 84-85), states that there should be no time limit for allegations of staff sexual misconduct or inmate-on-inmate sexual violence and further states that the "inmate shall not be required to use any informal grievance process, or otherwise, attempt to resolve with staff, an alleged incident of inmate-on-inmate sexual violence or staff-on-inmate sexual misconduct. PVSP's Inmate Orientation Manual encourages inmates to attempt to resolve the issue with appropriate staff before filing an appeal. This is consistent with information from specialized staff, but in no way precludes an inmate from filing a grievance. Staff confirmed during interviews that no time limits are imposed for allegations of sexual abuse and no requirements are imposed regarding using an informal grievance process prior to making an allegation of sexual abuse. As noted above, the auditor observed posted information related to the aforementioned process changes following a grievance or appeal of staff sexual misconduct. The posters emphasize there is no time constraint when filing an allegation of staff misconduct. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.52 (c)**. The facility indicated in their response to the PAQ that the agency's

policy 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 the complaint. CCR, Title 15, Article 8 (p. 82) states that appeal responses shall not be reviewed and approved by a staff person who participated in the event or decision being appealed.

In addition, inmates are able to report sexual abuse utilizing multiple available methods outside of the grievance process; moreover, these methods (including verbal and written reports to any staff member; written and telephone reports to OIG or OIA; and reports to family or friends) as described in inmate education materials allow for reporting without involving a staff member who is the subject of a complaint. The Inmate Orientation Manual that is provided to all inmates upon admission informs inmates that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden for immediate review and action. Wardens are subject to the process change described in 115.52 (a).

Specialized staff were asked during onsite interviews about procedures in place for inmates to submit grievances to staff members who may be named in a complaint. Information provided by staff was consistent with policy; in practice, inmates are able to submit grievances or appeals via a locked box, thereby bypassing the staff member who may be involved in or named as the subject of the grievance. The auditor reviewed examples of an inmate grievances. It was confirmed by cross-reference of follow-up documentation that it was responded to by a staff member who was not the subject of the complaint.

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

115.52 (d). The facility indicated in their response to the PAQ that the agency’s policy requires a decision on a grievance alleging sexual abuse within 90 days. When an extension is required the agency notifies the inmate in writing, includes notice of the date by which a decision will be made, and takes no longer than an additional 70 days to make an appropriate decision. CCR, Title 15, Article 8 Appeals (p. 84) states that grievances in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal and subject to second level of review. Following a risk assessment, which must be completed within 48 hours, a second level response is required within five working days. Immediate corrective action shall be taken if the inmate is deemed at substantial risk of imminent abuse. Exceptions to this time limit are provide in unique, well-defined circumstances; in these events, the inmate shall be provided with an explanation of the reasons for the delay and the estimated completion date. When an exception exists and an extension is warranted, second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the facility. The inmate may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. PVSP responded to 2 sexual misconduct-related grievances filed in the 12-month review period. All were disposed of within 90 days; none required an

extension (i.e. they were referred for investigation and removed from the appeal system). A discussion with the facility's grievance coordinator affirmed this process.

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

115.52 (e). The facility indicated in their response to the PAQ that agency policy allows third parties to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. 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. Per DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee (p. 480), 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, zero third party complaints were filed on behalf of alleged victims in the 12-month review period.

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

115.52 (f). The facility 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 Appeals (pp. 84-85) 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. PVSP reported that they received zero grievances or appeals citing substantial risk of imminent sexual abuse received in the 12-month review period. The auditor spoke to the facility's grievance coordinator who successfully demonstrated understanding of this process, which includes elevating the complaint to an "emergency" as directed by policy and handled accordingly.

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

115.52 (g). The facility indicated in their response to the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (p. 485) indicates the reporter may be subject to disciplinary action if it is determined the allegation was not made in good faith or upon

	reasonable belief that the alleged conduct occurred. A charge of “making a false report of a crime” is applicable only if evidence indicates the inmate “knowingly” made a false report. Further, unsubstantiated or unfounded dispositions are not equivalent to false reporting. PVSP has not processed any grievances in the last 12 month which suggest a report was made in bad faith; disciplined has not been issued. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate for Emotional Support Services (revised 5/19/2020) c. CDCR Sexual Violence Awareness; English and Spanish versions (revised 11/2020) d. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 5/2017) e. PREA Information for Orientation Handbook template; English and Spanish versions (revised 9/30/2021) f. Pleasant Valley State Prison, Inmate Orientation Handbook g. Help is Available poster; English, Spanish, and Hmong versions (date unknown) h. CALCASA/JDI California Advancing PREA: A Guide to Working with Rape Crisis Centers (date unknown) i. CDCR and North Coast Rape Crisis Team Memorandum of Understanding, Standard Agreement C5608854 (effective 12/5/2019) j. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence With Rape Crisis Centers attachment (dated 6/27/2021)

Interviews

a. PREA Coordinator

b. Random Inmates

c. Sexual Assault Service Provider

Site Review

Findings (By Provision).

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

DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocates for Emotional Support Services (p. 482) 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 and Intervention brochure and facility-specific orientation handbook. Several inmates interviewed stated they believe external support services exist and knew where to find the information if needed.

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

115.53 (b). The facility indicated in their response to the PAQ that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. While some assumed their communication with an advocate would remain confidential, none of the random or targeted inmates were able to affirm that they are informed of the above provisions before accessing support services.

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

115.53 (c). The facility indicated in their response to the PAQ that the facility maintains a MOU (i.e. Letter of Agreement) with a community service provider for the provision of emotional support services related to sexual abuse experienced by inmates.

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CCR, Title 15, Section 3391 Employee Conduct c. CDCR DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Offender (revised 5/19/2020) e. CDCR public website screenshots f. PREA Information for Orientation Handbook; English and Spanish versions (revised 9/30/2021) **Site Review** Findings (By Provision). **115.54 (a)**. The facility indicated in their response to the PAQ that the agency and facility provide a method, and publicly distribute reporting information on CDCR's website, to receive third-party reports of inmate sexual abuse or sexual harassment. The auditor observed this information is posted publicly by navigating to CDCR, Locations, Adult Institutions, Prison Rape Elimination Act (PREA). There readers will learn that, specifically, third parties may contact the facility directly, the regional Office of Internal Affairs, or Office of the Inspector General. DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Employee, Contractor, or Volunteer and 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (pp. 480-481) emphasizes that third party reports

	may be received on behalf of an inmate and goes on to describe the process of elevating the report for investigation. The term “third party” includes inmates, family members, attorneys, or outside advocates. Interviews with random and target inmates affirm that they are aware they may report to a person external to the agency. Title 15, Section 3391 Employee Conduct further affords members of the public the right to report misconduct involving a departmental peace officer; the statute codifies the manner in which this right may be exercised. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 3, Article 22, 33030.3.1 Code of Conduct (effective 1/2006) c. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 4040.7 Detection, Notification, and Reporting (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020) g. CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (revised 10/2016) h. CDCR 7448 Informed Consent for Mental Health Care i. Mandatory Reporting of Patient Sexual Abuse or Misconduct (Senate Bill 425) memo (dated 1/3/2020) j. California Department of Social Services, Report of Suspected Dependent Adult/Elder Abuse form (dated 11/2018)

k. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020)

l. CDCR In-Services Training, Prison Rape Elimination Act (PREA) (approved 8/2020)

m. CDCR 2304 Protection Against Retaliation (PAR) – Inmate; blank and completed samples (revised 2/2018)

n. CDCR 2305 Protection Against Retaliation (PAR) – Staff; blank and completed samples (revised 2/2018)

Interviews

a. Warden

b. PREA Coordinator

c. Medical and Mental Health Staff

d. Random Staff

Findings (By Provision).

115.61 (a). The agency 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.

According to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) all staff have a responsibility to immediately and confidentially report any information that indicates an inmate is being, or has been, the victim of sexual abuse or sexual harassment. Staff shall report to “the appropriate supervisor” and are further instructed to assist the inmate, refer them to medical/mental health, and document on a CDCR 837 Crime Incident Report. Further, DOM, Chapter 3, Article 22, 33030.3.1 Code of Conduct (p. 246) indicates that staff are obligated to “report misconduct or any unethical or illegal activity…” This expectation, in effect, makes staff responsible for reporting each element of this provision.

The agency’s in-service and on-the-job training modules restate the reporting requirement as defined in 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. Specifically, the most recent OJT module (dated 2/2020) states that “All staff are responsible for reporting immediately and confidentially to the

appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment." The facility's supplemental operating procedure restates this expectation (p. 3.).

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

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

115.61 (b). The facility 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. DOM, Chapter 5, Article 44, 54040.8 Response (p. 481) 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."

Twelve of 12 random staff interviewed reported they would immediately contact a security supervisor; they would refrain from sharing the information other than with staff who have a need to know.

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

115.61 (c). CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (p. 1) directs medical and mental health staff to notify the patient (inmate) of the healthcare staff member' duty to report all allegations of sexual abuse and sexual harassment, and the limitations of confidentiality, at the initiation of services. California State law (i.e. Senate Bill 425) further requires the agency to report allegations of sexual abuse involving a healthcare professional to the appropriate licensing agency within 15 days of receiving the allegation. An agency memo dated 1/3/2020 instructs CCHCS staff to notify the facility's PCM of such conduct so that the reporting obligation may be met.

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

Clinical staff are responsible for reviewing CDCR 7448 Informed Consent for Mental Health Care form with their respective patient (inmate) and obtaining signature with affirms understanding. This form states, in part that information shared in treatment

	is confidential and will be discussed only with the treatment team except under the following situations: 1) I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff 2) An assessment and report is required by legal proceedings such as, but not limited to, Board of Parole hearings, mentally Disordered offender Evaluations, Sexually Violent predator Evaluations, 3) My clinician suspects child, elder, or dependent adult abuse (sexual, physical, and/or financial). A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.61 (d)**. As discussed in 115.14, PVSP does not house youthful inmates. PVSP reported there have been zero youthful inmates at the facility in the past 12 months. The auditor spoke to the Warden, PREA Coordinator, and PCM to confirm no youthful inmates are housed at the facility. CDCR Division of Juvenile Justice (DJJ) maintains custody of youthful inmates. CDCR Institutions and Camps Manual, Chapter 1, Policy 1435, Reporting Suspected Child Abuse or Neglect (p. 2) indicates that any DJJ employee or contractor who suspects or knows that a child has been abused, injured, or neglected is responsible for reporting to the applicable child protective agency. Upon review of California Penal Code, Section 11165.7, California mandatory reporting laws pertaining to child, elder, and vulnerable adult abuse and neglect are applicable to, in part, healthcare professionals, social workers, teachers, clergy, and peace officers. Mandated reporters are expected to complete Report of Suspected Dependent Adult/Elder Abuse; a description of reporting instructions are enclosed in this form. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.61 (e)**. DOM, Chapter 5, Article 44 states in various sections that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a security supervisor for investigation referral. During the onsite review, the audit team examined allegations which were promptly referred to ISU and investigated. An interview with the Warden confirmed this practice. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.62	**Agency protection duties**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in order to determine compliance:

Documents

a. Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020)

Interviews

a. Agency Head (designee)

b. Warden

c. Random staff

Findings (By Provision).

115.62 (a). 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. PVSP reported that there have been zero instances of substantial imminent risk in the past 12 months. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) directs the all staff to protect offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.

The Agency Head (designee) stated all staff are responsible for immediately intervening when they receive information that an inmate may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances, privately discuss the inmate's perceived level of safety, and discuss alternate housing options that have the least impact the inmate's current programming. This assessment also includes considering and adjusting the alleged perpetrator's housing location or temporarily allowing the person at imminent risk to reside in a single cell while the safest location is identified. Customarily, the inmate at imminent risk will be offered a referral to mental health to ensure they have space to process their experience. The Warden repeated these action steps. There are several tools at their disposal to ensure continued safety to include: conduct robust intake assessments; take the risk seriously; discuss solutions with the inmate at risk; separate from the threat; adjust cell status; move to a lower level facility; refer to mental health or medical professionals; or transfer institutions. A case-by-case determination will be made to determine the best course of action to maximize safety with the lowest level intervention. Action would be taken so as not to place a victim (or those at imminent risk) in segregated housing based on a threat or risk of

	victimization. If a segregated status was the safest, most appropriate location, the inmate would maintain all of his privileges to the extent safely possible. Interviews with 12 random staff stated those at imminent risk would be separated from the threat immediately using a variety of tools to mitigate risk. Staff further articulated that they would act immediately as safety is paramount; ask preliminary questions to better understand the risk; monitor; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (revised 5/19/2020) **Interviews** a. Agency Head (designee) b. Warden Findings (By Provision). **115.63 (a)**. 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, PVSP has received three allegations of abuse at another confinement facility and, subsequently, made the required notification to the confinement-based location.

	DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) 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 statements. The auditor reviewed the aforementioned notification made by PVSP to other facility within CDCR. The notification was via email from PVSP's warden to the head of the receiving CDCR facility and included a detailed description of the allegation to include the date the allegation was received; the date and location of the alleged incident; the alleged perpetrator; the alleged victim; method and summary of initial report; and follow-up actions taken, including to whom and when the notification was made. The facility's Warden affirmed the practice outlined by DOM; specifically, the warden will send a notification of alleged abuse to the warden where the alleged incident occurred. The warden will subsequently notify the PCM and an investigation will proceed. The agency's head (designee) added that notification must occur within 72 hours of receiving the allegation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.63 (b)**. The facility indicated in their response to the PAQ that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) restates this expectation and further directs such notification to be documented via an emailed summary. As stated, the auditor reviewed three notifications from PVSP to another confinement facilities. The notification was provided on the same day the report was received. The facility's Warden and investigative staff correctly described the timeliness expectation, per policy and this provision. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.63 (c)**. The facility indicated in their response to the PAQ that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) directs the reporting CDCR facility to document via an emailed summary and, further, complete the SSV-IA form. As stated above, the Warden correctly explained the process, to include documentation, as defined by policy and this provision. The auditor reviewed three notifications from PVSP to another confinement facility; it was documented in accordance with this provision. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.63 (d)**. The facility indicated in their response to the PAQ that 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, PVSP has received three notifications from other confinement facilities. According to DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) upon receiving of an allegation from another facility that an inmate was sexually abused while confined at that location, the facility manager/designee at the receiving facility shall document the receipt of the allegation in summary format and email such notification to the head of the confinement facility where the alleged abuse occurred. After receiving such notification, the respective hiring authority is responsible for assigning the investigation and ensuring it's managed in accordance with DOM, Chapter 5, Article 44, 54040.12 Investigation. The Agency Head (designee) and Warden both described appropriate follow-up actions, up to and including investigation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8 Initial Contact (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (revised 5/19/2020) d. CDCR Initial Contact Guide (PREA) (date unknown) e. CDCR Custody Supervisor Checklist (PREA) (date unknown) f. CDCR Watch Commander Notification Checklist (PREA) (date unknown) g. CDCR Transportation Guide (PREA) (date unknown)

Interviews

a. Random Staff

Findings (By Provision).

115.64 (a). 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 three allegations of sexual abuse. Per the facility's responses to the PAQ, a security staff member was the first to respond to each allegation and activate the first responder duties required by this provision. One of the reports were received in time to collect physical evidence and preserve the crime scene.

DOM, Chapter 5, Article 44, 54040.8 Initial Contact (p. 481) 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 in accordance with this provision, agency policy, and as described in the Initial Contact Guide.

The custody supervisor, as described in DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 481) is responsible for taking the remaining first responder steps as outlined by this provision. Evidence preservation and retention guidelines found in DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation (p. 481) and Evidence (pp. 481-482) are well defined and listed in the supplementary operations manual. Supervisory responsibilities are enumerated in the agency's Custody Supervisor Checklist (PREA) and Watch Commander Notification Checklist (PREA). Each form describes first responder duties for initial responders and supervisory staff in a clear and concise, but thorough, manner.

Finally, evidence preservation and retention guidelines found in DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation (p. 481) and Evidence (pp. 481-482) are well defined and listed in the facility's operations supplement (Response section).

Twelve of 12 security staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence.

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.64 (b)**. The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. In the last 12 months zero non-security staff members were the first to respond to a report of sexual abuse. DOM, Chapter 5, Article 44, 54040.8 Initial Contact (p. 481) directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence. Interviews with non-security staff members indicate all are well-versed in their first responder duties. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (revised 5/19/2020) c. CDCR Initial Contact Guide (PREA) (date unknown) d. CDCR Custody Supervisor Checklist (PREA) (date unknown) e. CDCR Watch Commander Notification Checklist (PREA) (date unknown) f. CDCR Transportation Guide (PREA) (date unknown) **Interviews** Warden

	Findings (By Provision). **115.65 (a)**. 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. DOM, Chapter 5, Article 44, 54040.8 Response (pp. 481-483) describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. Annually, PVSP reviews and revises a DOM supplement which details the facility's coordinated response plan. Initial contact guides, custody supervisor checklists, and watch commander notification checklists serve to structure staff response. An interview with the Warden affirmed their local DOM supplement guides the facility's response following an allegation of sexual abuse; it includes practical steps for leadership, custody, and healthcare staff. This procedure is accessible to staff in a shared folder; they, further, receive training related to their response duties. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. Agreement Between The State of California and California Correctional Peace Officers Association (CCPOA) covering Bargaining Unit 6 Corrections (effective 7/3/2020) c. Agreement Between The State of California and Union of American Physicians and Dentists (UAPD) covering Bargaining Unit 16 Physicians, Dentists, and Podiatrists (effective 7/1/2020) d. Agreement Between The State of California and California Association of Psychiatric Technicians (CAPT) covering Bargaining Unit 18 Psychiatric Technicians (effective 7/2/

2019)

e. Agreement Between The State of California and The Professional Engineers in California Government (PECG) covering Bargaining Unit 9 Professional Engineers (effective 7/1/2020)

f. Agreement Between The State of California and CAL FIRE Local 2881 covering Bargaining Unit 8 Firefighters (effective 1/1/2017)

g. Agreement Between The State of California and International Union of Operating Engineers (IUOE) covering Bargaining Unit 12 Craft and Maintenance (effective 7/1/2021)

h. Agreement Between The State of California and Service Employees International Union (SEIU) – Local 100 covering Bargaining Units 1, 3, 4, 11, 15, 17, 20 and 21 Master Agreement (effective 1/2/2020)

Interviews

Agency Head (designee)

Findings (By Provision).

115.66 (a). The agency 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 CDCR Collective Bargaining Agreement (CBA), which is effective 7/3/2020 – 7/2/2022, and verified that it does not contain language limiting the agency's ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In addition to a host of scope and scheduling latitudes, CBA section 4.01 (p. 27) states that the agency has the authority "to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise to take such measures as the employer may determine to be necessary for the orderly, efficient and economical operation of CDCR." CBA Section 9.09 (p. 52-53) details employee rights pending a personnel investigation. Finally, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy governs. An interview with the Agency Head (designee) agreed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.
A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.66 (b). The auditor is not required to audit this provision of the standard.

Corrective Action.

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

	this standard. There is no corrective action to take.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016) c. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct d. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020) f. CDCR 2304 Protection Against Retaliation (PAR) – Inmate; blank and completed samples (revised 2/2018) g. CDCR 2305 Protection Against Retaliation (PAR) – Staff; blank and completed samples (revised 2/2018) h. Institutional PREA Review Committee form (date unknown) **Interviews** a. Agency Head (designee) b. Warden c. Staff Charged with Retaliation Monitoring d. Inmates who Reported Sexual Abuse Findings (By Provision). **115.67 (a)**. 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 cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. At PVSP, the PCM delegates the responsibility for retaliation monitoring to ISU. The agency’s zero tolerance statement as recorded in DOM, Chapter 5, Article 44,

54040.1 Policy (p. 477) states that “retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.” The policy statement goes on to describe types/examples of retaliation. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271) repeats that retaliatory actions against inmate or staff reporters shall not be tolerated” and met with the consequences stated above. According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484), the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/ contractor reports, or if any person fear retaliation for cooperating with an investigation. Retaliation monitors are instructed to act promptly to remedy retaliation and document such efforts on CDCR 2304 or 2305 Protection Against Retaliation (PAR) form series.

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

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

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

In practice, per the facility’s primary retaliation monitor (ISU lieutenant), those who report sexual abuse are monitored every two weeks. Prior to each investigatory interview, inmates and staff are reminded that there is zero tolerance for report-related retaliation and that every effort is made to keep the information they share confidential. After monitoring a variety of sources for real and perceived retaliation, if remedy is needed, the retaliation monitor echoed the intervention measures

described by the warden.

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

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

As described above, DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) tasks the PCM (or designee) with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. At PVSP, this responsibility is delegated to ISU. ISU investigators meet with reporters or alleged victims once every two weeks for a period of 90 days following the report unless the allegation is deemed unfounded. Retaliation monitors are instructed to document their findings on Protection Against Retaliation form and notify the facility PCM if their finding affirm the presence of retaliation. The PCM shall act promptly to remedy any such retaliation. Per policy, retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need. Monitoring, as directed by policy and prompted by the Protection Against Retaliation form, shall include reviewing: disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff.

The Warden stated that when the facility suspects retaliation they will investigate the potential action and protect the alleged victim from real or perceived threat by separating the victim and suspect or threat, for instance. Additional measures that are least intrusive to the alleged victim may also be taken.

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

115.67 (d). According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) the PCM or designee is responsible for conducting periodic status checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days. An ISU team member who was interviewed in his role as a retaliation monitor affirmed that retaliation monitoring includes bi-weekly status checks for a period of no less than 90 days post-allegation. A review of completed Protection Against Retaliation forms illustrates there are spaces to record check-ins with inmate victims/reporters and staff reporters every 15 days for a period of 90 days.

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

	116.67 (e). The agency's zero tolerance statement as recorded in DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477) states that "retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution." The policy statement goes on to describe types/ examples of retaliation. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271) repeats that retaliatory actions against inmate or staff reporters shall not be tolerated" and met with the consequences stated above. According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484), the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/ contractor reports, or if any person fear retaliation for cooperating with an investigation. An interview with the Agency Head (designee) indicated the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The Warden reiterated that any who expresses fear would be protect from such retaliation. The person would be closely monitored and an investigation would commence during which time the inmate or staff person would be separated from the threat. As stated earlier, PVSP has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.67 (f)**. The auditor is not required to audit this provision of the standard. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)

c. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 5/19/2020)

a. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016)

Interviews

a. Warden

b. Staff who Supervise Inmates in Segregated Housing

Findings (By Provision).

115.68 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, PVSP reports that there have been zero inmates alleging 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.

As noted in the discussion of 115.43, according to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), inmates "at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available means of separation from likely abusers." If the facility cannot conduct the assessment immediately, the facility may hold the inmate in segregated housing for less than 24 hours while completing the assessment. In the event segregated housing is appropriate, the inmate shall be issued an Administrative Segregation Placement Notice, which must state that the reason for segregation is related to a pending housing assessment in response to their high risk for sexual victimization. Thereafter, the inmate's placement will be reviewed by Institution Classification Committee. The inmate's retention in segregation should not ordinarily exceed 30 days. If placement exceeds 30 days, it must be reviewed at the same interval regularly. DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (p. 485) allows for a similar process for those experiencing ongoing safety concerns. CCR, Title 15, Section 3335 Administrative Segregation expressly states that an alleged sexual abuse victim may be placed in a non-disciplinary segregation (NDS) status during the investigatory process provided the alleged victim is afforded "all programs, privileges, and education."

An interview with the Warden indicated policy prohibits placing alleged victims in a segregated status unless there are no other safer means. Rather, they consider what other housing unit(s) are most appropriate with the goal of preserving their programming and privileges. Segregation is permissible pending an assessment of

	more appropriate housing options or if all other options are exhausted. Options at PVSP are to assign an inmate to another cellmate; single cell status; special needs yard; or transfer to another facility entirely. If segregation is the only option an alleged victim would be placed there for as little time as possible until an alternative means of separation from the abuser could be identified. During their placement in segregation, all housing review intervals are observed. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CCR, Title 15, 3316 Referral for Criminal Prosecution c. CDCR DOM, Chapter 1, Article 20 Polygraph (revised 8/9/2011) d. CDCR DOM, Chapter 3, Article 14, Internal Affairs Investigations (effective 1/2007) e. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Policy; various sections (revised 5/19/2020) f. CDCR, Office of Internal Affairs, Investigator’s Field Guide, Version 2 (updated 5/ 2008) g. Sexual Assault Interview Guidelines (PREA) (date unknown) h. PREA Allegation LDI Guide (date unknown) i. Initial Contact Guide (PREA) (date unknown) j. State of California, Office of Emergency Services, Forensic Medical Report: Acute (<72 Hours) Adult/Adolescent Sexual Assault Examination, CAL OES 2-923 (2001) k. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 7/2017) l. PREA – Instructions for Record Retention Schedule (RRS) Update (date unknown)

m. Clarification Regarding Referral of All Unnecessary or Excessive Use of Force and Specified Prison Rape Elimination Act Allegations to the

n. Allegation Inquiry Management Section memo (dated 4/13/2022)

o. Notice of Change to Regulations, Sections 3486, 3486.1, 3486.3 (dated 4/8/2022)

p. Sexual abuse and sexual harassment investigation files

Interviews

a. Sexual Abuse Investigators

b. Warden

c. PCM

Findings (By Provision).

115.71 (a). The facility indicated in their response to the PAQ that the agency/facility has a policy related to criminal and administrative agency investigations. DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) asserts that every allegation of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and findings documented in writing. Per 54040.8.1 Custody Supervisor Responsibilities, in the event of a staff sexual misconduct allegation the respective watch commander must immediately notify the Hiring Authority; additional notifications are required if the allegation constitutes an emergency. The Hiring Authority, thereafter, assigns a Locally Designated Investigator (LDI), who may be a member of the Investigative Services Unit (ISU) or specially trained institutional staff member, to begin an initial inquiry until information is gathered which warrants an Office of Internal Affairs (OIA) referral or until evidence is present to refute the allegation.

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

Inmate-on-inmate allegations are not elevated to OIA; LDI is responsible for following standard investigative procedures and completing the investigation. Locally Designated Investigators may use the Sexual Assault Interview Guidelines (PREA) form to guide their interviews with victims of sexual abuse and the PREA Allegation LDI Guide to structure a complete investigation. All information, whether an initial inquiry or investigation, is documented on a Confidential Memorandum, which is maintained in the investigatory file. Upon conclusion, the alleged victim is to receive

written notification of the investigation findings as described in 115.73.

A discussion with members of PVSP's ISU affirmed the process above; all reports are taken seriously, regardless of the source, and investigated promptly. They described evidence preservation and collection; the medical forensic examination process, including advocacy; interviewing victims, suspects, and witnesses; Mirandizing suspects; medical referrals; documentation; IAO v OIA responsibilities; and prosecutorial referrals. A review of fourteen files indicates investigations are completed promptly, thoroughly, and objectively and in accordance with DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (pp. 477-486) as described above. Completed investigations are reviewed and approved by the Warden and PCM.

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

115.71 (b). According to DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 479) states that “all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (p. 478). The Hiring Authority or PCM are responsible for ensuring those tasked with sexual abuse or sexual harassment investigations are properly trained. PVSP has 17 LDIs who have received specialized investigator training per standard 115.34 as evidenced by training records and discussions with the facility’s ISU lieutenant.
Fourteen investigative files were reviewed to determine compliance. Of the names of assigned investigators were found in these files, all were confirmed as receiving specialized training by cross referencing a list of trained investigators provided by the facility. As discussed in standard 115.34, the elements of CDCR’s specialized investigations training are substantially compliant.

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

115.71 (c). DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (pp. 481-482) states that the custody supervisor is immediately responsible for establishing and maintaining a perimeter around the crime scene. ISU staff are responsible for collecting and securing direct and circumstantial evidence, including physical and DNA evidence; when necessary, a designated evidence officer is called upon to collect evidence that may be destroyed if not preserved. The agency’s specialized investigator training, Specialized PREA Training for Locally Designated Investigators, includes this content, in addition to instruction on interviewing alleged victims, suspected perpetrators (abusers), and witnesses. New investigators are also trained to review prior complaints and reports of sexual abuse involving the suspected perpetrator (abuser). Training records for each LDI were provided, reviewed by the auditor and found consistent with the specialized training expectation of 115.34. The auditor also spoke to members of the ISU who described,

	in practice, the tenets of this provision. During the file review, the auditor reviewed thorough and organized investigations to include comprehensive interviews of all parties; related evidence; and prior complaints involving the suspected victim. Discussions with the facility's ISU team indicated an understanding of this provision. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.71 (d)**. According to CCR, Title 15, Section 3316 Referral for Criminal Prosecution states that all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution, when there is evidence substantiating each of the elements of the crime to be charged. Office of Internal Affairs, Investigator's Field Guide, Version 2 directs investigators to Mirandize employees involved in suspected criminal conduct prior to asking any questions. If the employee waives their rights afforded under this decision, questioning may proceed. Further, "any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the Agent (i.e. OIA) shall consult with the Senior, PVSP, and the local DA in the county that the case will be referred to regarding the decision to take a compelled statement." The field guide further describes the respective processes depending upon the district attorney's decision to compel an interview. Miranda and Lybarger rights "protect any statements made by the employee from being used against him/her in criminal proceedings. However, the Miranda/Lybarger warning specifically advises the employee that they do not have the right to refuse to answer questions for the administrative proceedings." Information revealed during the course of a compelled interview may not be shared with the prosecutor conducting the criminal investigation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.71 (e)**. According to DOM, Chapter 1, Article 20 Polygraph (pp. 50-51) states that no person shall be ordered to take a polygraph examination. No coercion or of offer of reward shall be used to induce any person to take a polygraph examination. Information from investigative staff and reviews of files did not suggest any truth-telling devices or polygraph examinations have been used during an investigation. ISU stated they do not employ polygraph examinations. When asked to explain the method for judging credibility of a victim, suspect, or witness, investigators stated they make such assessments on an individualized basis and not on the basis of one's status as inmate or staff. They approach each allegation from a place of believing; investigators assume all victims are credible until the investigatory evidence demonstrates otherwise. Locally designated investigators/Investigative Services Unit attempts to corroborate information using reliable sources of information, including testimony and video evidence. They make every effort to remain objective, but

considers the history of any misconduct and/or any prior PREA-related cases. They will conduct additional follow-up interviews if necessary to determine whether the individual has provided details consistently. Investigators also consider differences in witness, suspect, or victim statements, for examples, and document such conflicts. A review of investigative files revealed documentation of reliability. No inmates who previously reported sexual abuse stated they were subject to a polygraph examination.

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

115.71 (f). When conducting sexual abuse and sexual harassment investigations, the investigator is required per DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) to prepare a “Confidential Memorandum,” which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Investigative staff indicated efforts made to comply with this provision include receiving and reviewing evidence such as log books, guard rounds, and shift rosters. If review of the evidence calls into question staff actions or inactions, the investigator questions witnesses about their knowledge of an incident. The investigator participates in sexual abuse incident reviews in which they are able to share investigative information and any conclusions or opinions whether and how staff may have contributed to the abuse. Any findings or potential work rule violations are forwarded to the hiring authority for their review and action, including referral to OIA. They are supported in taking such action by DOM, Chapter 3, Article 14, 31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry (p. 197) which states that when an investigation or inquiry of alleged employee misconduct reveals possible additional misconduct, the OIA investigator shall present the facts of the case to the Special Agent in Charge who is, thereafter, responsible for notifying the Hiring Authority and consulting with the Vertical Advocate.

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

115.71 (g). Zero investigations were referred for prosecution during the review period. However, as sworn peace officers, ISU staff and their investigative material can be used to file criminal charges when warranted. The audit team reviewed fourteen investigative records; the contents included a thorough description of physical, testimonial, and documentary evidence. The agency’s training curriculum supports this practice, as does investigative procedure detailed in the DOM. Investigators expressed understanding of their documentation responsibilities.

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

115.71 (h). The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since

August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reported there has been zero substantiated allegations of sexual abuse which was referred for prosecution. DOM, Chapter 3, Article 14, 31140.20 Criminal Investigation (p. 196) states that after a sexual abuse investigation has been completed "if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution." A facility investigator was asked when cases are referred for prosecution. He indicated that all cases are referred to the local prosecutor when it appears potentially criminal conduct is present.

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

115.71 (i). 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. The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.
A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (j). DOM, Chapter 4, Article 44, 54040.12 Investigation (p. 483) recites the provision, stating the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigative staff was asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. He indicated that the investigation would proceed, by or under the direction of IAO, including a reasonable effort to interview the involved parties. All efforts would be documented. A review of investigative files show that inmate interviews have been coordinated and conducted by the new facility in consultation with PVSP after an inmate has transferred from the facility.

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

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

115.71 (l). CDCR and PVSP conduct administrative and criminal investigations. This provision does not apply as stated. However, the PREA Coordinator stated that each facility maintains a memorandum of understanding with the local district attorney's office so as to formalize and facilitate a strong working relationship. Given the (criminal) investigative responsibility lies with the agency, information sharing between the two parties is immediate and further solidified with the joint MOU.

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

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (effective 1/2006) c. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020) d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, version 1.0, BIC ID: 11055853 (date approved 3/2017) e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook, version 1.0, BIC ID: 11055853 (date approved 3/2017) f. Sexual abuse and sexual harassment investigation files **Interviews** Sexual Abuse Investigator Findings (By Provision). **115.72 (a)**. The facility indicated in their response to the PAQ that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (p. 252) indicates that a “sustained” or substantiated investigation demonstrated a “preponderance of evidence to prove the allegation(s) made in the complaint.” DOM, Chapter 4, Article 44, 54040.12 Investigation (p. 469) further states that no standard higher than the preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained. The agency’s basic investigator course curriculum reviews the definition of preponderance of evidence (slide 7.23 and workbook p. 56). Investigative staff accurately stated and described the preponderance of evidence standard when interviewed. Understanding and application of this burden of proof was demonstrated during review of administrative investigation records. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.**

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

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (revised 5/19/2020) c. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook, version 1.0, BIC ID: 11055853 (date approved 3/2017) d. CDC-128B PREA Closure Chrono; blank and complete (various dates) e. Sexual abuse and sexual harassment investigation files **Interviews** Sexual Abuse Investigator Findings (By Provision). **115.73 (a)**. The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who alleges they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the 12 month review period, sixteen sexual abuse investigations were completed. Notifying those who allege sexual harassment of the investigative outcome is standard practice within the agency. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 484) 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. A signed copy is retained in the investigative file. The auditor spoke to the facility's Warden and investigative staff and reviewed closed

sexual harassment records while onsite; each source of evidence affirmed this practice.

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

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

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

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

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

115.73 (d). The facility indicated in their response to the PAQ that following an inmate's allegation that they have been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 11) recites the applicable provisions. While reviewing the investigations, the facility does inform alleged victims of indictments on a charge related to sexual abuse.

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

115.73 (e). The facility indicated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented. In the 12-month review period, four sexual abuse investigations were completed. The auditor reviewed the completed investigations during the onsite review period and contained documentation (i.e. CDC-128B PREA Closure Chrono) of such notification. DOM, Chapter 5, Article 44, 54040.8.1 (p. 481) states that alleged victims shall be provided written notification of investigative findings as described in the Reporting to Offenders section of the DOM. As stated above, the facility takes measure to notify and, thereafter, document notification to those alleging sexual harassment.

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.73 (f)**. The auditor is not required to audit this provision of the standard. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown) c. CCR, Title 15, Section 3401.6 Staff Sexual Harassment (date unknown) d. CCR, Title 15, Section 33030.17 through 33030.20 (date unknown) e. CDCR, DOM, Chapter 3, Article 22, 33030.1 Employee Discipline Policy (effective 1/2006) f. CDCR, DOM, Chapter 5, Article 44, 54040.12.4 Reporting to Outside Agencies for Contractors (revised 5/19/2020) g. CDC-128B PREA Closure Chrono (dated 8/1987) h. Sexual abuse and sexual harassment investigation files **Interviews** a. PREA Compliance Manager b. Administrative (Human Resources) c. Staff (i.e. IPO) **Findings (By Provision).** **115.76 (a)**. 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. CCR, Title 15, Section 3401.5 Staff Sexual

	Misconduct (p. 261) and 3401.5 Staff Sexual Harassment (p. 262) states that all allegations of staff sexual misconduct and harassment are subject to investigation, disciplinary action and/or criminal prosecution. Further, “failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action. The same section of code describes the five types of adverse action penalties at the agency’s disposal; they include letter of reprimand, salary reduction, suspension without pay, demotion to a lower class, and dismissal from state service. PVSP’s IPO confirmed during an interview that all staff members are subject to disciplinary sanctions up to and including termination for violations of the agency’s policies on sexual abuse or sexual harassment. In the past 12 months, zero staff members have been terminated for violating the aforementioned policies. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.76 (b)**. The facility indicated in their response to the PAQ that in the past 12 months two staff members have violated agency sexual abuse or sexual harassment policies. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 249) codifies agency disciplinary procedure, which indicates staff sexual misconduct with an inmate is subject to penalty level 9 (i.e. dismissal). A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.76 (c)**. 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, they indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. When assessing discipline CCR, Title 15, Section 33030.17 Applying the Employee Disciplinary Matrix (p. 239) states that the provisions are to be applied “based upon the assumption that there is a single misdeed at issue and that the misdeed is the employee’s first adverse action.” The base penalty shall be imposed unless aggravating or mitigating factors are found. Moreover, “the Hiring Authority or designee is not required to impose an identical penalty in each case because there are a variety of factors which may influence the Hiring Authority to take stronger action in one case than it does in another. Progressive discipline is recommended to address most performance and conduct issues, however, more severe action may be implemented in instances of serious violations. Conversations with the PCM and IPO confirmed there were no instances of staff discipline related to a violation of agency sexual abuse or sexual harassment policies in the last 12 months. CCR Title 15, Section 33030.18 Mitigating and Aggravating Factors (p. 239) allows the agency to

	consider the aforementioned factors when determining penalty severity and, finally, impose sanction in accordance with Section 33030.20 Imposition of Penalty and Consultation. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.76 (d)**. The facility indicated in their response to the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. CDCR DOM, Section 5, Article 44, 54040.12.3 Reporting to Outside Agencies and 54040.12.4 Reporting to Outside Agencies (p. 484) states that for all employees, contractor or volunteers that are terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 3, Article 14, 31140.20 Criminal Investigations (effective 1/2007) c. CDCR DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (revised 5/19/2020) d. CDCR DOM, Chapter 10, Article 9, 101090.9 Termination (revised 7/23/2018)

e. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)

Interviews

Warden

Findings (By Provision).

115.77 (a). 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, no contractors or volunteers have been reported for engaging in sexual abuse of inmates. DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (p. 484) prohibits any contractor or volunteer who engages in staff sexual misconduct from contact with inmates. Any such contractor or volunteer is reported by the hiring authority to the relevant licensing body. Regarding volunteers, this expectation is restated in DOM, Chapter 10, Article 9, 101090.9 Termination (p. 830); specifically, “the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation of the institution.” Itemized criteria broadly includes “volunteer misconduct.” CDCR Contractor Special Terms and Conditions, Exhibit D adds that the contractor “shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal. As there were no incidents of contractor or volunteer sexual abuse of inmates in the past 12 months, there was no documentation of discipline for the auditor to review.

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

115.77 (b). The facility 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. The Warden was interviewed during the pre-onsite phase. He indicated that an investigation of a contractor or volunteers follows a similar trajectory of that of a staff investigation, but that at any given time he has the latitude to prohibit a volunteer or contractor from gaining entry to the facility. Given their status, the disciplinary process is not equivalent to staff; more likely than not their volunteer or contractor status and access will be revoked. The facility would proceed with local law enforcement for prosecution, if appropriate.

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

Corrective Action.

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

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 23, 52080.5.8 Special Consideration of Rules Violation Related to Mental Illness or Participation in the Developmental Disability Program (revised 4/24/2017) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.14 Classification Process (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (revised 5/19/2020) g. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (5/19/2020) h. CDCR DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (5/19/2020) i. CCR, Title 15, Section 3007 Sexual Behavior (date unknown) j. CCR, Title 15, Section 3315 Serious Rule Violations (date unknown) k. CCR, Title 15, Section 3316 Referral for Criminal Prosecution (date unknown) l. CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Proceedings (date unknown) m. CCR, Title 15, Section 3320 Hearing Procedures and Time Limitations (date unknown) n. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedule (date unknown) o. CCR, Title 15, Section 3326 Records of Disciplinary Matter (date unknown) p. Sexual abuse and sexual harassment investigation files **Interviews**

a. Warden

b. Medical/Mental Health Staff

115.78 (a). 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 sexual abuse. In the past 12 months, zero inmates have been found to have engaged in inmate-on-inmate sexual abuse. DOM, Chapter 5, Article 44, 54040.15 (p. 485) states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, “if the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115 Rules Violation Report shall be initiated. The (inmate) who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution” (p. 485). The respective CCR sections describe the disciplinary process and applicable sanctions in detail. Specifically, those found to have engaged in rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim’s will are subject to credit forfeiture of 181-360 days. Sanctions are described in detail in DC-ADM 801, Inmate Discipline Procedures Manual.

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

115.78 (b). CCR, Title 15, Section 3215 Serious Rule Violations describes a uniform process by which to impose sanctions so as to conform with the expectation of this provision which requires that disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. An interview with PVSP's Warden indicated that inmates found to have engaged in inmate-on-inmate sexual abuse are subject to a range of progressive sanctions including cell restrictions, segregation, rule violation charges, loss of credit and/or privileges, and prosecution referral. Sanctions are issued following an administrative hearing, during which time aggravators and mitigators are considered, in accordance with policy. As noted above, there have been no administrative findings of inmate-on-inmate sexual abuse; as such, the auditor was unable to review inmate sanctions related to a finding of sexual abuse. However, policy and CDCR rule violation structure supports a process is in place to ensure inmate perpetrators are held accountable.

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

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

	Mental Health Assessment. Mental health assessments shall be considered by the hearing officer during the disciplinary proceedings when determining whether an inmate shall be disciplined and when determining the appropriate method of discipline. Further, if an inmate is found guilty of the charge, the hearing officer shall consider any dispositional recommendations provided by mental health staff or other relevant information regarding the relationship between the inmate's mental illness and/or developmental disability/cognitive or adaptive functioning deficits, and his or her misconduct, when assessing penalties. An interview with the Warden affirmed mental health status or condition is considered as part of all disciplinary decisions in accordance with the procedure above. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.78 (d)**. The facility indicated in their response to the PAQ that the facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. Moreover, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) indicates the facility is to refer the inmate to mental health if they report previously perpetrating sexual abuse in the community or confinement. Medical/mental health staff were interviewed onsite and when asked whether an inmate is required to participate in therapy, counseling, or other intervention services as a condition of access to programming or other benefits. The staff member stated that the inmate's participation in such services would be voluntary. Review of policies and information provided during an onsite interview with specialized staff show that the facility considers, but does not always require, participation in interventions in order for the inmate to access programming and other benefits. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.78 (e)**. 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. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedules (p. 170) states that inmates are subject to credit forfeiture if found to have engaged in a serious rule violation to include rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will. In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. As such, there was no documentation available for review of a substantiated case of staff-on-inmate sexual contact in which the evidence showed there was a lack of consent of the involved staff member. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.78 (f)**. The facility indicated in their response to the PAQ that the agency

	prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the aged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (p. 485) recites the langue of this provision. It further states that there must be evidence that an offender "knowingly" made a false report before issuing discipline. Unsubstantiated or unfounded allegations based upon a lack of evidence do not constitute false reporting. The auditor reviewed one sexual abuse administrative investigation file; it did not include evidence that an inmate reporter was subject to disciplinary action for sexual abuse or sexual harassment allegations. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.78 (g)**. 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. 25). A final analysis of the evidence indicates the facility is substantially compliant with this standard. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening (revised 5/19/2020) d. CCHCS Chapter 3, Health Care Transfer Process (dated 1/2010) e. CCHCS Health Care Department Operations Manual, 4.1.6 Prison Rape Elimination Act (revised 7/2017)

f. Mental Health Delivery System Program Guide Overview (revised 2009)

g. CDCR 128-MH5 Mental Health Referral Chrono; completed (revised 4/2019)

h. CDCR MH-7448 Informed Consent for Mental Health Care form; blank (4/2016)

i. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information (dated 10/2016)

j. Medical and Mental Health screenings; history of sexual abuse memo (dated 12/5/2017)

k. PREA Screening form; blank (date unknown)

l. SOMS screenshot

Interviews

a. Inmates Who Disclosed Sexual Victimization at Risk Screening

b. Staff Responsible for Risk Screening

c. Medical/Mental Health Staff

Findings (By Provision).

115.81 (a, c). 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 intake screening. During the 12-month audit period, zero inmates accepted a medical or mental health referral during the screening process; this was confirmed by way of querying a screening report. The facility provided a completed CDCR 128-MH5 Mental Health Referral Chrono to demonstrate the referral process. Medical and mental health staff maintain secondary materials documenting the above services. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse (p. 480) and CCHCS Chapter 4, Prison Rape Elimination Act (p. 4) restates this expectation and details the referral process.

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 one inmate who disclosed sexual victimization during risk screening. Upon review of electronic medical records, the auditor identified evidence of timely clinical visits.

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

	115.81 (b). The facility indicated in their response to the PAQ that all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, one hundred percent of inmates who previously perpetrated sexual abuse during risk screening were offered a follow-up meeting with a mental health practitioner; all declined. Medical and mental health staff maintain secondary materials documenting the above services. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse (p. 480) states that if an inmate reveals prior perpetration during the screening process they shall be offered a follow-up meeting with mental health staff and referred using the CDCR 128-MH5 chrono. Thereafter, inmates shall be seen in a confidential environment within 12 calendar days of the referral. 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. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.81 (d)**. The facility indicated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) reiterates this provision verbatim. A memo dated 12/5/2017 reiterated this expectation, but emphasized that “medical and mental health information related to sexual victimization and abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR).” While onsite, the auditor observed the facility’s database to track offender details and movement (i.e. SOMS). This information is elicited in a semi-private location (see 115.41 for further discussion) and 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. The facility’s risk screener explained and demonstrated a thorough understanding of the way in which to use the electronic system to code and track risk. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	115.81 (e). The facility indicated in their response to the PAQ that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Specifically, CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information is completed in advance of such disclosure. The preamble states that the form shall be used to disclose community-based sexual violence experienced by an inmate over the age of 18 to law enforcement, prosecutor, or appropriate agency; only when all sections of the form are completed may the authorization to disclose be honored. One such section requests authorization to release information to the facility's ISU who is, in turn, responsible for reporting to the above jurisdictions/agencies. The auditor also reviewed CDCR MH-7448 Informed Consent for Mental Health Care which states that "information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: 1. I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff…" Disclosures of child, elder, or dependent adult abuse may also be reported without consent. The form, further, leaves space for the inmate to indicate they give consent to the conditions as set forth on the form, decline consent, or are unable/unwilling to sign but have been informed. Interviews with a medical practitioner and mental health practitioner affirm this practice. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.10 Return to Triage and Treatment Area/ Receiving & Release and Mental Health Responsibilities (revised 5/19/2020)

d. Mental Health Delivery System Program Guide Overview (revised 2009)

e. Division of Correctional Health Care Services, Chapter 4 Access to Primary Care (dated 1/2006)

f. CCHCS Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (revised 7/2/2012)

g. CCHCS Health Care Department Operations Manual, 4.1.6 Prison Rape Elimination Act (revised 7/2017)

h. CCHCS Care Guide: Sexually Transmitted Infections (dated 3/2021)

i. Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances memo (dated 2/22/2019)

j. SOMS screenshot

k. Health Care Application screenshot

Interviews

a. Medical/Mental Health Staff

b. Inmates who Reported Sexual Abuse

c. First Responders

d. Sexual Assault Nurse Examiner

Findings (By Provision).

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

Interviews with medical staff, mental health staff, and PCM confirmed that victims of

sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 72 hours the inmate is transported to Sutter Coast Hospital for care.

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

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

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

115.82 (c). The facility 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 infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (p. 482-483) cites Penal Code Section 2638, which requires the local hospital or facility to provide immediate HIV/AIDS prophylactic measures. Victims of sexual abuse shall also receive information regarding sexually transmitted infections, HIV and pregnancy options (to include testing).

An interview with medical staff confirmed inmates receive information about sexually transmitted prophylaxis. PVSP does not house female inmates and, as such, does not by practice offer information about emergency contraception.

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

115.82 (d). The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A memo entitled, Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances, dated 2/22/2019 and issued by the agency’s Secretary and Healthcare Receiver states that, “Effective March 1, 2019, California Department of Corrections and Rehabilitation (CDCR) patients shall no longer be charged a copayment for health care services…”

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

Corrective Action.

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.11 Suspect Processing (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident (revised 5/19/2020) g. Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview (revised 2009) h. CDCR CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (date unknown) i. Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances memo (dated 2/22/2019) j. CCHSC Volume 1 Governance and Administration, Chapter 16, 1.16.1 Prison Rape Elimination Act Policy (revised 7/2015) **Interviews** a. Medical and Mental Health Staff b. SANE Nurse Findings (By Provision).

115.83 (a, b, c). The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident (p. 484), 54040.8.3 Medical Services Responsibilities, and 54040.10 Mental Health Responsibilities (pp. 482-483) restate this provision and describe procedural expectations, which includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Evaluation and treatment guidelines are further described in CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act and Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview. Inmates, including those who experienced sexual abuse, may be seen on an emergent, urgent, or routine basis wherein they will be evaluated, treated, and followed-up with. At minimum, per DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480), inmates who report sexual abuse and are seen by a SANE provider, shall be referred for an emergency mental health evaluation.

An interview with a medical health staff member affirmed inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable. A mental health clinician confirmed inmates receive follow up mental health evaluations and treatment following a disclosure of sexual abuse in confinement. Both affirmed that services are consistent with community-based care. Medical and mental health practitioners stated that all care is provided in accordance with the community level of care. Crisis and ongoing care are managed by an interdisciplinary treatment team via trauma focused interventions and medication management. Of the two sexual abuse investigations reviewed by the audit team each included evidence of a medical referral post-allegation.

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

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

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

	115.83 (f). The facility 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. DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) and CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (p. 7) restates the provision. Of the two sexual abuse allegations reviewed onsite, zero incidents involved circumstances which would have prompted sexually transmitted infection testing. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.83 (g)**. The facility indicated in their response to the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A memo entitled, Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances, dated 2/22/2019 and issued by the agency's Secretary and Healthcare Receiver states that, "Effective March 1, 2019, California Department of Corrections and Rehabilitation (CDCR) patients shall no longer be charged a copayment for health care services…" Interviews with medical and mental health practitioners confirmed copayment is not assessed for treatment under these circumstances. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.83 (h)**. The facility indicated in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. DOM, Chapter 5, Article 44, 54040.11 Suspect Processing (p. 483) directs the custody supervisor to complete a referral to mental health for an evaluation and assessment of treatment needs. An interview with a mental health clinician indicated psychology staff will conduct a mental health evaluation of known inmate abusers. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (amended effective 9/9/2022) d. CDCR Notice of Change to Department Operations Manual, NCDOM Number: 22-11 (revision date 9/9/2022) e. Institutional PREA Review Committee (IPRC) – DOM Section 54040.17 form; blank and completed (date unknown) f. Institutional PREA Review Committee (IPRC) – DOM Section 54040.17 form; blank (updated 9/20/2022) g. Subsequent Institutional PREA Review Committee (IPRC) – DOM Section 54040.17; blank (revised 9/20/2022) h. CDC-128B PREA Closure Chrono; completed (dated 4/2/2020) i. Sexual abuse investigation files **Interviews** a. Warden b. PCM c. Sexual Abuse Incident Review Team Member Findings (By Provision). **115.86 (a)**. The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the agency has completed three administrative investigation of alleged sexual abuse, excluding unfounded incidents. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 485) requires each hiring authority to conduct an incident review at the conclusion of every substantiated and unsubstantiated sexual abuse incident investigation. The auditor reviewed all sexual abuse investigations; those requiring a sexual abuse incident review were completed. The auditor reviewed a corresponding completed IPRC forms for each. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	115.86 (b). The facility indicated in their response to the PAQ that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Procedurally, this practice is directed by DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (p. 485) which states that the PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner. Another section within the same policy states a subsequent IPRC shall be completed whenever an initial IPRC was conducted prior to the completion of the investigation. A subsequent IPRC shall also be competed when the initial IPRC was unable to provide a thorough review, or if requested by the Hiring Authority. The auditor reviewed all sexual abuse investigations; those requiring a sexual abuse incident review were completed where applicable. The auditor reviewed a corresponding completed IPRC forms for each. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.86 (c)**. The facility indicated in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. DOM, Chapter 5, Article 44, 54010.17 Institutional PREA Review Committee (p. 485) 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. The IPRC form leaves space for the following committee members (or classifications) to sign: institution head (or designee), PCM, managerial employee, in-service training manager, healthcare clinician, mental health clinician, and incident commander or ISU supervisor. According to the facility’s Warden, Chief Deputy Warden, and PCM, PVSP’s IPRC is comprised of the multidisciplinary professionals listed above. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.86 (d)**. The facility indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement, and submits such report to the facility head and PCM. DOM, Chapter 5, Article 44 54040.17 Institutional PREA Review Committee (p. 485) restates this provision. A form, Institutional PREA Committee (IPCR) – DOM Section 54040.17, assists the committee in considering all necessary items. The same policy section states that the review committee must consider the following: (a) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or

	other group dynamics at the facility; (c) assess whether physical barriers in the area may enable abuse, following an examination of the area in the facility where the incident allegedly occurred; (d) assess the adequacy of staffing levels in that area during different shifts; and (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Further, the policy provides that the IPRC must prepare a report of its findings, recommendations for improvement, corrective action plan, and implementation action plan (or reasons for not doing so). The report be submitted to the hiring authority for final review and, subsequently, routed to the appropriate Associate Director, if additional financial resources are required to achieve corrective action. The Warden, Chief Deputy Warden, PCM, and ISU supervisor were each interviewed. They properly identified the objective of such review, which includes an analysis of contextual variables, incident causes or motivations, policy failures, trends, physical plant needs, staffing levels, technology or tools to supplement staff supervision, etc. and any respective corrective actions. The committee uses the information to determine if preventative measures can be taken to prevent abuse in the future. A review of a blank Institutional PREA Committee (IPCR) – DOM Section 54040.17 form demonstrates the agency has a structure in place to record such review and, specifically, consider information relating to motivations for the abuse, physical plant and any barriers, staffing levels, and monitoring technology. A space is provided for recommendations, warden approval, and corrective action planning. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.86 (e)**. The facility indicated in their response to the PAQ that the facility implements the recommendations for improvement or documents its reasons for not doing so. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (p. 485) states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. In practice, the agency employs the form, Institutional PREA Committee (IPCR) – DOM Section 54040.17, to record its recommendations. To date, PVSP has not identified any race, gender, or other identifiers that may have contributed to an incident; no recommendations for improvement have been made. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in order to determine compliance:

Documents

a. Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020)

c. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020)

d. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015-2021)

e. USDOJ, BJS, Survey of Sexual Victimization 2019, Substantiated Incident Form (Adult); blank (dated 9/25/2018)

f. USDOJ, BJS, Survey of Sexual Victimization, 2020 Summary Form

g. CDCR PREA Incident Log

h. CDCR Public Website

Interviews

a. PREA Coordinator

b. Agency Contract Administrator

Findings (By Provision).

115.87 (a, c). The facility indicated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) 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, PVSP is responsible for completing the incident-based SSV report within two business days of receiving the allegation. While not formalized in the DOM, the auditor found during investigation reviews that PVSP completes a second, updated incident-based SSV form at the conclusion of each investigation. Finally, Office of Internal Affairs must also report standardized data consistent with the SSV data elements.

The auditor completed incident-based SSV forms in each investigative file regardless of the disposition type. The auditor also reviewed agency annual reports from 2015 -

2021. All included a uniform standard of measuring sexual abuse and sexual harassment incidents, as well as a standardized set of definitions. Please review the discussion within 115.11 regarding standardized definition recommendations.

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

115.87 (b). The facility indicated in their response to the PAQ that the agency aggregates the incident-based sexual abuse data at least annually. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) directs the agency to aggregate data annually and include, at minimum the data necessary to answer all of questions from the most recent version of DOJ's SSV. The auditor reviewed aggregated data from 2015 – 2020 to confirm that the agency, indeed, aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.

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

115.87 (d). The facility indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) restates this provision.

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

115.87 (e). The facility indicated in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Moreover, the data from private facilities complies with SSV reporting requirements. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) directs the agency to collect such information from every facility the agency contracts with for the confinement of inmates. CDCR maintains 14 contracts for the confinement of inmates. Effective Cycle IV, CDCR has imposed the expectation that contractors share incident and aggregate SSV data with the agency annually. Please see 115.12 for a complete discussion regarding contracts for the confinement of inmates.

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

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

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020) e. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet (dated 1/31/2020) f. CDCR public website screenshots g. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015 – 2021) **Interviews** a. Agency Head (designee) b. PREA Coordinator c. PCM **Findings (By Provision).** **115.88 (a)**. The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies,

	and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DOM, Chapter 5, Article 44, 54040.17.20 Tracking – Data Collection and Monitoring (p. 486) restates this expectation. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (pp. 484-486) directs the agency's PREA Coordinator to take data collection actions annually in order to assess and improve the effectiveness of the items listed above. Each facility-based PCM is required to return the PREA Annual Data Collection Tool and Staff Plan Review worksheet to the agency's PREA Coordinator annually. A review of this form revealed it prompts PCMs to describe any staffing, video monitoring, policies and procedures that were considered and/or modified in the preceding year. The compilation of this qualitative data, in addition to incident-based data described in 115.87, is then used to craft the agency's annual report. The auditor reviewed the agency's most recently completed and posted annual report (i.e. 2021) and confirmed it includes the following components: zero tolerance statement; review of critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement. The Agency Head (designee) reported that the facility-level incident review process, which is overseen by each PCM, exists to review the context of each incident and identify opportunities to mitigate future abuse. The compilation of this information is then analyzed so as to identify what sexual abuse trends might exist so that the agency can develop a response. An interview with the PREA Coordinator indicated that her office is responsible for tracking, understanding, and responding to trends as reported monthly by each PCM. This effort is, subsequently, documented in the form of an agency annual report which is posted to CDCR's public website. The PCM indicated the facility completes a monthly quantitative report which is transmitted to the PREA Coordinator. Annually, the PCM reports qualitative data to the PREA Coordinator. Both sources of information inform agency-level data. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.88 (b)**. The facility indicated in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 486) restates that the annual report shall include comparative data, including a description of corrective action. The auditor reviewed annual reports from 2015 - 2021. All included comparative data, corrective action, and a discussion of progress. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.88 (c)**. 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. According to DOM, Chapter 5,

	Article 44, 54040.17 Departmental PREA Coordinator (p. 486), the annual report shall be routed through the agency's chain of command to the Secretary for review and approval. Thereafter, the Office of Public and Employee Communication is responsible for placing the report on the CDCR website. The auditor reviewed annual reports from 2015 – 2021. Since 2015, CDCR's Secretary has approved and signed the reports. The Agency Head (designee) affirms the agency head reviews and approves the annual reports. The auditor observed each respective annual report posted to the agency's public website. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.88 (d)**. The facility indicated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. DOM, Chapter 5, Article 44, 54040.17.20 Tracking – Data Collection and Monitoring (p. 486) expresses this protection. The auditor reviewed annual reports from 2015 – 2021. There was no data enclosed that required redaction. The PREA Coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Records Retention (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020)

d. CDCR DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction (revised 5/19/2020)

e. Public website screenshots

f. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015 – 2022)

Interviews

PREA Coordinator

Findings (By Provision).

115.89 (a). The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. According to DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), the agency shall securely retain "all case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendation for post-release treatment and/or counseling" in accordance with CDCR records retention schedule.

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

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

115.89 (b). The facility 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. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), directs the agency to make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the agency's website, at least annually.

The auditor reviewed CDCR's public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities Specifically, the auditor reviewed the report titled, Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2022.

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

115.89 (c). The facility indicated in their response to the PAQ that the agency

	removes all personal identifiers before making aggregated sexual abuse data publicly available. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), restates this provision. By review of Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020 posted to CDCR's public website, the auditor confirmed that no personally identifying information is listed in the contents of either report. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **115.89 (d)**. The facility 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, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486) directs the agency to maintain aggregated PREA data for a period of 10 years after the date of the initial collection. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. **Corrective Action.** A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (revised 5/19/2020) c. Public website screenshots d. Western State Consortium audit schedule **Interviews** a. PREA Coordinator **Site Review**

Findings (By Provision).

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

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

115.401 (b). An interview with the PREA Coordinator indicated the CDCR has 34 state correctional institutions operated by the state. The auditor reviewed the agency's public website, including the Western State Audit Consortium schedule for past and future audits, which affirmed the agency was unable to achieve the one third requirement in year II of Audit Cycle III due to auditing and travel complications caused by COVID-19. The agency, however, has navigated around this highly unique, exigent circumstance and rescheduled each of their respective year II audits to take place during the final year of the audit cycle.

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

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

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

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

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

115.401 (m). During the onsite phase of the audit, the auditors, PCM, and support staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The audit team benefited greatly from the facility's active coordination of interviews and attempts to troubleshoot refusals; their efforts allowed for an uninterrupted flow of interviews. A total of 84 staff and inmate interviews were conducted.

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

	115.401 (n). On 10/12/23 the auditor sent an email requesting that PCM Barker post the provided English and Spanish audit notice in all staff and inmate common areas six weeks prior to the onsite review date. Audit notices included a confidentiality statement indicating outgoing mail to the auditor would be treated as legal mail, and instructions to contact the auditor via mail, if desired. On 10/23/23, the PCM responded via email confirming audit notices were posted within the timeframe. She included several sample photos of the postings, which showed English and Spanish notices displayed. The facility mailroom staff stated that they were knowledgeable about and complied with the processing of any correspondence to the PREA auditor. Specifically, the envelope would remain sealed and handled in accordance with legal mail. The auditor did not receive any correspondence from an inmate or staff member during any phase of the audit. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. Corrective Action. A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in order to determine compliance: **Documents** a. CDCR public website **Interviews** a. PREA Coordinator **Findings (By Provision).** **115.403 (f)**. The agency’s website has a link dedicated to PREA-related information, including applicable policies and procedures; directions to report an allegation of sexual abuse or sexual harassment; draft audit schedule; and archived audit reports. This is PVSP’s third US DOJ PREA audit. An interview with the PREA Coordinator and internet search confirmed that final audit reports are posted to the agency’s public website. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

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

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.)	yes
115.18 (b)	**Upgrades to facilities and technologies**	

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

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	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.)	yes
115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	**Protective Custody**	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	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.	yes
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

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

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

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

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

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

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

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

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

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

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

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

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

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

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

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

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

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

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

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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