

PREA Facility Audit Report: Final

Name of Facility: Male Community Reentry Program (MCRP) Los Angeles 1

Facility Type: Community Confinement

Date Interim Report Submitted: 09/06/2024

Date Final Report Submitted: 09/18/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 09/18/2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	07/23/2024
End Date of On-Site Audit:	07/23/2024

FACILITY INFORMATION	
Facility name:	Male Community Reentry Program (MCRP) Los Angeles 1
Facility physical address:	2307 West 6th Street, Los Angeles, California - 90057
Facility mailing address:	

Primary Contact

Name:	Isabel Boston
Email Address:	isboston@healthright360.org
Telephone Number:	213-216-0873

Facility Director	
Name:	Isabel Boston
Email Address:	isboston@healthright360.org
Telephone Number:	(213)-216-0873

Facility PREA Compliance Manager	
Name:	Benjamin McCulloch
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Facility Characteristics	
Designed facility capacity:	180
Current population of facility:	162
Average daily population for the past 12 months:	157
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:	20-71
Facility security levels/resident custody levels:	Minimum Security
Number of staff currently employed at the facility who may have contact with residents:	54
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	HealthRIGHT 360
Governing authority or parent agency (if applicable):	
Physical Address:	1563 Mission Street, San Francisco, California - 94103
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Isabel Boston	Email Address:	isboston@healthright360.org

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
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:	2024-07-23
2. End date of the onsite portion of the audit:	2024-07-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and Peace Over Violence

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	180
15. Average daily population for the past 12 months:	157
16. Number of inmate/resident/detainee housing units:	68
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	169
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:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
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:	3
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:	1
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:	2

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>54</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	35
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:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees. Residents were selected across numerous rooms within the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All 21 residents interviewed were male. Nine were black, ten were Hispanic and two were another race/ethnicity. Two of the residents were 26-35 years of age; ten were 36-45 years of age; five were 46-55 and four were over 56 years of age. Nineteen of the residents were at the facility a year or less and two were there between one year and five years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk assessments, tracking data and spoke to facility staff.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk assessments, tracking data and spoke to facility staff.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed risk assessments, tracking data and spoke to facility staff.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed sexual abuse and sexual harassment allegations from the audit period.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This is not a requirement of the community confinement standards. There is not a standard 115.281 under these standards.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This is not a requirement of the community confinement standards. The facility does not have a segregated housing unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race, ethnicity and gender</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Nine of the staff interviewed were from a variation of day shift, two were from the afternoon shift and one was from the night shift. With regard to the demographics of the random staff interviewed, Three were female and eight were male. Two of staff interviewed were black, one was white, seven were Hispanic and two were another race/ethnicity. Four of the staff interviewed were Monitors, four were Counselors and four were other administrative type staff (i.e. cook, wellness coordinator, etc.).</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>

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

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

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

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

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>It should be noted that the auditor interviewed the PREA Coordinator, Agency Head, Human Resource Staff and Investigative staff from the California Department of Corrections and Rehabilitation (CDCR). While HealthRight 360 (HealthRight) is the agency that operates the community confinement facility, all PREA related activities are dictated and monitored by CDCR. HealthRight does not have their own policy and procedures related to PREA, rather they follow all CDCR policies and procedures. Additionally, they utilize all CDCR documents and forms. A dedicated CDCR unit monitors PREA compliance for HealthRight and is actively involved in ensuring the facility meets all PREA standards. Further, there are CDCR staff assigned to work at HealthRight to ensure compliance with all CDCR policies and procedures, including PREA.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

- 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The on-site portion of the audit was conducted on July 23, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on July 23, 2024. The tour included all areas associated with the facility to include; housing, laundry, intake, visitation (multipurpose), education, maintenance, food service, wellness center, recreation and group rooms. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing areas and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. Shine the Light Posters were observed in English and Spanish on letter size paper. Shine the Light Posters were observed on bulletin boards across the three floors. The Advocacy Posters were observed in English and Spanish on letter size paper. The Advocacy Posters were observed on bulletin boards across the three floors. The auditor recommended the facility post the Shine the Light Poster and Advocacy Poster in larger format/font.

Third party reporting information was observed at the front entrance and in one of the visitation areas (dining room) via the Shine the Light Poster. The Shine the Light Poster was observed in English and Spanish on letter size paper on the entrance bulletin board. The auditor did not observe third party reporting information in the second visitation area (multipurpose room), however immediately following the on-site portion of the audit the facility posted the Shine the Light Poster in English and Spanish in the multipurpose room. A photos was provided to

confirm the posted information.

During the tour the auditor confirmed the facility follows a staffing plan. There were staff assigned for the entire facility. Staff were observed making rounds in common areas and the living areas. The auditor confirmed that the staffing was adequate based on the type of facility. A portion of the residents are off-site in the community during the day. The auditor did not observe overcrowding and confirmed that rooms housed three residents. The line of sight for staff was adequate when making rounds and reviewing video monitoring technology. The auditor recommended that the facility install mirrors in the kitchen for the enclaves with offices.

During the tour the auditor observed a few cameras around the facility, including in the living area hallways, laundry and the kitchen. Cameras are viewed by CDCR facility staff as well as HealthRight management staff. The auditor confirmed that cameras assisted with supervision and monitoring. The auditor recommended that the facility install video monitoring technology within intake, laundry, multipurpose, education, maintenance, group rooms and the resource center to supplement supervision and monitoring.

With regard to cross gender viewing, the auditor did not identify any issues. Resident rooms have separate bathrooms with solid entrance doors and shower curtains or opaque glass. Additionally, the entrance doors to the resident rooms are solid as well. The facility does not conduct strip searches. A review of video monitoring technology confirmed no cross gender viewing issues. With regard to the opposite gender announcement, the auditor observed staff knock and verbally announce prior to entering resident rooms.

Resident risk assessments are paper and electronic. Electronic risk assessments are

completed by CDCR assigned staff and are only viewable by CDCR staff. Paper files are maintained by CDCR staff in their office. During the on-site portion of the audit the auditor had a facility staff member attempt to access the system. The auditor verified the HealthRight did not have access to the CDCR system. The facility does not maintain medical and mental health documents. Investigative files are electronic and paper and are maintained by CDCR investigative staff.

During the tour the auditor observed the resident mail process. Residents place outgoing mail in the box sealed. Staff do not review any outgoing mail. Incoming mail is received by facility staff who open it and go through it looking for any contraband, with the exception of legal/confidential mail. Legal/confidential mail is provided to the resident and is opened by the resident in front of the staff member. Staff who handle mail advised that they were unsure how mail to and from the Ombudsman and the local rape crisis center are treated. Immediately following the on-site portion of the audit, the facility conducted training with all staff at the facility, including those who handle mail, related to how mail to the Ombudsman and the local rape crisis center is treated. The training outlined that mail is to be treated as confidential and should not be monitored.

The auditor observed the intake/education process through a demonstration. All residents come from a CDCR facility (prison). Residents are provided a CDRC Orientation Handbook, which contains PREA information and a PREA Brochure. Both documents are available in English and Spanish. The staff also show the PREA What You Need to Know video on the computer screen. One to three residents watch the video in the staff office. Staff have a link for the video, which is available in English and Spanish and contains subtitles.

The auditor was provided a demonstration of the initial risk assessment process. The initial risk assessment is completed in a private office setting. Staff review information in the electronic resident file and complete the CDCR PREA risk assessment. Staff verbally ask the resident about prior victimization, age, prior incarcerations, gender identity, sexual preference, criminal history, prior sexual abuse and perception of vulnerability. When there is a discrepancy on the verbal information provided and the information in the file, the staff utilize the information in the file. The 30 day reassessment is completed in a private office setting. Staff ask the resident the questions on the reassessment form, which includes if anything has changed or if they is anything they want to report since the initial risk assessment. The staff indicated if there is any changes they go back and complete the initial risk assessment again.

The auditor tested the internal reporting mechanisms during the tour. The auditor submitted a kite via the black box in the hallway on July 23, 2024. The auditor was provided confirmation that the kite was received on July 24, 2024 as well as confirmation that any reports of sexual abuse or sexual harassment reported in writing would be investigated by CDCR staff. Additionally, the auditor tested the Office of Internal Affairs (OIA) hotline number. Residents have cellphones and they can also utilize the resident phone available at the facility. Calls to OIA are free and are not monitored. The auditor called the OIA hotline from the resident phone and left a message on July 23, 2024. On the same date the auditor received confirmation that OIA staff received the call and that allegations of sexual abuse reported via the hotline are investigated by CDCR staff.

The auditor also tested the outside reporting mechanism by calling the number for the

Ombudsman's Office (Office of the Inspector General). Residents have cellphones and they can also utilize a resident phone available at the facility. Calls to the Office of the Ombudsman's Office are free and are not monitored. The auditor called the number on the Shine the Light Poster and confirmed it went to the Ombudsman's Office. The auditor did not leave a message as the mechanism was previously tested during another audit. On April 17, 2024 the auditor left a message on the Ombudsman's Office voicemail. The recording advised that residents can remain anonymous when reporting. The auditor received confirmation on April 22, 2024 that the call was received. The Ombudsman staff advised that residents can report sexual abuse through their office and they are able to remain anonymous. The staff further advised that if they received an allegation it would be forwarded to CDCR for investigation.

Additionally during the tour, the auditor asked staff to demonstrate how they submit a written report. Staff indicated they were unaware of the written reporting process. Staff advised they would verbally report the information and follow any direction from the supervisor after.

The auditor tested the third party reporting mechanism via the OIA hotline. The auditor called the number via cellphone and left a message. The auditor received confirmation via phone and email that the call to OIA was received.

The auditor tested the process for contacting the emotional support service. The auditor attempted to contact the rape crisis center via the number on the Advocacy Poster. Two attempts were completed via the resident phone and the third attempt was via a personal cell phone. All three attempts were unsuccessful. It was determined the number on the Advocacy Poster was incorrect as a

number was transposed. Additionally, the number on the Advocacy Poster was the administrative line and not the 24 hour emotional support line. The facility immediately corrected the number on the Advocacy Poster and updated the postings around the facility. The facility provided photos of the updated Advocacy Poster around the facility. The auditor called the updated number via a personal cell phone. The auditor reach a live staff member who confirmed that they could provide emotional support services via phone 24 hours a day. The staff indicated they have English and Spanish counselors. It should be noted residents do have cell phones but access is restricted to certain times and only when they are on certain phases of the program.

The auditor utilized a staff translator for the LEP resident interviews. Additionally, the auditor previously tested the language service in order to confirm availability. The auditor called the number for language interpretation. A pin number is not required. The auditor reached a line where a language was selected. An interpreter was then available to provide over the phone translation.

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.).

During the audit the auditor requested personnel and training files of staff, resident files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a total of 26 files. The review included three staff hired in the previous twelve months, two contractors hired in the previous twelve months, one contractor hired more than five years prior and two staff hired more than five years ago. The files included five total contractors and one volunteer.

Resident Files. A total of 26 resident files were reviewed. 24 resident files were of those that arrived within the previous twelve months, seven were disabled residents and one was LEP.

Medical and Mental Health Records. The facility does not maintain medical and mental health records. Secondary records related to transportation to and from the community or CDCR would be maintained. There were two residents who reported sexual abuse or sexual harassment and the auditor reviewed these records.

Grievances. There were zero sexual abuse grievances. The auditor reviewed the grievance log.

Hotline Calls. The facility does not have an internal hotline. Zero sexual abuse allegations were reported via the hotline.

Incident Reports. The auditor reviewed the two incident reports related to the reports of sexual abuse.

Investigation Files. There were two allegations reported during the previous twelve months. Both were still open. The auditor reviewed the initial investigation completed by CDCR staff

that was available during the on-site portion of the audit.

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	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	2	0

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

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

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

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

2

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were two allegations reported during the previous twelve months. Both were sexual abuse and both were reviewed.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

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

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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 19 - Arrest, Search, and Seizure (Article 19) 4. Department of Corrections and Rehabilitation Operations Manual Chapter 3 Article 6 - Appointments (Article 6) 5. Department of Corrections and Rehabilitation Operations Manual Chapter 3 Article 22 - Employee Discipline (Article 22) 6. Department of Corrections and Rehabilitation Operations Manual Chapter 10

Article 9 - Volunteers (Article 9)

7. Department of Corrections and Rehabilitation Operations Manual Chapter 3 Article 14 - Internal Affairs Investigations (Article 14)
8. California Code of Regulations Title 15 Crime Prevention and Corrections
9. Agency Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. While HealthRight 360 is the agency that operates the community confinement facility, all PREA related activities are dictated and monitored by the California Department of Corrections and Rehabilitation. HealthRight 360 does not have their own policy and procedures related to PREA, rather they follow all CDCR policies and procedures. Additionally, they utilize all CDCR documents and forms. CDCR staff monitor PREA compliance for HealthRight 360 and are actively involved in ensuring the facility meets all PREA standards. Article 44 outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 480 states the CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. Pages 480-481 provide the definitions of prohibited behavior and page 487 notes information on the disciplinary process. In addition Article 44, the agency has numerous other policies that address portions of the sexual abuse prevention, detection and response strategies. The policies include: Article 19, Article 6, Article 22, Article 9 and Article 14. Additionally, Title 15 contains elements in prevention, detection and response. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and

sexual harassment through training (staff, volunteers, and contractors) and intake/ risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, staff and resident discipline, sexual abuse incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. Further communication indicates the agency (HealthRight 360) utilizes CDCR staff to serve as the PC, however the facility does designate a PCM to ensure facility compliance. The facility follows all CDCR policies and procedures and CDCR staff are responsible for monitoring and ensuring facility compliance. Article 44, page 483 outlines the definition of the PREA Coordinator and PREA Compliance Manager. PREA Compliance Manager (PCM) is defined as an institutional employee with sufficient time and authority to coordinate the institutions efforts to comply with the CDCR Prison Rape Elimination Policy. PREA Coordinator is defined as an agency wide Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all institutions. A review of the CDCR organizational chart indicated the PC reports to the Correctional Administrator who reports to the Deputy Director. The interview with the PC indicated that he has sufficient time and authority to oversee the agency's efforts to comply with the PREA standards. He advised he reviews all standards and policy on a regular basis and they review annual reports. He stated they collect data and disseminate the information. He also stated they provide training and educate staff on audit compliance. He stated he takes any information from the audits to better policy and practice. The PC advised if he identifies an issue complying with a PREA standard they determine where they are not complying and then identify if it is a training issue, a physical plant issue or if it is something that the agency is missing. He advised he would then talk to experts and other facilities to see what can be done. He further advised he would utilize the PREA Resource Center. It should be noted that the Administrative Manager serves as the PREA Compliance Manager for the facility to ensure compliance with PREA standards. The organizational chart confirms the position.

Based on a review of the PAQ, Article 44, Article 6, Article 22, Article 9 and Article 14. Additionally, Title 15, the agency organizational chart and information from the interview with the PC, this standard appears to be compliant.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Agreement with HealthRight 360

Findings (By Provision):

115.212 (a): The PAQ indicated that the agency has entered into or renewed one contract for the confinement of residents since the last PREA audit the contract requires the contractor to adopt and comply with PREA standards. Further communication with the PC indicated that the agency (HealthRight 360) contracts with the CDCR for the confinement of residents and as such the agency being audited (HealthRight 360) does not contract for the confinement of their residents. Therefore, this provision does not apply. It should be noted that the contract with CDCR does contain the following language on pages 15-16 of the agreement: "if you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with 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 conducting audits to ensure compliance with the standard."

115.212 (b): The PAQ indicated that the contract require the agency to monitor the contractor's compliance with PREA standards. Further communication with the PC indicated that the agency (HealthRight 360) contracts with the CDCR for the confinement of residents and as such the agency being audited (HealthRight 360) does not contract for the confinement of their residents. Therefore, this provision does not apply. It should be noted that the contract with CDCR does contain the following language on pages 15-16 of the agreement: "if you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with 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 conducting audits to ensure compliance with the standard."

115.212 (c): The PAQ indicated that since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. Further communication with the PC indicated that the agency (HealthRight 360) contracts with the CDCR for the confinement of residents and as such the agency being audited (HealthRight 360) does not contract

for the confinement of their residents. Therefore, this provision does not apply. It should be noted that the contract with CDCR does contain the following language on pages 15-16 of the agreement: “if you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with 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 conducting audits to ensure compliance with the standard.”

Based on the review of the PAQ and the agreement this standard appears to be not applicable and as such compliant.

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review 4. Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Article 44, page 491 states CDCR shall ensure that each facility it operates develops, documents and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The PAQ indicated that the current staffing is based on 180 residents and the average daily population over the previous twelve months is 157. The Staffing Plan outlines the elements under this provision related to staffing levels and includes a narrative for each element. The Staffing Plan in conjunction with the staff schedule outline staffing for the facility. During the tour the auditor confirmed the facility follows a staffing plan. There were staff assigned for the entire facility. Staff were observed making rounds in common areas and the living areas. The auditor confirmed that the staffing was adequate based on the type of facility. A portion of the residents are off-site in the community during the day. The auditor did not observe overcrowding and confirmed that rooms housed three residents. The line of sight for staff was adequate when making rounds and reviewing video monitoring technology. The auditor recommended that the facility install mirrors in the kitchen for the enclaves with offices. Immediately following the on-site portion of the audit the facility provided photos confirming they followed the recommendation and installed mirrors in the kitchen. During the tour the auditor observed a few cameras around the facility, including in the living area hallways, laundry and the kitchen. Cameras are viewed by CDCR facility staff as well as HealthRight management staff. The auditor confirmed that cameras assisted with supervision and monitoring. The auditor recommended that the facility install video monitoring technology within intake, laundry, multipurpose, education, maintenance, group rooms and the resource center to supplement supervision and monitoring. The interview with the Director confirmed the facility has a staffing plan and the plan is adequate to protect residents from sexual abuse. He stated they assess the staffing plan with the compliance team, leadership and CDCR staff. The number of staff is based on the number of residents and population. The Director confirmed video monitoring is part of the staffing plan and the staffing plan is documented. He further advised

that the staffing plan focuses on blind spots areas and areas that are considered to be at risk. Staffing is also based on the number of residents and the number that go into the community. The Director noted that he monitors for compliance with the staffing plan through the "Dayforce" electronic system which tracks attendance. The PC confirmed these elements are considered in the staffing plan. He advised larger facilities require more staff in terms of physical plant and resident participation. He advised they review to determine what areas need covered and what areas participants are supposed to be in to ensure adequate staffing and visibility (line of sight). The PC further stated that custody levels and a number of other predictors determine staffing. He advised that a higher number of incidents of sexual abuse may lead to discussion of if staffing is adequate and if additional staff are needed.

115.213 (b): The PAQ indicated that that this provision does not apply as there are no deviations from the staffing plan. Article 44, page 491 states In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan. The interview with the Director advised deviations from the staffing plan are documented in the Dayforce application. The facility did not provide any documentation related to deviations from the staffing plan.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. Article 44, page 491 states whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. A review of the PREA Annual Data Collection Tool and Staffing Plan Review indicated it is completed annually and includes information on elements identified in policy under 115.213 provision (a). The form notes if there have been any deficiencies identified in the annual staffing plan, whether adjustments were made or if there is a need for additional staff, whether adjustments were made to video monitoring technology and if adjustment were made, if any problem areas were identified, and if issues were identified in policy or procedure. The form has an area for the PC to sign confirming consultation. The staffing plan was most recently reviewed on July 17, 2024. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. This is the first time the staffing

plan was reviewed and as such there was no prior reviews. The auditor determined the facility and CDCR staff have implemented this annual review process moving forward. The PC confirmed that he is consulted regarding each facility's staffing plan.

Based on a review of the PAQ, Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44), Staffing Plan, Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review, observations from the tour and information from the interviews with the PC and the Director indicate that this standard appears to require corrective action.

Corrective Action

The facility will need to provide examples of documentation of deviations from the staffing plan as outlined by the Director.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Deviations from Staffing Plan

The facility provided documentation illustrating that deviations will be documented on the schedule. The facility deviations are the staff working the shift, rather than the number of staff, as they have on-call staff, offer overtime and have program staff that will cover the shift.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 19 - Arrest, Search, and Seizure (Article 19) 4. CDCR In-Service Training (IST)- Working Successfully with Transgender, Intersex and Non-Binary Inmates 5. Senate Bill 132 Brochure 6. CDCR-128-B Form - Receipt of Inmate PREA Education 7. Orientation Handbook (Handbook) 8. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Random Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy in Housing Units and Restrooms 2. Observation of Opposite Gender Announcement <p>Findings (By Provision):</p> <p>115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. Article 19, page 400 states</p>

correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. Page 401 further states correctional personnel, other than qualified medical staff, shall not conduct a search of an inmate's body cavities, other than visual or metal detector inspections. The search shall be conducted in a medical setting and any physical intrusion into body cavities shall be performed by a physician.

115.215 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The PAQ further stated that the facility does not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ noted there have been zero pat-down searches of female residents by male staff. Article 44, page 485 states institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM Section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). Article 19, page 400 states body search procedures for clothed female inmates recognize, address, and minimize the effects of cross-gender contact inherent in the body search process by limiting this function to female correctional staff unless an emergency exists that threatens death, inmate escape, or great bodily injury to staff, inmates, or visitors. Clothed Body Searches of female inmates shall be conducted by female correctional staff only, except in emergency situations. At any time a male correctional staff member conducts a pat-down search of a female inmate, the search shall be documented. This documentation shall be completed utilizing a Notice of Unusual Occurrence which shall be reviewed by the supervisor and routed to the institutional PREA Compliance Manager (PCM). Interviews with twelve staff indicated residents are not restricted from regularly available programming or other out of cell opportunities in order to comply with this provision. Staff indicated they do not conduct searches of residents. There were zero female or transgender residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches, all cross gender visual body cavity searches and all cross gender pat searches of female residents be documented. Article 44, page 485 states institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM Section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). Article 19, page 400 states Clothed Body Searches of female inmates shall be conducted by female correctional staff only, except in emergency situations. At any time a male correctional staff member conducts a pat-down search of a female inmate, the search shall be documented. This documentation shall be completed utilizing a Notice of Unusual Occurrence which shall be reviewed by the supervisor and routed to the institutional PREA Compliance Manager (PCM). Unclothed body searches of inmates by staff of the opposite biological sex shall only be conducted in emergency

situations. If a cross gender unclothed body search is required, the search shall be documented. This documentation shall be completed utilizing a Notice of Unusual Occurrence which shall be reviewed by the supervisor and routed to the institutional PCM.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents 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. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. Article 44, page 485 states each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 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. In order to minimize cross gender exposure, 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. A review of CDCR-128-B form indicates incarcerated individuals sign that they received PREA information/training. This training includes: the PREA What You Need to Know video; the PREA information brochure; the orientation handbook and being advised of the opposite gender announcement. A review of the Handbook notes that it includes information on the opposite biological sex announcement. With regard to cross gender viewing, the auditor did not identify any issues. Resident rooms have separate bathrooms with solid entrance doors and shower curtains or opaque glass. Additionally, the entrance doors to the resident rooms are solid as well. The facility does not conduct strip searches. A review of video monitoring technology confirmed no cross gender viewing issues. With regard to the opposite gender announcement, the auditor observed staff knock and verbally announce prior to entering resident rooms.

All twelve random staff interviewed stated that residents have privacy when showering, using the restroom and changing clothes and all twelve indicated that staff of the opposite gender announce prior to entering resident living areas. Interviews with 21 residents indicated they have privacy when showering, using the restroom and changing their clothes. Further all 21 residents stated that staff of the opposite gender announce when they enter resident living areas.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PAQ noted that no

searches of this nature have occurred within the previous twelve months. Article 19, page 401 states if staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Interviews with twelve random staff indicated staff do not conduct strip searches or pat searches and as such residents are not strip searched for the sole purpose of determining the residents' genital status. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): Article 44, page 484 states employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title 15, Section 3287(b). A review of the IST indicates pages 15-17 outline searches of transgender, intersex and non-binary residents. The IST outlines searches under Article 19. The training outlines how to search transgender male and female incarcerated individuals based on the search preference and the facility they are housed. The training also discusses professional and respectful searches. A review of SB 132 Brochure indicates incarcerated individuals are provided information on how SB 132 affects them. One of the Frequently Asked Questions (FAQ) advises incarcerated individuals that they can request to be searched under the male or female search policy or according to the gender designation of the facility where they are housed. The document instructs the incarcerated individual how to request the search preference. A review of the Handbook notes that it includes information on how transgender, intersex and non-binary residents can request their search preference. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. HealthRight 360 staff do not conduct strip searches or pat searches and as such did not complete training, however CDCR staff conduct searches and have received training. Interviews with twelve staff indicated none received training on how to conduct cross-gender pat down searches and searches of transgender and intersex residents as they do not conduct searches. A review of training records for the CDCR staff indicated the facility CDCR staff, who would conduct any searches, have received training. It should be noted that CDCR had initiated providing this training to all staff, including HealthRight staff, even though they do not conduct searches.

Based on a review of the PAQ, Article 44, Article 19, CDCR In-Service Training (IST)- Working Successfully with Transgender, Intersex and Non-Binary Inmates, Senate Bill 132 Brochure, CDCR-128-B Form - Receipt of Inmate PREA Education, Orientation Handbook (Handbook), PREA Resource Center's Guidance on Cross

	Gender and Transgender Pat Searches, Staff Training Records, observations made during the tour, as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Agreement with Interpreters Unlimited, Inc. 4. Orientation Handbook (Handbook) 5. Shine the Light on Sexual Abuse Poster (Shine the Light Poster) 6. Sexual Violence Awareness Brochure (PREA Brochure) 7. The Peace Over Violence Poster (Advocacy Poster) 8. I Speak Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interviews with Random Staff 3. Interviews with Disabled and LEP Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of PREA Posters <p>Findings (By Provision):</p>

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. A review of PREA Brochure, the Shine the Light Poster, the Advocacy Poster and the Handbook confirmed that information is available in large text and bright colors. The facility advised that CDCR staff identify any LEP and disabled residents and provide accommodations. Staff utilize the I Speak Poster to determine primary language. The interview with the Agency Head Designee confirmed that the agency has established policies and procedures to provide residents with disabilities and residents who are limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. She advised all posted information is in different languages and they have a hotline that they can utilize for interpretation. She further stated the video is available in multiple languages as well. The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. Shine the Light Posters were observed in English and Spanish on letter size paper. Shine the Light Posters were observed on bulletin boards across the three floors. The Advocacy Posters were observed in English and Spanish on letter size paper. The Advocacy Posters were observed on bulletin boards across the three floors. The auditor recommended the facility post the Shine the Light Poster and Advocacy Poster in larger format/font. Interviews with five disabled residents and one LEP resident indicated all six were provided information in a format they could understand.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents 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 and sexual harassment. A review of PREA Brochure, the Shine the Light Poster, the Advocacy Poster and the Handbook confirmed that information is available in large text and bright colors. The facility advised that CDCR staff identify any LEP and disabled residents and provide accommodations. Staff utilize the I Speak Poster to determine primary language. The CDCR has an agreement with Interpreters Unlimited, Inc. This company provides the facility a phone number they can call that connects the staff member with a provides over the phone interpretation, translation of audiotapes and translation of written documents. This agreement was effective in 2021. The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. Shine the Light Posters were observed in English and Spanish on letter size paper. Shine the Light Posters were observed on bulletin boards across the three floors. The Advocacy Posters were observed in English and Spanish on letter size paper. The Advocacy Posters were observed on bulletin boards across the three floors. The auditor recommended the facility post the Shine the Light Poster and Advocacy Poster in larger format/font. The auditor utilized a staff translator for the LEP resident interviews. Additionally, the auditor previously tested the language service in order to confirm availability. The auditor called the number for language

interpretation. A pin number is not required. The auditor reached a line where a language was selected. An interpreter was then available to provide over the phone translation. Interviews with five disabled residents and one LEP resident indicated all six were provided information in a format they could understand.

115.216 (c): The PAQ indicated that agency policy does not prohibit use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first responder duties, or the investigation of the resident's allegation. The PAQ indicated the agency/facility documents the limited circumstances. The PAQ noted that there were zero instances where a resident was utilized to interpret, read or provide other types of assistance. Article 44, page 485 states the Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations. Interviews with twelve random staff indicated eleven were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations. Staff advised they would use the I Speak Poster and translators. Interviews with five disabled residents and one LEP resident indicated all six were provided information in a format they could understand. None advised another resident was utilized to translate, interpret or assist.

Based on a review of the PAQ, Article 44, Agreement with Interpreters Unlimited, Inc., Orientation Handbook (Handbook), Shine the Light on Sexual Abuse Poster (Shine the Light Poster), Sexual Violence Awareness Brochure (PREA Brochure), the Peace Over Violence Poster (Advocacy Poster), observations made during the tour as well as interviews with the Agency Head Designee, random staff, the LEP residents and residents with a disability indicates that this standard appears to be compliant.

Recommendation

The auditor recommends the facility post the Shine the Light Poster and Advocacy Poster in larger format/font.

115.217	Hiring and promotion decisions
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Department of Corrections and Rehabilitation Operations Manual Chapter 3 Article 6 - Appointments (Article 6)
3. Background Security Clearance Application
4. Supplemental Application for All CDCR Employees
5. Live Scan Arrest Notification Examples
6. Personnel Files for Staff and Contractors

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. Article 6, page 143 states in accordance with 28 Code of Federal Regulations (CFR), part 115, standard 115.17, Hiring Authorities shall not hire or promote anyone whose job duties may put them in contact with inmates, who: (1) Have engaged in sexual abuse of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Have been civilly or administratively adjudicated to have engaged in the activity described immediately above. A review of documentation for three staff hired in the previous twelve months confirmed all three had a criminal background records check completed prior to hire. Additionally, all three completed the application which included the questions outlined in this provision. A review of documentation for two contractors hired in the previous twelve months confirmed both had a criminal background records check completed prior to enlisting their services.

115.217 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with a resident. The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractor.

115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, 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. Article 6, page 143 states employment references are conducted with all prior institutional employers to gather information on substantiated allegations of staff sexual abuse or any resignation during a pending investigation of an allegation of staff sexual abuse. The efforts made shall be documented on the reference check form. Page 153 states a criminal records check is a requirement for employment with California Department of Corrections and Rehabilitation (CDCR) and includes: (1) Consent to be fingerprinted (live scanned) and (2) Request for and review of the Criminal Identification and Information -State Summary Criminal History (CI&I SSCH). The PAQ indicated that 21 individuals were hired in the past twelve that had a criminal background records check completed prior to hire. The interview with Human Resource staff confirmed that a criminal background records check is completed before hiring any new employees. HealthRight has two steps for criminal background record checks. The staff advised they have a company called Victav that conducts queries and they also utilize CDCR to complete a criminal background records check as well as the LiveScan process. The staff stated that any future arrests are reported to CDCR staff via the LiveScan process. A review of documentation for three staff hired in the previous twelve months confirmed all three had a criminal background records check completed prior to hire. None of the staff had any prior institutional employers.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there have been 24 contracts at the facility within the past twelve months and all contractors under the contract have received a criminal background records check prior to enlisting their services. Article 6, page 153 states a criminal records check is a requirement for employment with California Department of Corrections and Rehabilitation (CDCR) and includes: (1) Consent to be fingerprinted (live scanned) and (2) Request for and review of the Criminal Identification and Information -State Summary Criminal History (CI&I SSCH). Page 154 indicates all Contractors and Volunteers must be live scanned

pursuant to DOM Chapter 10, Article 9. The interview with the Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services. A review of documentation for two contractors hired in the previous twelve months confirmed both had a criminal background records check completed prior to enlisting their services.

115.217 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. Article 6, page 153 states a criminal records check is a requirement for employment with California Department of Corrections and Rehabilitation (CDCR) and includes: (1) Consent to be fingerprinted (live scanned) and (2) Request for and review of the Criminal Identification and Information -State Summary Criminal History (CI&I SSCH). Page 154 indicates all Contractors and Volunteers must be live scanned pursuant to DOM Chapter 10, Article 9. The agency utilizes the "Livescan" process. All staff and contractors are fingerprinted and entered into a system. When fingerprints are submitted, a permanent marker is indicated on the entry which enables arrest tracking. If the individual is ever arrested, the nationwide system generates a direct response to the CDCR which is immediately notified of the arrest. The agency provided the auditor examples of arrest notifications, confirming that the CDCR is notified of any arrests. The interview with the Human Resource staff indicated all staff and contractors are have a criminal background records check and are live scanned. These individuals are fingerprinted and any future arrests are reported to the CDCR who then contact the facility. A review of documentation for two staff employed over five years and one contractor employed over five years confirmed all three were live scanned.

115.217 (f): Article 6, page 143 states ask all applicants and employees who may have contact with inmates directly about previous staff sexual abuse and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations as part of reviews of current employees. A review of the Part B of the Background Security Clearance Application confirms that it includes the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution; have you been convicted of engaging or attempting to engage in sexual activity in the community that was 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?; have you been civilly or administratively adjudicated to have engaged in sexual activity described in question (2)?; and have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in prison, jail, lockup, community confinement facility or other institution?. The Human Resource staff confirmed all applicants and employees are asked directly about previous staff abuse and sexual harassment through the credentialing process. The Human

	<p>Resource staff member further confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. A review of documentation for three staff hired in the previous twelve months confirmed all three completed the application which included these questions. Two of the three were completed prior to hire and one was completed after hire. It should be noted that the one completed after hire had the application but the applicant did not initially complete the form appropriately. There were zero staff promoted during the previous twelve months.</p> <p>115.217 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Article 22, page 230 states the following list of charges and causes for disciplinary action is representative only and is not all inclusive. Page 234 further outlines falsification of application or omission of information for employment or promotion when it materially affects acceptance or reject for employment or promotion.</p> <p>115.217 (h): The interview with the Human Resource staff confirmed this information would be provided to other law enforcement agencies and institutional employers.</p> <p>Based on a review of the PAQ, Article 6, Background Security Clearance Application, Supplemental Application for All CDCR Employees, Live Scan Arrest Notification Examples, Personnel Files for Staff and Contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends the facility review the process for contacting prior institutional employers and completing the PREA questions prior to promotion to ensure the processes are up to date and followed appropriately.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire

2. Camera Location Map

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Director

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant

2. Observations of Video Monitoring Technology

Findings (By Provision):

115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. During the tour the auditor confirmed there were no expansions or modifications to the facility. The interview with the Agency Head Designee indicated building design is to ensure visibility. She stated they take into consideration camera placement, staffing, and training when they acquire a new facility or make substantial modifications. The interview with the Director confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit.

115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. The facility provided a map that outlined where video monitoring was installed in 2015 and 2020. During the tour the auditor observed a few cameras around the facility, including in the living room hallways, laundry and the kitchen. Cameras are viewed by CDCR facility staff as well as HealthRight management staff. The auditor confirmed that cameras assisted with supervision and monitoring. The auditor recommended that the facility install video monitoring technology within intake, laundry, multipurpose, education, maintenance, group rooms and the resource center to supplement supervision and monitoring. The interview with the Agency Head Designee confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect residents from sexual abuse. She stated

they rely a lot on video monitoring technology by placing cameras in as many corners as possible to cover blind spots. She indicated they determine placement to ensure it covers areas but does not violate privacy (i.e. bathrooms and bedrooms). The Director confirmed that when installing or updating video monitoring technology they consider how that technology will protect residents from sexual abuse. He stated they collaborate with CDCR to enhance video monitoring technology appropriately to include installing in blind spots and vulnerable areas.

Based on a review of the PAQ, camera location map, observations made during the tour and information from interviews with the Agency Head Designee and Director indicates that this standard appears to be compliant.

Recommendation

The auditor recommends that the facility install video monitoring technology within intake, laundry, multipurpose, education, maintenance, group rooms and the resource center to supplement supervision and monitoring.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Memorandum of Understanding with Peace Over Violence 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the PREA Coordinator 3. Interview with SAFE/SANE

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that CDCR is responsible for conducting administrative and criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Article 44 page 489 states all allegations of sexual Violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. Article 44, pages 487-489 outline the uniform evidence protocol, including crime scene preservation, evidence collection and SAFE/SANE. Interviews with twelve random staff indicated eleven were aware of and understood the protocol for obtaining usable physical evidence. Additionally, nine stated they knew who was responsible for conducting sexual abuse investigations.

115.221 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful residents. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. Article 44, pages 487-489 outline the uniform evidence protocol, including crime scene preservation, evidence collection and SAFE/SANE.

115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ stated the facility documents its efforts to provide SAFE/SANE. Article 44, page 488 states in accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. The PAQ indicated that during the previous twelve months there were zero forensic medical examination

conducted by a SANE/SAFE and/or medical practitioner. The auditor contacted San Gabriel Valley Medical Center related to forensic medical examinations. The staff confirmed that they provide forensic medical examinations through their SART department, however this has to be coordinated through local law enforcement. The staff confirmed exams are provided by SAFE/SANE. A review of two allegations reported during the previous twelve months confirmed none involved a forensic medical examination.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. Article 44, page 487 states victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.04, and/or 28 CFR, Standard §115.21 to a Victim Advocate and Victim Support Person for both forensic medical examination (where evidentiary or medically appropriate) and for the investigatory interview. In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination. The victim has the right to have a victim advocate present and a victim support person of the victim's choosing (see PC Sections 679.04 and PC 264.2 and/or 28 CFR, Standard §115.21) at the forensic medical examination. In most cases, the victim advocate will be from the local rape crisis center. Victims of alleged sexual violence or staff sexual misconduct, have the right to have a victim advocate and a victim support person of the victim's choosing (see PC Sections 679.04 and 264.2 and/or 28 CFR, Standard §115.21) present at any investigatory interview, interview by law enforcement, the district attorney, or defense attorneys. A review of the MOU with Peace Over Violence indicates that Peace Over Violence will provide the following services to survivors referred by HR 360 (this includes emotional support services related to sexual abuse); crisis Intervention services via Peace Over Violence LA Rape & Battering Hotline providing a non-judgmental, confidential, trauma informed services; follow up & advocacy services including comprehensive case management services; and accompaniments services by a Peace Over Violence Victim Advocate. The interview with the PC confirmed that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. He stated they have a list of rape crisis centers that provide services and they would contact the appropriate center for services. He confirmed that the facility has an MOU with the local rape crisis center in the area. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were two sexual abuse allegations reported. Both were offered access to a

victim advocate, but declined services.

115.221 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Article 44, page 487 states victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.04, and/or 28 CFR, Standard §115.21 to a Victim Advocate and Victim Support Person for both forensic medical examination (where evidentiary or medically appropriate) and for the investigatory interview. In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination. The victim has the right to have a victim advocate present and a victim support person of the victim's choosing (see PC Sections 679.04 and PC 264.2 and/or 28 CFR, Standard §115.21) at the forensic medical examination. In most cases, the victim advocate will be from the local rape crisis center. Victims of alleged sexual violence or staff sexual misconduct, have the right to have a victim advocate and a victim support person of the victim's choosing (see PC Sections 679.04 and 264.2 and/or 28 CFR, Standard §115.21) present at any investigatory interview, interview by law enforcement, the district attorney, or defense attorneys. A review of the MOU with Peace Over Violence indicates that Peace Over Violence will provide the following services to survivors referred by HR 360 (this includes emotional support services related to sexual abuse); crisis Intervention services via Peace Over Violence LA Rape & Battering Hotline providing a non-judgmental, confidential, trauma informed services; follow up & advocacy services including comprehensive case management services; and accompaniments services by a Peace Over Violence Victim Advocate. The interview with the PC confirmed that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. He stated they have a list of rape crisis centers that provide services and they would contact the appropriate center for services. He confirmed that the facility has an MOU with the local rape crisis center in the area. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were two sexual abuse allegations reported. Both were offered access to a victim advocate, but declined services.

115.221 (f): The PAQ indicated if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221. CDCR is responsible for conducting

administrative and criminal investigations.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): Article 44, page 484 provides the definition of a victim advocate. It states a victim advocate is an individual typically employed by a Rape Crisis Center whose primary purpose is the rendering of advice or assistance to victims of sexual assault and who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by an approved counseling center. The Victim Advocate will be summoned to assist the alleged victim of an in-custody sexual assault including rape, sodomy, oral copulation, or forcible acts of sexual penetration for the SANE exam and interview process. The victim advocate will also be summoned for in-custody abusive sexual contact allegations when appropriate. In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available; an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims and who either: a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff person with a master's degree in counseling, or others listed in Evidence Code Section 1010; or has the 40 hours of specialized training listed in Evidence Code Section 1035.2 and is supervised by a staff member in subsection (1) above. If a designated employee is utilized as a Victim Advocate proof of required training must be on file in their personnel or IST file. Page 484 further states specialized training may be offered to employees who volunteer to act as victims' advocates. This training includes certification by a rape crisis center as trained in the counseling of sexual assault victims. For any employee volunteer who is not a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health RN, staff person with a master's degree in counseling, or other's listed in Evidence Code section 1010, this specialized training also includes the 40 hours of specialized training listed in Evidence Code 1035.2. Only employees who voluntarily agree to act as a victim advocate shall be utilized in that capacity. Employees who volunteer will be subjected to background clearance to ensure no prior history of violence. A review of the MOU with Peace Over Violence indicates that Peace Over Violence will provide the following services to survivors referred by HR 360 (this includes emotional support services related to sexual abuse); crisis Intervention services via Peace Over Violence LA Rape & Battering Hotline providing a non-judgmental, confidential, trauma informed services; follow up & advocacy services including comprehensive case management services; and accompaniments services by a Peace Over Violence Victim Advocate.

Based on a review of the PAQ, Article 44, MOU with Peace Over Violence, Investigative Reports and information from interviews with random staff, SAFE/SANE and the PREA Coordinator indicates that this standard appears to be compliant.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1420 631" style="list-style-type: none"> <li data-bbox="280 412 689 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 1420 560">2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) <li data-bbox="280 595 654 631">3. Investigative Reports <p data-bbox="280 739 437 775">Interviews:</p> <ol data-bbox="280 810 948 918" style="list-style-type: none"> <li data-bbox="280 810 948 846">1. Interview with the Agency Head Designee <li data-bbox="280 882 836 918">2. Interviews with Investigative Staff <p data-bbox="280 1025 612 1061">Findings (By Provision):</p> <p data-bbox="280 1169 1477 1751">115.222 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Article 44 page 489 states all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. The PAQ noted there were zero allegation reported within the previous twelve month. The interview with the Agency Head Designee confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated each facility has at least one CDCR staff on-site. The facility staff will report allegations to the CDCR staff who will then forward the information to OIS. OIS will initiate an investigation immediately upon discovery. There were two allegations reported during the previous twelve months, both were reported to CDCR for investigation. Both had an initial investigation completed within a few days by the CDCR investigations, however both were still open investigations.</p> <p data-bbox="280 1859 1477 2065">115.222 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on</p>

the agency's website and all referrals for criminal investigations are documented. Article 44 page 489 states all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. A review of the CDCR website indicates that it states that Article 44 is available for review. Interviews with investigators confirmed that all allegations are referred to an investigative agency with the authority to conduct criminal investigations. All allegations are investigated by CDCR investigators. There were two allegations reported during the previous twelve months, both were reported to CDCR for investigation. Both had an initial investigation completed within a few days by the CDCR investigations, however both were still open investigations.

115.222 (c): The CDCR has the authority to conduct both administrative and criminal investigations. Article 44 page 489 states all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing.

115.222 (d): The auditor is not required to audit this provision.

115.222 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, Article 44, Investigative Reports, the agency's website and information obtained via interviews with the Agency Head Designee and investigators indicates that this standard appears to be compliant.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. CDCR On-the-Job Training (OJT) - Prison Rape Elimination Act (PREA) Training

4. In-Service Prison Rape Elimination Act Training
5. Female Incarcerated Persons Training Curriculum
6. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.231 (a): The PAQ indicated that the agency trains all employees who may have contact with residents on the requirements under this provision. Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. A review of the CDCR On-the-Job Training and In-Service PREA Training confirms they includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the 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 relationship with residents, how to effectively and professionally communicate with LGBTI residents and how to comply with relevant laws related to mandatory reporting. Interviews with twelve random staff confirmed that all twelve had received PREA training and the training included the required elements under this provision. A review of training documents for fourteen staff indicated thirteen had completed training. The one staff without training resigned prior to the completed training. It should be noted that the facility had only recently implemented PREA training.

115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Article 44, page 484 states the training will be gender specific based on the offender population at the assigned institution. The facility houses male residents and as such no additional training is required under this provision.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment, when warranted. The PAQ further stated training is provided annually. Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. A review of training documents for fourteen staff indicated thirteen had completed training. None had training prior to 2024. The one staff without training resigned prior to the completed training. It should be noted that the facility had only recently implemented PREA training. Training will be provided annually as outlined in CDCR policies and procedures.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. Article 44, page 484 states participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. A review of training documents for fourteen staff indicated thirteen had completed training. The one staff without training resigned prior to the completed training. All signed the CDCR 844 confirming they received and understood the training.

Based on a review of the PAQ, Article 44, CDCR On-the-Job Training (OJT) - Prison Rape Elimination Act (PREA) Training, In-Service Prison Rape Elimination Act Training, Staff Training Records and information from interviews with random staff indicate that this standard appears to be compliant.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. PREA Policy Information for Volunteers and Contractors Part A

4. Contractor and Volunteer Training Records

Interviews:

1. Interview with Contractors and/or Volunteers

Findings (By Provision):

115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. Article 9, page 859 states in addition to orientation, volunteers shall receive a copy of the Volunteer Handbook, which includes history and policies of the Department and the service location. Additionally, the Community Resources Manager shall provide the following on-the-job training courses for self-study: The Prison Rape Elimination Act. The PAQ noted that one volunteer and contractor had received PREA training. A review of PREA Policy Information For Volunteers and Contractors Part A indicates it includes historical information, the CDCR's zero tolerance policy, prohibition of retaliation, professional boundaries, preventative measures, detection and reporting to staff. The form includes an area for individuals to sign they read and understood the information. The interview with the contractor confirmed he received information on the sexual abuse and sexual harassment policies and his responsibilities. A review of documentation for five contractors and one volunteer confirmed all six had completed PREA training.

115.232 (b): The PAQ indicated 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 residents. Additionally, the PAQ stated that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during

new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. A review of PREA Policy Information For Volunteers and Contractors Part A indicates it includes historical information, the CDCR's zero tolerance policy, prohibition of retaliation, professional boundaries, preventative measures, detection and reporting to staff. The form includes an area for individuals to sign they read and understood the information. The interview with the contractor indicated he receives training annually and they had recently discussed the information at the facility. He advised he filled out documents that went over understanding and need to report. The contractor confirmed the training included information on the zero tolerance policy and how/who they report to. A review of documentation for five contractors and one volunteer confirmed all six had completed PREA training.

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. Article 44, page 484 states participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. A review of documentation for five contractors and one volunteer confirmed all six had completed PREA training and signed that they received the training.

Based on a review of the PAQ, Article 44, the PREA Policy Information For Volunteers and Contractors Part A, contractor and volunteer training and the interview with the contractor indicates that this standard appears to be compliant.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Agreement with Interpreters Unlimited, Inc. 4. Orientation Handbook (Handbook) 5. Sexual Violence Awareness Brochure (PREA Brochure) 6. Shine the Light on Sexual Abuse Poster (Shine the Light Poster)

7. CDCR-128-B Form – Receipt of Inmate PREA Education
8. Resident Education Records
9. I Speak Poster

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Residents

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Article 44, page 484 states verbal and written information shall be provided to offenders which will address: prevention/Intervention, reporting and treatment and Counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. The PREA brochure entitled “Sexual Violence Awareness” and the PREA booklet entitled “Sexual Abuse/Assault – Prevention and Intervention” will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution’s offender orientation handbook. The PAQ indicated that 199 residents received PREA information at intake during the previous twelve months. A review of the PREA Brochure notes that it includes information on zero tolerance, definitions, what to do if sexually assaulted, ways to avoid sexual violence, contact information for the local rape crisis center and Just Detention International, reporting mechanisms and information for the incarcerated individual who sexually abuses others. A review of the Handbook confirmed that it includes information on the zero tolerance policy; right to be free from sexual abuse and sexual harassment; right to be free from

retaliation; the opposite biological sex announcement; transgender, intersex and non-binary resident information; reporting mechanisms; victim advocacy information to include contact information; privacy information and information on the PCM. The auditor observed the intake/education process through a demonstration. All residents come from a CDCR facility (prison). Residents are provided a CDRC Orientation Handbook, which contains PREA information and a PREA Brochure. Both documents are available in English and Spanish. The staff also show the PREA What You Need to Know video on the computer screen. One to three residents watch the video in the staff office. Staff have a link for the video, which is available in English and Spanish and contains subtitles. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA, how to report and the facility's response after an allegation. The staff stated they provide residents with paperwork and residents also view the PREA video. This education is completed the day of arrival or the next day. Interviews with 21 residents indicated all 21 were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. It should be noted that all residents entering the facility are being transferred from a CDCR facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. A review of 26 total resident files confirmed all 26 received PREA education. 25 of the 26 were provided this education upon intake.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in provision (a). The PAQ further stated that there were zero residents transferred from another community confinement facility who was provided the refresher information over the previous twelve months. Article 44, page 484 states verbal and written information shall be provided to offenders which will address: prevention/Intervention, reporting and treatment and Counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. The PREA brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. A review of the PREA Brochure notes that it includes information on zero tolerance, definitions, what to do if sexually assaulted, ways to avoid sexual violence, contact information for the local rape crisis center and Just Detention International, reporting mechanisms and information for the incarcerated individual who sexually abuses others. A review of the Handbook confirmed that it includes information on the zero tolerance policy; right to be free from sexual abuse and sexual harassment; right to be free from retaliation; the opposite biological sex announcement; transgender, intersex and

non-binary resident information; reporting mechanisms; victim advocacy information to include contact information; privacy information and information on the PCM. The auditor observed the intake/education process through a demonstration. All residents come from a CDCR facility (prison). Residents are provided a CDRC Orientation Handbook, which contains PREA information and a PREA Brochure. Both documents are available in English and Spanish. The staff also show the PREA What You Need to Know video on the computer screen. One to three residents watch the video in the staff office. Staff have a link for the video, which is available in English and Spanish and contains subtitles. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA, how to report and the facility's response after an allegation. The staff stated they provide residents with paperwork and residents also view the PREA video. This education is completed the day of arrival or the next day. Interviews with 21 residents indicated all 21 were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. It should be noted that all residents entering the facility are being transferred from a CDCR facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. A review of 26 total resident files confirmed all 26 received PREA education. 25 of the 26 were provided this education upon intake.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all s, including those who are disabled or limited English proficient. Article 44, page 484 states appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. The CDCR has an agreement with Interpreters Unlimited, Inc. This company provides the facility a phone number they can call that connects the staff member with a provides over the phone interpretation, translation of audiotapes and translation of written documents. This agreement was effective in 2021. The facility advised that CDCR staff identify any LEP and disabled resident and provide accommodations. Staff utilize the I Speak Poster to determine primary language. A review of PREA Brochure, the Shine the Light Poster, the Advocacy Poster and the Handbook confirmed that information is available in large text, bright colors, English and Spanish. Interviews with one LEP resident and five disabled residents confirmed all six were provided information in a format they could understand. A review of documentation for seven disabled residents and one LEP resident indicated all eight signed that they had received PREA education. Two of the documents noted accommodations provided.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. Article 44, page 484 states PREA offender education shall be documented on a CDC Form 128-B, General Chrono. The offender shall be asked to sign the CDC Form 128-B indicating they received the

training. Refusal to sign will be noted by staff on the CDC Form 128-B. The CDC Form 128-B shall be forwarded to Inmate Records for appropriate scanning into the Electronic Records Management System (ERMS). A review of CDCR-128-B form indicates incarcerated individuals sign that they received PREA information/training. This training includes: the PREA What You Need to Know video; the PREA information brochure; the orientation handbook and being advised of the opposite gender announcement. The form also has a section confirming whether effective communication was needed through accommodations. A review of 26 total resident files confirmed all 26 received PREA education. All 26 signed the CDCR-128-B form.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks or other written formats. Article 44, page 484 states approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. A review of the Shine the Light on Sexual Abuse Poster indicates it includes information on the zero tolerance policy, the policy related to PREA and reporting mechanism. A review of the PREA Brochure notes that it includes information on zero tolerance, definitions, what to do if sexually assaulted, ways to avoid sexual violence, contact information for the local rape crisis center and Just Detention International, reporting mechanisms and information for the incarcerated individual who sexually abuses others. A review of the Handbook confirmed that it includes information on the zero tolerance policy; right to be free from sexual abuse and sexual harassment; right to be free from retaliation; the opposite biological sex announcement; transgender, intersex and non-binary resident information; reporting mechanisms; victim advocacy information to include contact information; privacy information and information on the PCM. The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. Shine the Light Posters were observed in English and Spanish on letter size paper. Shine the Light Posters were observed on bulletin boards across the three floors. The Advocacy Posters were observed in English and Spanish on letter size paper. The Advocacy Posters were observed on bulletin boards across the three floors.

Based on a review of the PAQ, Article 44, Agreement with Interpreters Unlimited, Inc., Orientation Handbook (Handbook), Sexual Violence Awareness Brochure (PREA Brochure), Shine the Light on Sexual Abuse Poster (Shine the Light Poster), CDCR-128-B Form - Receipt of Inmate PREA Education, Resident Education Records, observations made during the tour, as well as information obtained during interviews with intake staff and random residents indicate that this standard appears to be compliant.

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook) 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.234 (a): The PAQ indicated agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The CDCR is responsible for conducting investigations. Article 44, page 484 states all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained. The agency utilizes their own training for this standard; PREA for Investigators. A review of documentation indicated two CDCR investigators completed the specialized training. Interviews with investigators confirmed they received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. Investigators confirmed they received the training through the Basic Investigator Course.</p> <p>115.234 (b): Article 44, page 484 states all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual</p>

misconduct are properly trained. A review of the Basic Investigator Course confirmed that it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated two CDCR investigators completed the specialized training. Interviews with investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.234 (c): The PAQ indicated agency maintains documentation showing that investigators have completed the required training. A review of documentation indicated two CDCR investigators completed the specialized training. There were two allegations reported, both of which were still open investigation. The initial investigations however were completed by a CDCR investigator who was documented with specialized investigator training.

115.234 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, Chapter 5 Article 44, Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook), Investigator Training Records as well as the interviews with the investigators, indicates that this standard appears to be compliant.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) <p>Findings (By Provision):</p>

115.235 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PAQ noted that the facility has four medical and mental health staff and 100% had received specialized training. Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The facility does not employ medical or mental health care staff. All services are provided in the community or through CDCR facilities and as such no training is required. No files were reviewed and no interviews were conducted.

115.235 (b): The PAQ indicated that the facility does not conduct forensic medical examinations.

115.235 (c): The PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The facility does not employ medical or mental health care staff. All services are provided in the community or through CDCR facilities and as such no training is required. No files were reviewed and no interviews were conducted.

115.235 (d): Article 44, page 484 states all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The facility does not employ medical or mental health care staff. All services are provided in the community or through CDCR facilities and as such no training is required. No files were reviewed and no interviews were conducted.

Based on a review of the PAQ and Article 44, this standard appears to be compliant.

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="280 412 1458 1070" style="list-style-type: none"><li data-bbox="280 412 689 448">1. Pre-Audit Questionnaire<li data-bbox="280 483 1420 560">2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44)<li data-bbox="280 595 1458 716">3. Department of Corrections and Rehabilitation Operations Manual Local Operating Procedure - Prison Rape Elimination Act Screening Procedures for MCRP/FCRP (LOP - PREA)<li data-bbox="280 752 577 788">4. PREA Screening<li data-bbox="280 824 1110 860">5. Instruction for Completion of the PREA Screening Tool<li data-bbox="280 896 750 931">6. PREA Reassessment Review<li data-bbox="280 967 967 1003">7. Memorandum Related to Risk Re-Screening<li data-bbox="280 1039 967 1075">8. Assessment and Reassessment Documents <p data-bbox="280 1182 836 1218">Documents Received After the On-Site:</p> <ol data-bbox="280 1254 967 1361" style="list-style-type: none"><li data-bbox="280 1254 922 1290">1. List of Residents Received Since On-Site<li data-bbox="280 1326 967 1361">2. Assessment and Reassessment Documents <p data-bbox="280 1473 437 1509">Interviews:</p> <ol data-bbox="280 1545 1069 1720" style="list-style-type: none"><li data-bbox="280 1545 1069 1581">1. Interview with Staff Responsible for Risk Screening<li data-bbox="280 1617 842 1653">2. Interviews with Random Residents<li data-bbox="280 1688 868 1724">3. Interview with the PREA Coordinator <p data-bbox="280 1832 651 1868">Site Review Observations:</p> <ol data-bbox="280 1904 1053 2011" style="list-style-type: none"><li data-bbox="280 1904 868 1939">1. Observations of Risk Screening Area<li data-bbox="280 1975 1053 2011">2. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. LOP – PREA, page 1 states all participants shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other participants or sexually abusive toward other participants. The auditor was provided a demonstration of the initial risk assessment process. The initial risk assessment is completed in a private office setting. Staff review information in the electronic resident file and complete the CDCR PREA risk assessment. Staff verbally ask the resident about prior victimization, age, prior incarcerations, gender identity, sexual preference, criminal history, prior sexual abuse and perception of vulnerability. When there is a discrepancy on the verbal information provided and the information in the file, the staff utilize the information in the file. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness upon intake. Interviews with nineteen residents that arrived within the previous twelve months indicated all nineteen were asked questions related to risk of victimization and abusiveness.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. LOP – PREA, page 2 states intake Screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ indicated that 199 residents were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. Interviews with nineteen residents that arrived within the previous twelve months indicated nineteen were asked questions related to risk of victimization and abusiveness when they arrived. A review of 24 resident files of those that arrived in the previous twelve months indicated all 24 had an initial risk screening completed within 72 hours.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the PREA Screening indicates it is completed for new arrivals, layovers (less than 72 hours) and new/additional information. Section A is the risk of sexual victimization section and includes eleven questions. These questions include: prior sexual victimization; mental, physical or developmental disability; age; physical build; prior or current convictions for sex offenses against an adult or child; sexual preference and gender identity; prior incarcerations; exclusively non-violent criminal history; and perception of vulnerability. The form outlines the criteria to determine if the inmate is at risk as a

victim through a tally system or yes response to specific questions (combined). Section B is the risk of sexual abusiveness section and includes four questions. These questions include: history of sexual violence in a correctional setting; prior convictions for sexual offenses in a non-correctional setting; conviction of non-sexual violent offenses in a non-correctional setting; and non-sexual violent offenses in a correctional setting. The form outlines the criteria to determine if the inmate is at risk as an abuser through a tally system or yes response to specific questions (combined). A review of the Instructions for Completion of the PREA Screening Tool confirms that it provides direction on how to complete the PREA Screening, including when to select a yes response. The directions outline questions to ask as well as information to review in the inmate's file.

115.241 (d): A review of the PREA Screening indicates it is completed for new arrivals, layovers (less than 72 hours) and new/additional information. Section A is the risk of sexual victimization section and includes eleven questions. These questions include: prior sexual victimization; mental, physical or developmental disability; age; physical build; prior or current convictions for sex offenses against an adult or child; sexual preference and gender identity; prior incarcerations; exclusively non-violent criminal history; and perception of vulnerability. The form outlines the criteria to determine if the inmate is at risk as a victim through a tally system or yes response to specific questions (combined). A review of the Instructions for Completion of the PREA Screening Tool confirms that it provides direction on how to complete the PREA Screening, including when to select a yes response. The directions outline questions to ask as well as information to review in the inmate's file. The staff responsible for the risk screening advised the risk screening is completed via a file review as well as through verbally asking questions on the PREA screening form. The staff confirmed the elements under this provision are included in the risk screening.

115.241 (e): A review of the PREA Screening indicates it is completed for new arrivals, layovers (less than 72 hours) and new/additional information. Section B is the risk of sexual abusiveness section and includes four questions. These questions include: history of sexual violence in a correctional setting; prior convictions for sexual offenses in a non-correctional setting; conviction of non-sexual violent offenses in a non-correctional setting; and non-sexual violent offenses in a correctional setting. The form outlines the criteria to determine if the inmate is at risk as an abuser through a tally system or yes response to specific questions (combined). A review of the Instructions for Completion of the PREA Screening Tool confirms that it provides direction on how to complete the PREA Screening, including when to select a yes response. The directions outline questions to ask as well as information to review in the inmate's file. The staff responsible for the risk screening advised the risk screening is completed via a file review as well as through verbally asking questions on the PREA screening form. The staff confirmed the elements under this provision are included in the risk screening.

115.241 (f): The PAQ indicated that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. LOP-PREA, page 2 states within a set time period, not to exceed 30 days from the participants' arrival at the facility, the facility will reassess the participants' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Additionally, a review of the memo related to risk re-assessment (dated April 3, 2023) indicated that when a Correctional Counselor (CC) is completing the file review and preparing the incarcerated person's case for presentation before the initial Unit Classification Committee (UCC), the CC will identify any new information received related to the PREA victimization or sexual abuse toward other incarcerated person(s). If not information is detected, it shall be reviewed by the UCC. The UCC will review the PREA Screening tool with the incarcerated person and ask them if any additional relevant information should be considered for future housing and/or program/work assignments. The PAQ indicated that 194 residents were reassessed within 30 days, which is equivalent to 100% of the residents who arrived and stayed longer than 30 days. The 30 day reassessment is completed in a private office setting. Staff ask the resident the questions on the reassessment form, which includes if anything has changed or if they is anything they want to report since the initial risk assessment. The staff indicated if there is any changes they go back and complete the initial risk assessment again. Interviews with nineteen residents that arrived within the previous twelve months indicated seventeen had been asked questions related to their risk of victimization and abusiveness more than once. Most indicated it was a few weeks after arrival. The interview with the staff who conduct the risk screening confirmed that residents are reassessed within 30 days. A review of 24 resident files of those that arrived it the previous twelve months indicated 23 had a reassessment completed. Nineteen of the 23 were completed within 30 days. After the on-site portion of the audit the facility provided a list of residents that arrived and associated risk assessments. All fourteen that arrived had a reassessment completed within 30 days. As such, the auditor determined that the larger sample illustrates reassessments are conducted appropriately.

115.241 (g): The PAQ indicated that the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Article 44, page 485 states an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with nineteen residents that arrived within the previous twelve months indicated

seventeen had been asked questions related to their risk of victimization and abusiveness more than once. A review of 24 resident files of those that arrived in the previous twelve months indicated 23 had a reassessment completed. Nineteen of the 23 were completed within 30 days. There were two sexual abuse allegations reported, both were still open investigations and as such a reassessment had not yet been completed.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the residents' own perception of vulnerability. Article 44, page 485 states offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to respond or not disclose information related to the risk screening.

115.241 (i): Article 44, page 485 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law. Resident risk assessments are paper and electronic. Electronic risk assessments are completed by CDCR assigned staff and are only viewable by CDCR staff. Paper files are maintained by CDCR staff in their office. During the on-site portion of the audit the auditor had a facility staff member attempt to access the system. The auditor verified the HealthRight staff did not have access to the CDCR system. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. He stated with regard to contractors (facility staff) it is his understanding that the information is limited. The CDCR staff at the facility are the ones with access to this information as they conduct the risk assessment. The staff responsible who conduct the risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. She stated only the CDCR staff have access to the information.

Based on a review of the PAQ, Article 44, OP-PREA, PREA Screening, Instruction for Completion of the PREA Screening Tool, PREA Reassessment Review, Memorandum Related to Risk Re-Screening, Assessment and Reassessment Documents and the

	<p>information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to be compliant.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Memorandum Related to Senate Bill 132 4. CDC 128-B - Transgender Biannual Assessment 5. Senate Bill 132 Brochure 6. LGB Resident Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interviews with Lesbian, Gay and Bisexual Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Shower Area in Housing Units <p>Findings (By Provision):</p> <p>115.242 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Article</p>

44, page 485 states the process of review and evaluation for single cell status shall be initiated during RC processing as part of initial screening. This process will include completion of the PREA Screening Form, which includes questions related to sexual violence and victimization. Upon the offender's arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary. The offender shall be referred to a classification committee for determination of single cell status in accordance with CCR Section 3377.1(c), based on documented evidence that the offender may not be safely housed in a double cell or dormitory situation. An offender's need for single cell status shall be reviewed as part of initial/annual classification, or any time an offender is referred for transfer or placement consideration. Policy further states based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location. Consideration shall be given to housing this offender with another offender who has compatible housing needs. If single cell status is appropriate, the custody supervisor may designate the offender for single cell housing pending a classification review. The interview with the PREA Coordinator indicated that the information from the risk screening is utilized to determine appropriate housing. He advised a high risk victim would not be housed with a high risk abuser. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing. She stated they review the information to keep high risk individuals separate. A review of housing documentation indicated only one resident was at high risk of victimization and none were at high risk of abusiveness. Housing was determined based on the risk level for the high risk victim.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. Article 44, page 485 states the process of review and evaluation for single cell status shall be initiated during RC processing as part of initial screening. This process will include completion of the PREA Screening Form, which includes questions related to sexual violence and victimization. Upon the offender's arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary. The offender shall be referred to a classification committee for determination of single cell status in accordance with CCR Section 3377.1(c), based on documented evidence that the offender may not be safely housed in a double cell or dormitory situation. An offender's need for single cell status shall be reviewed as part of initial/annual classification, or any time an offender is referred for transfer or placement consideration. Policy further states based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location. Consideration shall be given to housing this offender with another offender who has compatible housing needs. If single cell status is appropriate, the custody supervisor may designate the offender for single cell housing pending a classification review. The interview with

the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing. She stated they review the information to keep high risk individuals separate.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. A review of the memo related to Senate Bill 132 (SB 132) indicates that Senate Bill 132 - Transgender Respect, Agency and Dignity Act (effective January 1, 2021) requires CDCR to house the transgender, intersex or non-binary inmate in a facility designated for men or women based on individual preference, after review and approval. Staff were provided training on SB 132 in November 202. A review of SB 132 Brochure indicates incarcerated individuals are provided information on how SB 132 affects them. One of the Frequently Asked Questions (FAQ) on the document advises that housing requests are evaluated on a case-by-case basis, and includes a review of history, behavior, programs, medical, mental health and safety. The document instructs the incarcerated individual how to request to be housed at a male or female facility. A review of the Handbook notes that it includes information on how transgender, intersex and non-binary residents can request male or female institutional placement. The PC stated that transgender and intersex resident's housing and programming assignments are determined based on SB132. The law outlines that transgender residents are to be housed based on their gender identity, unless there are other safety issues. He confirmed the placement considers the residents' health and safety and whether the placement would present any security or management problems.

115.242 (d): The interviews with the PC confirmed that the residents' views with respect to his/her safety would be given serious consideration. The staff responsible for the risk screening stated transgender and intersex residents' views with respect to their safety are given serious consideration. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were completed.

115.242 (e): Article 44, page 485 states per 28 CFR, Standard §115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. A review of SB 132 Brochure indicates incarcerated individuals are provided information on how SB 132 affects them. One of the Frequently Asked Questions (FAQ) on the document advises that transgender, intersex and non-binary incarcerated individuals have the option to shower separately. A review of the Handbook notes that it includes information on how transgender, intersex and non-binary residents can request to shower separately. During the tour the auditor observed that resident showers were single person and had curtains or opaque glass. Additionally, the entrance door to the restroom was a solid door. The interview with the PC and the staff responsible for risk screening

confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated that in the community programs there are no group showers. All residents have their own room to ensure privacy and each room has a single shower. There were zero transgender or intersex residents during the on-site portion of the audit and as such no interviews were completed.

115.242 (f): The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI residents. He advised that CDCR is so vast that it is not possible to house all LGBTI residents in one facility, wing or unit. He advised housing is based on classification and that gender identity and sexual preference would be a secondary concern and it would be the last thing looked at related to housing. Interviews with two LGB residents confirmed neither felt LGBTI residents were placed in one wing, housing unit or facility based on gender identity and/or sexual preference. A review of housing for LGB residents confirmed they were in different rooms at the facility and as such it was determined that LGBTI residents are not placed in one housing area solely due to their gender identity and/or sexual preference.

Based on a review of the PAQ, Article 44, Memorandum Related to Senate Bill 132, CDC 128-B - Transgender Biannual Assessment, Senate Bill 132 Brochure, LGBTI Resident Housing Assignments, observations made during the tour and information from interviews with the PC, staff responsible for conducting the risk screening and LGB residents indicates that this standard appears to be compliant.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. CDCR On-the-Job Training (OJT) - Prison Rape Elimination Act (PREA) Training 4. In-Service Prison Rape Elimination Act Training 5. Orientation Handbook (Handbook) 6. Shine the Light on Sexual Abuse Poster (Shine the Light Poster)

7. Sexual Violence Awareness Brochure (PREA Brochure)

Documents Received After On-Site:

1. Staff Training

Interviews:

1. Interview with the PREA Coordinator
2. Interviews with Random Staff
3. Interviews with Random Residents

Site Review Observations:

1. Observation of PREA Reporting Information
2. Testing of Internal Reporting Hotline
3. Testing of the External Reporting Entity

Findings (By Provision):

115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. Article 44, page 485 states offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party. An offender may also report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR, to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General. A review of the Shine the Light on Sexual Abuse Poster confirms that it outlines the methods to report; including to staff, through the confidential telephone numbers or addresses listed on the Poster and through a family member or friend. The Shine the Light Poster has phone numbers and a mailing address to CDCR Office of Internal Affairs (OIA) and the hotline number and mailing address to the Office of the Inspector General (OIG)/PREA Ombudsman. The Shine the Light Poster indicates that the telephone numbers for the Office of Internal Affairs accept collect calls and that the number reaches an answering machine that requires the

incarcerated individual to leave a message. It further states the messages are checked once a day, except on weekends. The Shine the Light Poster also indicates that the OIG PREA Ombudsman is a way to anonymously report. A review of the PREA Brochure notes that it includes reporting mechanisms. These include the Office of Internal Affairs and the OIG PREA Ombudsman. The PREA Brochure indicates the same information as the Shine the Light Poster related to calls to the Office of Internal Affairs. The PREA Brochure advises that the OIG PREA Ombudsman will keep the incarcerated individuals name anonymous upon request. A review of the Handbook confirmed that it includes information on reporting, including to any staff member, volunteer or contractor; through family and friends; to the Office of Internal Affairs (phone numbers and address) and the OIG PREA Ombudsman (hotline and mailing address). The Handbook states the same information as the Shine the Light Poster and Brochure related to the phone numbers to OIA. The Handbook further states that all calls require a pin, however calls to OIA/OIG are redirected to a non-recorded, secure and private line. The Handbook indicates that residents can remain anonymous when reported to OIA and/or OIG. Additionally, the Handbook states that written correspondence between the resident and OIA and OIG is confidential and advises the information that should be written on the outside of the envelope. The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. Shine the Light Posters were observed in English and Spanish on letter size paper. Shine the Light Posters were observed on bulletin boards across the three floors. The auditor tested the internal reporting mechanisms during the tour. The auditor submitted a kite via the black box in the hallway on July 23, 2024. The auditor was provided confirmation that the kite was received on July 24, 2024 as well as confirmation that any reports of sexual abuse or sexual harassment reported in writing would be investigated by CDCR staff. Additionally, the auditor tested the Office of Internal Affairs (OIA) hotline number. Residents have cellphones and they can also utilize the resident phone available at the facility. Calls to OIA are free and are not monitored. The auditor called the OIA hotline from the resident phone and left a message on July 23, 2024. On the same date the auditor received confirmation that OIA staff received the call and that allegations of sexual abuse reported via the hotline are investigated by CDCR staff. Interviews with 21 residents confirmed that all 21 were aware of at least one method to report sexual abuse and sexual harassment. Residents stated they would report verbally to the CDCR staff, anonymously or through the phone number. Interviews with twelve random staff indicated residents can report verbally, through a third party, in writing and via the hotline.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. Article 44, page 485 states an offender may also report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR, to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General. In addition, offenders

being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security. A review of the Shine the Light on Sexual Abuse Poster confirms that it outlines the external reporting mechanism. The Poster has the hotline number and mailing address to the Office of the Inspector General (OIG) PREA Ombudsman. The Poster indicates that the OIG PREA Ombudsman is a way to anonymously report. A review of the PREA Brochure notes that it includes contact information on the OIG PREA Ombudsman. The PREA Brochure advises that the OIG PREA Ombudsman will keep the incarcerated individuals name anonymous upon request. A review of the Handbook confirmed that it includes information on the OIG PREA Ombudsman (hotline and mailing address). The Handbook states that all calls require a pin, however calls to OIG are redirected to a non-recorded, secure and private line. The Handbook indicates that residents can remain anonymous when reported to OIG. Additionally, the Handbook states that written correspondence between the resident and OIG is confidential and advises the information that should be written on the outside of the envelope. The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. Shine the Light Posters were observed in English and Spanish on letter size paper. Shine the Light Posters were observed on bulletin boards across the three floors. During the tour the auditor observed the resident mail process. Residents place outgoing mail in the box sealed. Staff do not review any outgoing mail. Incoming mail is received by facility staff who open it and go through it looking for any contraband, with the exception of legal/confidential mail. Legal/confidential mail is provided to the resident and is opened by the resident in front of the staff member. Staff who handle mail advised that they were unsure how mail to and from the Ombudsman is treated. Immediately following the on-site portion of the audit, the facility conducted training with all staff at the facility, including those who handle mail, related to how mail to the Ombudsman is treated. The training outlined that mail is to be treated as confidential and should not be monitored. The auditor also tested the outside reporting mechanism by calling the number for the Ombudsman's Office (Office of the Inspector General). Residents have cellphones and they can also utilize a resident phone available at the facility. Calls to the Office of the Ombudsman's Office are free and are not monitored. The auditor called the number on the Shine the Light Poster and confirmed it went to the Ombudsman's Office. The auditor did not leave a message as the mechanism was previously tested during another audit. On April 17, 2024 the auditor left a message on the Ombudsman's Office voicemail. The recording advised that residents can remain anonymous when reporting. The auditor received confirmation on April 22, 2024 that the call was received. The Ombudsman staff advised that residents can report sexual abuse through their office and they are able to remain anonymous. The staff further advised that if they received an allegation it would be forwarded to CDCR for investigation. The interview with the PC indicated residents have cell phones and they are provided various ways to report to external entities. He advised they can call or email the Ombudsman's Office. He advised that if it goes to the Ombudsman that office would then provide the information to CDCR via a phone call. Interviews with 21 residents indicated seventeen were aware of the external reporting mechanism and 20 knew they could anonymously report.

115.251 (c): The PAQ indicated 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. It further indicated that staff are required to document verbal reports immediately. Article 44, page 485 states an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member. If the staff who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. Each employee who observes the incident or is provided a report by the victim must complete required reports. Additionally during the tour, the auditor asked staff to demonstrate how they submit a written report. Staff indicated they were unaware of the written reporting process. Staff advised they would verbally report the information and follow any direction from the supervisor after. Interviews with 21 residents indicated all 21 knew they could report verbally and/or in writing to staff and nineteen knew they could report through a third party. Interviews with twelve random staff indicated they were aware that residents could report verbally, in writing, anonymously and through a third party. Seven of the twelve staff stated they would document a verbal report through a report to the supervisor. After the on-site portion of the audit, the facility conducting training with staff on documenting verbal reports in writing. This was completed through training on the facility coordinated response under Standard 115.265. Staff signatures were provided confirming the training. There were two allegations reported during the previous twelve months. One was reported via a third party and one was reported via staff observation of information on a resident's cell phone. Neither were reported verbally.

115.251 (d): The PAQ indicated the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ stated that staff are informed of this method through on the job training. A review of the OJT and In-Service Training noted it did not outline how staff can privately report sexual abuse of a resident, only that they are required to report. It should be noted that the facility provided training documents that they went over with staff that the private reporting mechanism is through CDCR's OIG. This training will be added to the annual PREA training to ensure information on private reporting is discussed. Interviews with twelve random staff indicated all twelve were aware that they could privately report sexual abuse of a resident through the phone number or the black box.

Based on a review of the PAQ, Article 44, CDCR On-the-Job Training (OJT) - Prison Rape Elimination Act (PREA) Training, In-Service Prison Rape Elimination Act Training, Orientation Handbook (Handbook), Shine the Light on Sexual Abuse Poster (Shine the Light Poster), Sexual Violence Awareness Brochure (PREA Brochure), documents received after the on-site portion of the audit, observations during the

	<p>tour, and information from interviews with the PC, random residents and random staff indicates this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends the facility update the OJT and In-Service Training to outline specifically that the private reporting mechanism is through the OIG.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. California Code of Regulations Title 15 Crime Prevention and Corrections 3. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 4. Grievance Log <p>Findings (By Provision):</p> <p>115.252 (a): California Code of Regulations Title 15 Crime Prevention and Corrections Section 3084 is the policy related to grievance procedures for residents. The PAQ indicated that the agency is not exempt from this standard.</p> <p>115.252 (b): The PAQ indicated that agency policy or procedure allows a residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that residents are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further communication with the PC indicated this was marked incorrectly and residents are not required to use the informal grievance process. California Code of Regulations Title 15 Crime Prevention and Corrections Section 3084 advises that there shall be no time limit for</p>

allegations of staff-on-inmate sexual misconduct and there shall be no time limit for allegations of inmate-on-inmate sexual violence. It also advises 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.

115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. California Code of Regulations Title 15 Crime Prevention and Corrections Section 3084 states the Reviewing Authority over each Office of Grievances shall designate at least one official to assess each written grievance within one business day of receipt to determine if it contains information concerning an imminent risk to personal safety, to institutional security, or of sexual abuse, including acts of sexual misconduct as defined by the federal Prison Rape Elimination Act and the California Sexual Abuse in Detention Elimination Act. In those instances, the official shall immediately take appropriate action as required by all applicable laws and regulations. The Reviewing Authority shall ensure that any individual whose personal interaction with a claimant forms part of the claim is excluded from participating in the grievance process as to that claim, including any interview of a claimant conducted as part of the grievance process.

115.252 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated there were zero sexual abuse grievance filed in the previous twelve months. The PAQ further indicates that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. California Code of Regulations Title 15 Crime Prevention and Corrections Section 3084 states the grievance Coordinator shall ensure that a written grievance decision is completed no later than 60 calendar days after receipt of the grievance, unless other statutory or regulatory authority requires a response in less than 60 calendar days, There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. A review of the grievance log confirmed there were zero sexual abuse or sexual harassment grievances.

115.252 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of

residents. It further indicated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the residents' decision to decline. Article 44, page 485 states when a third party, on behalf of an inmate, makes an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer, that allegation or complaint shall be submitted in writing to the Hiring Authority of the area in which the individual is assigned. When a third party files such a complaint on behalf of an offender, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. The Hiring Authority shall forward the documented third party report of the allegation to a Locally Designated Investigator (LDI). The LDI will conduct inquiry work until sufficient information is obtained to warrant an Office of Internal Investigations (OIA) investigation, or the information collected refutes the allegation, as determined by the Hiring Authority. When a third party, on behalf of an inmate, makes an allegation of sexual violence or sexual harassment against an offender, that allegation or complaint shall be submitted in writing to a custody supervisor. The Custody Supervisor shall forward the documented third party report of the allegation to the Locally Designated Investigator (LDI) for investigation and determination of the appropriate disposition. The allegation will be investigated and documented on a Confidential Memorandum or CDC Form 128-B, General Chrono utilizing standard investigatory procedures, as outlined in DOM, Chapter 5, Article 44, Section 54040.12. If warranted the suspect may be subject to administrative/ criminal proceedings per DOM, Chapter 5, Article 44, Section 54040.11. Completion of a CDCR 837, Crime Incident Report is required on third party reports and anonymous reports only if the allegation is substantiated. The PAQ indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and which contained the residents decision to decline. A review of the grievance log confirmed there were zero sexual abuse or sexual harassment grievances.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. California Code of Regulations Title 15 Crime Prevention and Corrections Section 3084 states when the grievance alleges or indicates that the inmate be in substantial risk of imminent inmate-on-inmate sexual violence or imminent staff-on-inmate sexual misconduct, then a risk assessment shall be immediately undertaken. The Hiring Authority shall provide an initial response to the inmate within 48 hours. An initial risk assessment shall be documented within 48 hours and the completed risk assessment determination by the Hiring Authority shall be documented within five calendar days describing whether the inmate was

determined to be in substantial risk of imminent sexual abuse and the action taken in response to the grievance. The PAQ indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log confirmed there were zero sexual abuse or sexual harassment grievances.

115.252 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. Article 44, page 471 states following the investigation into sexual violence or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of “making a false report of a crime,” a Division “E” offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. The PAQ indicated that zero residents have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, California Code of Regulations Title 15 Crime Prevention and Corrections Section 3084, Article 44, and the grievance log, this standard appears to be compliant.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Memorandum of Understanding with Peace Over Violence 4. PREA Confidential Correspondence with Rape Crisis Center Info 5. Orientation Handbook (Handbook) 6. Shine the Light on Sexual Abuse Poster (Shine the Light Poster) 7. The Peace Over Violence Poster (Advocacy Poster)

Documents Received After On-Site:

1. Staff Training
2. Photos of Updated Advocacy Poster

Interviews:

1. Interviews with Random Residents

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. Article 44 page 488 states the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available. This information is available to the inmate population in the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention". It should also be included in each institution's offender orientation handbook. For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. A review of the MOU with Peace Over Violence indicates that Peace Over Violence will provide the following services to survivors referred by HR 360 (this includes emotional support services related to sexual abuse); crisis Intervention services via Peace Over Violence LA Rape & Battering Hotline providing a non-judgmental, confidential, trauma informed services; follow up & advocacy services including comprehensive case management services; and accompaniments services by a Peace Over Violence Victim Advocate. A review of the PREA Brochure notes that it includes contact information for Peace Over Violence and Just Detention International (address only). The PREA Brochure advises if you would like to speak with someone about previous incidents of sexual

violence, you may contact a mental health professional at this institution, you may write to a victim advocate at the local rape crisis center, or you may write to Just Detention International. A review of the Handbook confirmed that it includes information on victim advocacy services, including the phone number and mailing address to the local rape crisis center (Peace Over Violence). The Handbook states that written correspondence between the resident and rape crisis center is confidential and advises the information that should be written on the outside of the envelope. It further advises that all calls require a pin, however calls to the local rape crisis center are redirected to a non-recorded, secure and private phone line. Further the Advocacy Poster provides the phone number and mailing address to Peace Over Violence for confidential emotional support services. The Advocacy Posters indicates that Peace Over Violence will maintain privileged confidential communication as required by state and federal laws for Sexual Assault Counselors. It also notes that the outside of envelopes to Peace Over Violence must include "EVID. CODE 1035.4 Privileged Communication". The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. The Advocacy Posters were observed in English and Spanish on letter size paper. The Advocacy Posters were observed on bulletin boards across the three floors. During the tour the auditor observed the resident mail process. Residents place outgoing mail in the box sealed. Staff do not review any outgoing mail. Incoming mail is received by facility staff who open it and go through it looking for any contraband, with the exception of legal/confidential mail. Legal/confidential mail is provided to the resident and is opened by the resident in front of the staff member. Staff who handle mail advised that they were unsure how mail to and from the local rape crisis center is treated. Immediately following the on-site portion of the audit, the facility conducted training with all staff at the facility, including those who handle mail, related to how mail to the local rape crisis center is treated. The training outlined that mail is to be treated as confidential and should not be monitored. The auditor tested the process for contacting the emotional support service. The auditor attempted to contact the rape crisis center via the number on the Advocacy Poster. Two attempts were completed via the resident phone and the third attempt was via a personal cell phone. All three attempts were unsuccessful. It was determined the number on the Advocacy Poster was incorrect as a number was transposed. Additionally, the number on the Advocacy Poster was the administrative line and not the 24 hour emotional support line. The facility immediately corrected the number on the Advocacy Poster and updated the postings around the facility. The facility provided photos of the updated Advocacy Poster around the facility. The auditor called the updated number via a personal cell phone. The auditor reach a live staff member who confirmed that they could provide emotional support services via phone 24 hours a day. The staff indicated they have English and Spanish counselors. It should be noted residents do have cell phones but access is restricted to certain times and only when they are on certain phases of the program. Interviews with 21 residents indicated five were aware of outside victim advocacy services and eight were provided a telephone number and mailing address to a local, state and/or national rape crisis center. It should be noted that while residents were not aware of this information, it is contained in the Handbook and is posted around the facility. The auditor recommends the facility verbally go over this

information under education in 115.233.

115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Article 44 page 488 states the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available. This information is available to the inmate population in the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention". It should also be included in each institution's offender orientation handbook. For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Page 491 further states to facilitate this correspondence, inmate mail that is being sent to the locally designated rape crisis center will be treated as confidential mail. The letter must be addressed to the Rape Crisis Center and may include a specific staff member's name. The inmate's full name, Department identification number, and the address of the institution shall be included in the return address appearing on the outside of the envelope. The word "confidential" shall appear on the face of the envelope. Failure to do this will result in the letter being processed as regular mail or being returned to the inmate if for any reason the mail cannot be processed as regular mail. Inmates shall post confidential mail by presenting the mail unsealed to designated staff. In the presence of the inmate, the staff shall remove the contents of the envelope upside down to prevent reading of the contents. Staff shall remove the pages and shake them to ensure there is no prohibited material, consistent with the CCR. If no prohibited material is discovered, the contents shall be returned to the envelope and sealed. Staff shall place their signature, badge number, and date across the sealed area on the back of the envelope. A review of the MOU with Peace Over Violence indicates that Peace Over Violence will provide the following services to survivors referred by HR 360 (this includes emotional support services related to sexual abuse); crisis Intervention services via Peace Over Violence LA Rape & Battering Hotline providing a non-judgmental, confidential, trauma informed services; follow up & advocacy services including comprehensive case management services; and accompaniments services by a Peace Over Violence Victim Advocate. A review of the PREA Brochure notes that it includes contact information for Peace Over Violence and Just Detention International (address only). The PREA Brochure advises if you would like to speak with someone about previous incidents of sexual violence, you may contact a mental health professional at this institution, you may

write to a victim advocate at the local rape crisis center, or you may write to Just Detention International. A review of the Handbook confirmed that it includes information on victim advocacy services, including the phone number and mailing address to the local rape crisis center (Peace Over Violence). The Handbook states that written correspondence between the resident and rape crisis center is confidential and advises the information that should be written on the outside of the envelope. It further advises that all calls require a pin, however calls to the local rape crisis center are redirected to a non-recorded, secure and private phone line. Further the Advocacy Poster provides the phone number and mailing address to Peace Over Violence for confidential emotional support services. The Advocacy Posters indicates that Peace Over Violence will maintain privileged confidential communication as required by state and federal laws for Sexual Assault Counselors. It also notes that the outside of envelopes to Peace Over Violence must include "EVID. CODE 1035.4 Privileged Communication". The auditor observed PREA information posted throughout the facility via the Shine the Light Poster and the Advocacy Poster. The Advocacy Posters were observed in English and Spanish on letter size paper. The Advocacy Posters were observed on bulletin boards across the three floors. During the tour the auditor observed the resident mail process. Residents place outgoing mail in the box sealed. Staff do not review any outgoing mail. Incoming mail is received by facility staff who open it and go through it looking for any contraband, with the exception of legal/confidential mail. Legal/confidential mail is provided to the resident and is opened by the resident in front of the staff member. Staff who handle mail advised that they were unsure how mail to and from the local rape crisis center is treated. Immediately following the on-site portion of the audit, the facility conducted training with all staff at the facility, including those who handle mail, related to how mail to the local rape crisis center is treated. The training outlined that mail is to be treated as confidential and should not be monitored. Interviews with 21 residents indicated five were aware of outside victim advocacy services and eight were provided a telephone number and mailing address to a local, state and/or national rape crisis center. It should be noted that while residents were not aware of this information, it is contained in the Handbook and is posted around the facility. The auditor recommends the facility verbally go over this information under education in 115.233.

115.253 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains copies of the agreement. A review of the MOU with Peace Over Violence confirms it was executed March 29, 2023.

Based on a review of the PAQ, Article 44, MOU with Peace Over Violence, PREA Confidential Correspondence with Rape Crisis Center Info, Orientation Handbook (Handbook), Shine the Light on Sexual Abuse Poster (Shine the Light Poster), The Peace Over Violence Poster (Advocacy Poster), documents provided after the on-site

	<p>portion of the audit, observations made during the tour and interviews with random residents, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility verbally go over information related to Peace Over Violence during education under Standard 115.233.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Agency Website 3. Shine the Light on Sexual Abuse Poster (Shine the Light Poster) <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. A review of the agency's website confirms that it includes information on how to report sexual abuse and/or staff sexual misconduct. It advises third parties to call or write to the Office of Internal Affairs or the Office of the Inspector General. A phone number and mailing address is provided for both entities. The Shine the Light Poster provides contact information for the Office of Internal Affairs, Office of Inspector General/Ombudsman and advise to report to any staff. Third party reporting information was observed at the front entrance and in one of the visitation areas (dining room) via the Shine the Light Poster. The Shine the Light Poster was observed in English and Spanish on letter size paper on the entrance bulletin board. The auditor did not observe third party reporting information in the second visitation area (multipurpose room), however immediately following the on-site portion of the audit the facility posted the Shine the Light Poster in English and Spanish in the multipurpose room. A photos was provided to confirm the posted information. The auditor tested the third party reporting mechanism via the OIA hotline. The auditor</p>

	<p>called the number via cellphone and left a message. The auditor received confirmation via phone and email that the call to OIA was received.</p> <p>Based on a review of the PAQ, Agency Website and Shine the Light on Sexual Abuse Poster (Shine the Light Poster), and the functional test, this standard appears to be compliant.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the Director 3. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.261 (a): The PAQ indicated that the agency requires all staff to 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; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Article 44, page 485 states 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</p>

misconduct, or sexual harassment. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner. Interviews with twelve staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff advised they would report to the supervisor and the CDCR staff.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Article 44, page 486 states it is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident-specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and to other persons and entities as permitted or required by law. Interviews with twelve staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff advised they would report to the supervisor and the CDCR staff.

115.261 (c): The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): The interview with the PREA Coordinator indicated that the agency does not house anyone under eighteen. He also advised he does not believe they have anyone that falls under vulnerable adult. The PC indicated he did not believe there was any mandatory reporting laws related to the vulnerable adult population. The Director stated that all allegations are treated the same and are reported to CDCR for investigations.

115.261 (e): Article 44, page 485 states all staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner. Article 44 page 489 states all

	<p>allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. The interview with the Director confirmed that all allegations are reported to CDCR for investigation. There were two allegations reported during the previous twelve months. One was reported via a third party and one was observed by staff via the resident's cell phone. Both were forwarded to CDCR for investigation.</p> <p>Based on a review of the PAQ, Article 44, investigative reports and information from interviews with random staff, the PREA Coordinator, and the Director indicates that this standard appears to be compliant.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). Article 44, page 485 states any staff member, with significant concern that an offender may be</p>

subject to sexual victimization, shall immediately notify a custody supervisor who will refer that offender for a mental health evaluation per existing policy regarding mental health referrals. This referral will be completed using the CDCR Form 128-MH5, Mental Health Referral Chrono. The PAQ further stated there were zero instances where the facility learned that a resident was an imminent risk of substantial risk of sexual abuse. The Agency Head Designee stated that they do not place known abusers with known victims to prevent imminent risk. She indicated if there was a threat or risk of harm, the individual would be separated from the harm. She advised they do reassessments regularly and someone that may be at risk they would keep an eye on and check in on them frequently. The Agency Head Designee further stated that imminent risk may potentially require someone to be moved back to a CDCR facility (if needed). The interview with the Director indicated if a resident was deemed at imminent risk of sexual abuse they would separate the individuals and then contact CDCR to assess further action to keep the client safe. Interviews with random staff indicated if a resident was at imminent risk of sexual abuse they would separate the resident, keep them safe and report the information. A review of documentation indicated there were zero residents deemed at imminent risk of sexual abuse.

Based on a review of the PAQ, Article 44, and information from interviews with the Agency Head Designee, Director and random staff indicates that this standard appears to be compliant.

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. Resident Risk Screening Documents 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee

2. Interview with the Director

Findings (By Provision):

115.263 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Article 44, page 486 states upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. The PAQ indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation indicated there were zero residents who reported sexual abuse that occurred at another facility/agency.

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. Article 44, page 486 states upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. A review of documentation indicated there were zero residents who reported sexual abuse that occurred at another facility/agency.

115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Article 44,

page 486 states upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/ confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. A review of documentation indicated there were zero residents who reported sexual abuse that occurred at another facility/agency.

115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Article 44, page 486 states the Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. The PAQ stated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head Designee stated that notifications are provided to the head of the facility where the incident occurred. She indicated that once the allegation is reported to the facility, the facility will contact OIS who will initiate an investigation. The Agency Head Designee advised that they have had to notify another agency about an allegation that was reported to them but not vice versa. The interview with the Director indicated that if an allegation is received from another facility/ agency they would treat it like a third party report and report the information to CDCR staff for investigations. He indicated he was unaware of any allegations reported to the facility through this method. A review of documentation indicated there were zero allegations reported via a notification from another agency/facility.

Based on a review of the PAQ, Article 44, investigative reports, risk screening documents and interviews with the Agency Head Designee and the Director, this standard appears to be compliant.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44)
3. Prison Rape Elimination Act: Custody Supervisor Checklist
4. Prison Rape Elimination Act: Initial Contact Guide
5. Investigative Reports

Documents Received After On-Site:

1. Staff Training

Interviews:

1. Interviews with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Article 44, page 486 states upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact. The employee shall request the victim does not: shower; remove clothing without custody supervision; use the restroom facilities and/or; consume any liquids. Page 487 indicates the custody supervisor shall ensure that a perimeter

has been established and an officer has been posted to keep persons out of the crime scene area. Care must be taken to ensure that any potential evidence is identified, preserved, and collected. A review of the Prison Rape Elimination Act: Custody Supervisor Checklist indicates checkboxes for duties as well as instruction for duties, including: ensuring the victim is secure (separated from abuser); ensuring the crime scene is secured; request/ensure residents do not shower, brush their teeth, remove clothing, use the restroom or consume liquids; ensure medical assessment/triage is initiated and notifying the watch commander. A review of the Prison Rape Elimination Act: Initial Contact Guide indicates that it is to be used during a PREA incident. The form advises that if the individual is a non-custody staff member they are to notify the custody supervisor of the area for assistance. The document advises staff to request the victim and ensure the suspect not shower, brush their teeth, remove clothing, use the restroom or consume any liquids; take the victim to a secure location; seek assistance to secure the crime scene; escort the victim to medical and document the information. The PAQ indicated there were two sexual abuse allegations reported and both required separation of the alleged victim and abuser, securing of the crime scene and instructing/advising the individuals not to take action to destroy evidence. The first responder advised that first responder duties include separating the individuals, notifying the appropriate staff, securing the crime scene, advising the resident not to take action to destroy any evidence, getting them medical and mental health services, and sending them to the hospital for evaluation. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. A review of documentation for two allegations indicated none involved any immediate first responder duties.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. Article 44, page 486 states upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact. The employee shall request the victim does not: shower; remove clothing without custody supervision; use the restroom facilities and/or; consume any liquids. Page 487 indicates the custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area. Care must be taken to ensure that any potential evidence is identified, preserved, and collected. A review of the Prison Rape Elimination Act: Custody Supervisor Checklist indicates checkboxes for duties as well as instruction for duties, including: ensuring the victim is secure (separated from abuser); ensuring the crime scene is secured; request/ensure residents do not shower, brush their teeth, remove clothing, use the restroom or consume liquids; ensure medical assessment/triage is initiated and notifying the watch commander. A

review of the Prison Rape Elimination Act: Initial Contact Guide indicates that it is to be used during a PREA incident. The form advises that if the individual is a non-custody staff member they are to notify the custody supervisor of the area for assistance. The document advises staff to request the victim and ensure the suspect not shower, brush their teeth, remove clothing, use the restroom or consume any liquids; take the victim to a secure location; seek assistance to secure the crime scene; escort the victim to medical and document the information. A review of the Prison Rape Elimination Act: Initial Contact Guide indicates that it is to be used during a PREA incident. The form advises that if the individual is a non-custody staff member they are to notify the custody supervisor of the area for assistance. The document advises staff to request the victim and ensure the suspect not shower, brush their teeth, remove clothing, use the restroom or consume any liquids; take the victim to a secure location; seek assistance to secure the crime scene; escort the victim to medical and document the information. The PAQ indicated there were zero allegations of sexual abuse reported during the previous twelve months that involved a non-security first responder. The first responder advised that first responder duties include separating the individuals, notifying the appropriate staff, securing the crime scene, advising the resident not to take action to destroy any evidence, getting them medical and mental health services, and sending them to the hospital for evaluation. Interviews with random staff indicated seven were familiar with first responder duties. Most indicated they would keep the resident safe and report the information. After the on-site portion of the audit the facility conducted training with all staff on first responder duties and the facility coordinated response under Standard 115.265. Copies of the training documents were provided to confirm corrective action. A review of documentation for two allegations indicated none involved any immediate first responder duties.

Based on a review of the PAQ, Article 44 Prison Rape Elimination Act: Custody Supervisor Checklist, Prison Rape Elimination Act: Initial Contact Guide, investigative reports, documents after the on-sit portion of the audit and interviews with random staff and first responders, this standard appears to be compliant.

Recommendation

The auditor highly recommends that facility continue to emphasize first responder duties, including conducting a mock sexual abuse incident.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. MCRP LA 1/HealthRight 360 Coordinated Response Plan for Addressing Sexual Abuse <p>Documents Received After On-Site:</p> <p>Staff Training</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Prior to the on-site portion of the audit and after the submission of the PAQ, the facility provided a coordinated response plan that addresses the immediate response (including first responder duties), medical and mental health access to care, investigative procedures, victim support services, reporting, training and education. The document is signed by the CDCR PREA Coordinator as well as the Facility Director. The facility conducted training with all staff on the coordinated response plan. Staff signatures were provided confirming they received and understood the training. The interview with the Director confirmed they have a facility response plan that coordinates actions among first responders, medical and mental health, investigators, and facility leadership.</p> <p>Based on a review of the PAQ, MCRP LA 1/HealthRight 360 Coordinated Response Plan for Addressing Sexual Abuse, staff training after the on-site and information from the interview with the Director, this standard appears to be compliant.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Collective Bargaining Agreements <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.266 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Further communication with the PC indicated that CDCR has collective bargaining agreements, however HealthRight 360 does not have collective bargaining agreements. A review of a sample of CDCR's collective bargaining agreements confirm that those reviewed allowed for the removal of the alleged staff abuser. The interview with the Agency Head Designee confirmed that the agency (CDCR) has entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. She confirmed that nothing in the agreements limit the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, a sample of CDCR collective bargaining agreements and the interview with the Agency Head Designee, this standard appears to be not applicable and as such compliant.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44)
3. CDCR 2304 – Protection Against Retaliation (PAR) – Inmate
4. CDCR 2305 – Protection Against Retaliation (PAR) – Staff
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director
3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Findings (By Provision):

115.267 (a): The PAQ indicated that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Article 44, page 490 states for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation. The assigned supervisor shall notify the institutional PCM of any such changes. The PCM shall act promptly (in accordance with DOM Article 14, Section 31140.22) to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated. Items to be monitored on the CDCR Form 2304 or 2305 include periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation. Monitoring is completed by CDCR staff.

115.267 (b): Article 44, page 490 states for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation. The assigned supervisor shall notify the institutional PCM of any such changes. The PCM shall act promptly (in accordance with DOM Article 14, Section 31140.22) to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated. Items to be monitored on the CDCR Form 2304 or 2305 include periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. A review of CDCR 2304 form confirms that it include a section for information on the allegation as well as six sections for monitoring. The sections have check boxes to confirm actions taken by the monitoring staff. These include review of disciplinary records, review of program/job changes, review of housing changes, interview with the resident and any other actions. The sections also provide an area for comments, to include any protective actions taken. Interviews with the Agency Head Designee, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if residents or staff members expressed fear of retaliation. The Agency Head Designee stated the agency has a form that is called protection against retaliation. Staff are required to fill it out every fifteen days and check on the individual for 90 days. She advised they can remove the perpetrator and the often send that person back to a CDCR facility during the investigation to prevent retaliation. She confirmed they can also offer them counseling. The Director stated they would communicate with CDCR to determine what is best for the client and their safety. He confirmed they can move housing, transfer facilities, remove staff from contact and provide emotional support services. The staff responsible for monitoring stated he monitors for retaliation and checks with the resident every fifteen days. He stated he also reviews housing changes, program changes and other information to make sure he isn't being prohibited from doing things. The staff advised they can take protective measures such as housing changes, removal of staff abusers, transfer back to CDCR and emotional support services. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were two allegations of sexual abuse reported during the previous twelve months. A review of documentation confirmed monitoring for retaliation was conducted for 90 days and included in-person status checks and a review of discipline, housing, programming and job changes.

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Article 44, page 490 states for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation. The assigned supervisor shall notify the institutional PCM of any such changes. The PCM shall act promptly (in accordance with DOM Article 14, Section 31140.22) to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated. Items to be monitored on the CDCR Form 2304 or 2305 include periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated there were zero incidents of retaliation reported. A review of CDCR 2304 form confirms that it include a section for information on the allegation as well as six sections for monitoring. The sections have check boxes to confirm actions taken by the monitoring staff. These include review of disciplinary records, review of program/job changes, review of housing changes, interview with the resident and any other actions. The sections also provide an area for comments, to include any protective actions taken. A review of CDCR 2305 form confirms that it includes a section for information on the allegation as well as six sections for monitoring. The sections have check boxes to confirm actions taken by the monitoring staff. These include a review of post reassignments, emotional support services offered, removal of staff from contact with victim, facility transfer and any other actions. The interview with the Director indicated if they suspected retaliation they would follow policy, contact Human Resource staff and get CDCR staff involved. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for 90 days. He stated if there is a concern they would monitor for the entire time they are at the facility. He advised when monitoring he reviews housing changes, program changes, work changes, discipline, searches, etc. He confirmed he would review performance reviews and post assignments for staff. There were two allegations of sexual abuse reported during the previous twelve months. A review of documentation confirmed monitoring for retaliation was conducted for 90 days and included in-person status checks and a review of

discipline, housing, programming and job changes.

115.267 (d): Article 44, page 490 states for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. Items to be monitored on the CDCR Form 2304 or 2305 include periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. A review of CDCR 2304 form confirms that it includes a section for information on the allegation as well as six sections for monitoring. The sections have check boxes to confirm actions taken by the monitoring staff. These include review of disciplinary records, review of program/job changes, review of housing changes, interview with the resident and any other actions. The sections also provide an area for comments, to include any protective actions taken. The interview with the staff member responsible for monitoring retaliation confirmed he conducts periodic status checks every fifteen days. There were two allegations of sexual abuse reported during the previous twelve months. A review of documentation confirmed monitoring for retaliation was conducted for 90 days and included in-person status checks and a review of discipline, housing, programming and job changes.

115.267 (e): Article 44, page 490 states for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation. The assigned supervisor shall notify the institutional PCM of any such changes. The PCM shall act promptly (in accordance with DOM Article 14, Section 31140.22) to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated. Items to be monitored on the CDCR Form 2304 or 2305 include periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The Agency Head Designee stated that the same protective measures would be offered to those who cooperate with an investigation or express fear for retaliation. She stated they would monitor the individual and evaluate if someone needs moved in order to protect from retaliation. The Director stated they would communicate with CDCR to determine what is best for the client and their safety. He confirmed they can move housing, transfer facilities, remove staff from

	<p>contact and provide emotional support services. The Director indicated if they suspected retaliation they would follow policy, contact Human Resource staff and get CDCR staff involved.</p> <p>115.267 (f): Auditor not required to audit this provision.</p> <p>Based on a review of the PAQ, Article 44, CDCR 2304 – Protection Against Retaliation (PAR) – Inmate, CDCR 2305 – Protection Against Retaliation (PAR) – Staff, Investigative Reports and interviews with the Agency Head Designee, Director and staff charged with monitoring for retaliation, this standard appears to be compliant.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. Basic Investigator Course – Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook) 4. PREA – Instructions For Records Retention Schedule (RRS) 5. Investigator Training Records 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff 2. Interview with the Director 3. Interview with the PREA Coordinator

Findings (By Provision):

115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. All allegations are referred to CDCR for investigation. Article 14, page 174 states locally designated investigators shall be responsible for conducting investigations, as assigned by OIA regional offices, in a manner that provides a complete and thorough presentation of all facts regarding the allegation or complaint. Pages 176-178 further outline the investigative process for administrative and criminal investigations. Page 24 of the Workbook advises that investigations into allegations of sexual violence, staff sexual misconduct and sexual harassment must be prompt, thorough, objective, and conducted by investigators who have completed specialized training in sexual abuse investigations. This training meets the standard, as well as, the mandate found in PC Section 13516. Pages 26-27 further state the investigation must: be prompt, thorough and objective; be conducted by a trained sexual assault investigator; ensure alleged victim and accused do not make contact; be documented in writing; include the completion of SSV-IA form; gather direct and circumstantial evidence; interview victim, suspect and witnesses; include the review of prior PREA complaints; assess reliability of victim, suspect, and witnesses on an individual basis; and remove bias from evaluation. Interviews with investigators confirmed that an investigation would be initiated immediately after the allegation was received. They confirmed that anonymous and third party reports would involve the same investigative process as allegations made via other reporting methods. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs during the issuance of the interim report.

115.271 (b): Article 44, page 484 states all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained. A review of the Basic Investigator Course confirmed that it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated two CDCR investigators completed the specialized training. There were two allegations reported, both of which were still open investigation. The initial investigations however were completed by a CDCR investigator who was documented with specialized investigator training.

115.271 (c): Page 24 of the Workbook indicates investigators will gather direct and circumstantial evidence, including physical and DNA evidence; interview victims, suspects (offender on offender), and witnesses; and review prior complaints and reports of sexual abuse. Interviews with investigators indicated first steps include interviewing the alleged victim and determining what occurred. Investigators advised they would then gather evidence and interview witnesses and perpetrator(s). The investigators indicated they would be responsible for gathering evidence such as cell phone records, tablet information, DNA evidence, statements, video, electronic, etc. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs during the issuance of the interim report. It should be noted the initial investigation involved an interview of the alleged victim and a review of evidence.

115.271 (d): Page 29 of the Workbook states where criminal charges are possible, do not compel an interview. If an interview is necessary, contact OIA. Additionally, the PREA law requires consultation with the DA when prosecution is probable. The investigators confirmed that when they discovers that a prosecutable crime may have taken place they may consults with prosecutors before conducting any compelled interviews. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was complete.

115.271 (e): Article 44, page 489 states credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status. Page 24 of the Workbook states investigators shall assess reliability of victim, suspects and witnesses on an individual basis, rather than determining reliability based on an individual's status as inmate or staff. Interviews with the investigators confirmed they would never, under any circumstance, require a resident victim of sexual abuse to submit to a polygraph tests or any other truth-telling devices as a condition for proceeding with the investigation. The investigators stated credibility is case by case and they determine if based on the course of the investigation and what they can corroborate through evidence. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.271 (f): Article 44, page 489 states the inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include: 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; and 3) the investigative facts and findings. Page 24 of the Workbook advises that all

allegations of sexual violence, staff sexual misconduct and sexual harassment shall be investigated and the findings documented in writing. Interviews with investigators confirmed that administrative investigations are documented in a written report. Investigation indicated the reports include; interviews; evidence reviewed including video, cell phones, etc.; reliability statements; exhibits and all other relevant documentation. Investigators advised that during the investigation they determine if staff were making rounds and following policy and procedure to determine if their actions or inaction contributed to the sexual abuse. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs during the issuance of the interim report. It should be noted the auditor reviewed the initial CDCR investigation and confirmed reports are documented and include information related to the investigation and activities taken.

115.271 (g): Article 44, page 489 states the inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include: 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; and 3) the investigative facts and findings. Page 24 of the Workbook advises that all allegations of sexual violence, staff sexual misconduct and sexual harassment shall be investigated and the findings documented in writing. Interviews with investigators confirmed that criminal investigations are documented in a written report. Investigation indicated the reports include; interviews; evidence reviewed including video, cell phones, etc.; reliability statements; exhibits and all other relevant documentation. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs during the issuance of the interim report. It should be noted the auditor reviewed the initial CDCR investigation and confirmed reports are documented and include information related to the investigation and activities taken.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Article 14, page 177 states upon completion of the investigation, if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. Interviews with investigators indicated that substantiated allegations that appear to be criminal are referred for prosecution. There were two allegation reported in the previous twelve months. both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for

further investigation as they involved staff. Neither investigation was completed by Internal Affairs during the issuance of the interim report.

115.271 (i): The PAQ indicated 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. The PREA - Instructions for Records Retention Schedule (RRS) states the investigatory file is to be retained in ISU for a minimum of ten years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer. A review of a sample of CDCR historic investigations confirmed retention is being met.

115.271 (j): Article 44 page 489 states the departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation. Interviews with the investigators confirmed that the investigation would proceed regardless of whether the staff member terminates employment and/or the resident leaves the facility prior to the completed investigation. Investigators stated the agency investigative unit may take over parts of the investigation.

115.271 (k): The auditor is not required to audit this standard.

115.271 (l): The PREA Coordinator stated that all investigations are conducted by CDCR and as such none are done by an outside agency. He advised the facility is informed of the progress through the CDCR staff. The Director stated that they remained informed of the progress of the investigation through CDCR facility staff. Interviews with investigative staff indicated CDCR conducts all investigations.

Based on a review of the PAQ, Article 44, Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook), PREA - Instructions For Records Retention Schedule (RRS), Investigator Training Records, Investigative Reports and information from interviews with the PREA Coordinator and Director, investigative staff indicates that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility review their investigative timelines.

	<p>There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs during the issuance of the interim report and as such investigations are not being completely timely.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook) 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated 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. Article 44. Page 489 states no standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained. A review of the Workbook confirms that page 24 outlines that no standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained. Page 56 further indicates that a Preponderance of Evidence means the greater weight of the evidence required to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence. For example, one clearly knowledgeable witness may provide a preponderance of evidence over a dozen</p>

witnesses with hazy testimony. Interviews with investigators indicated that the agency does not impose a standard of evidence higher than a preponderance of evidence to substantiate an administrative investigation. There were two allegations reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was complete. It should be noted the auditor reviewed CDCR investigations at prior audits and confirmed the appropriate standard of evidence.

Based on a review of the PAQ, Article 44, Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook), Investigative Reports and information from the interviews with the investigators, it appears this standard is compliant.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook) 4. Investigative Reports 5. CDC 128-B Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interviews with Investigative Staff <p>Findings (By Provision):</p>

115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Article 44, page 487 states upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Page 489 states all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. A review of the CDC 128-B form confirms that it includes information on the date the investigation was closed, the case number and the outcome (substantiated, unsubstantiated or unfounded). The form includes a place for a resident signature and a staff signature. The PAQ indicated there were zero sexual abuse allegations completed in the previous twelve months and zero notification were made. Interviews with the Director and the investigators confirmed that residents are informed of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs at the issuance of the interim report.

115.273 (b): The PAQ indicated if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The CDCR conducts investigations and provides residents information on the outcome of the investigation. The PAQ indicated there were zero sexual abuse allegations reported during the previous twelve months and zero notifications related to outside entity investigations. Article 44, page 487 states upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Page 489 states all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs at the issuance of the interim report.

115.273 (c): The PAQ indicated following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident'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. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. Article 44, page 490 state following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at facility; indicted on the alleged sexual misconduct; or convicted of the alleged sexual misconduct. Page 58 of the Workbook advises the PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been: no longer posted within the inmate's unit; no longer employed at the facility; indicted on the alleged sexual misconduct; or convicted of the alleged sexual misconduct. A review of the CDC 128-B form confirms that it includes a section where boxes can be checked as it relates to the notifications under this provision. The form has an area for the resident to sign and the staff to sign. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs at the issuance of the interim report. It should be noted that both involved staff members and both staff members were terminated. The facility advised they do not inform of the termination until the conclusion of the investigations.

115.273 (d): The PAQ indicated following a resident's allegation that he or she has been sexually abused by another resident 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. Article 44, page 490 states following an investigation into an offender's allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been: indicted on the alleged sexual violence; or convicted of the charge. Page 58 of the Workbook states the institution shall also inform the alleged victim whenever the alleged abuser has been: indicted on the alleged sexual violence; or convicted of the charge. A review of the CDC 128-B form confirms that it includes a section where boxes can be checked as it relates to the notifications under this provision. The form has an area for the resident to sign and the staff to sign. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and

as such no interviews were completed. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was complete. Neither involved another resident and as such no notifications under this provision were required.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents described under this standard are documented. Article 44, page 487 states upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Page 489 states all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing A review of the CDC 128-B form confirms that it includes information on the date the investigation was closed, the case number and the outcome (substantiated, unsubstantiated or unfounded). The form includes a place for a resident signature and a staff signature. The PAQ indicated there were zero notifications made pursuant to this standard. There were two allegation reported in the previous twelve months. Both had an initial investigation completed by the CDCR investigator and were forwarded to Internal Affairs for further investigation as they involved staff. Neither investigation was completed by Internal Affairs at the issuance of the interim report. It should be noted that both involved staff members and both staff members were terminated. The facility advised they do not inform of the termination until the conclusion of the investigations.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, Article 44, Basic Investigator Course - Specialized PREA Training for Locally Designated Investigators Participant Workbook (Workbook), Investigative Reports, CDC 128-B Form, and information from interviews with the Director, and investigators, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility notify residents of removal of staff from housing units and the removal of staff from the facility prior to the completion of the investigation, due to the length of time for CDCR investigations.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44)
3. Department of Corrections and Rehabilitation Operations Manual Chapter 3 Article 22 – Employee Discipline (Article 22)
4. California Code of Regulations Title 15 Crime Prevention and Corrections
5. Investigative Reports
6. Termination Documents

Findings (By Provision):

115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Title 15, page 261 states all allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. It further states for the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of “consent” does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Page 262 also states all allegations of staff sexual harassment shall be subject to review and investigation, and when appropriate, to disciplinary action and/or criminal prosecution. Article 22, pages 229-236 outline the employee discipline process, including the discipline matrix. The matrix notes that sexual misconduct with residents results in dismissal. There were two allegations reported in the previous twelve months. Both were staff on resident sexual abuse and had an open investigation. The initial investigation however contained enough information for the facility to terminate the staff related to the allegation. Documentation confirmed both staff were terminated after the incidents were reported.

115.276 (b): Title 15, page 261 states all allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal

prosecution. It further states for the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Page 262 also states all allegations of staff sexual harassment shall be subject to review and investigation, and when appropriate, to disciplinary action and/or criminal prosecution. Article 22, pages 229-236 outline the employee discipline process, including the discipline matrix. The matrix notes that sexual misconduct with residents results in dismissal. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. There were two allegations reported in the previous twelve months. Both were staff on resident sexual abuse and had an open investigation. The initial investigation however contained enough information for the facility to terminate the staff related to the allegation. Documentation confirmed both staff were terminated after the incidents were reported.

115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ advised there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. Title 15, page 261 states all allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. It further states for the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Page 262 also states all allegations of staff sexual harassment shall be subject to review and investigation, and when appropriate, to disciplinary action and/or criminal prosecution. Article 22, pages 229-236 outline the employee discipline process, including the discipline matrix. The matrix notes that sexual misconduct with residents results in dismissal. There were two allegations reported in the previous twelve months. Both were staff on resident sexual abuse and had an open investigation. The initial investigation however contained enough information for the facility to terminate the staff related to the allegation. Documentation confirmed both staff were terminated after the

incidents were reported.

115.276 (d): The PAQ indicated 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. Article 44, page 489 states written allegations of sexual misconduct by a patient against licensed health care staff shall be reported to the relevant licensing body by the hiring authority or designee within 15 days. All terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee. Title 15, page 261 states all allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. It further states for the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Page 262 also states all allegations of staff sexual harassment shall be subject to review and investigation, and when appropriate, to disciplinary action and/or criminal prosecution. Article 22, pages 229-236 outline the employee discipline process, including the discipline matrix. The matrix notes that sexual misconduct with residents results in dismissal. The PAQ advised there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. There were two allegations reported in the previous twelve months. Both were staff on resident sexual abuse and had an open investigation. The initial investigation however contained enough information for the facility to terminate the staff related to the allegation. Documentation confirmed both staff were terminated after the incidents were reported.

Based on a review of the PAQ, Article 44, Article 22, California Code of Regulations Title 15 Crime Prevention and Corrections, Investigative Reports and Termination Documents, this standard appears to be compliant.

115.277	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44)
3. Department of Corrections and Rehabilitation Operations Manual Chapter 3 Article 22 – Employee Discipline (Article 22)
4. Department of Corrections and Rehabilitation Operations Manual Chapter 10 Article 9 – Volunteers (Article 9)
5. Investigative Reports

Interviews:

1. Interview with the Director

Findings (By Provision):

115.277 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Article 44, page 489 states any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee. Article 9, page 860 states the Hiring Authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security or orderly operation of the institution or region. A report explaining the occurrence and outcome shall be routed to the Hiring Authority with a copy to the Community Resources Manager or designated manager. The PAQ indicated that there have been two contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and two were reported to law enforcement or relevant licensing bodies. There were two allegations reported in the previous twelve months. None involved a contractor or volunteer. It should be noted that the two outlined under this provision were two HealthRight staff. These were deemed contractors by CDCR, however for this audit these were HealthRight staff and as such information related to these are found under Standard 115.276.

	<p>115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Article 44, page 489 states any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee. Article 9, page 860 states the Hiring Authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security or orderly operation of the institution or region. A report explaining the occurrence and outcome shall be routed to the Hiring Authority with a copy to the Community Resources Manager or designated manager. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies by contractors or volunteers would result the individual being denied access to the facility. He advised the CDCR staff would immediately be notified and the individual would not be allowed on the premise.</p> <p>Based on a review of the PAQ, Article 44, Article 22, Article 9, Investigative Reports and information from the interview with the Director, this standard appears to be compliant.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. California Code of Regulations Title 15 Crime Prevention and Corrections 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p>

115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. Article 44, page 490 states upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. Title 15 pages 134-149 detail the resident discipline process, including violations and sanctions. Page 142 details mental health evaluations for disciplinary hearings. The PAQ indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. There were two allegation reported in the previous twelve months. Neither were resident-on-resident and as such no discipline was required.

115.278 (b): Article 44, page 490 states upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. Title 15 pages 134-149 detail the resident discipline process, including violations and sanctions. Page 142 details mental health evaluations for disciplinary hearings. The Director stated that if a resident violates the sexual abuse and sexual harassment policy she/he would be returned to CDCR for disciplinary action. The Director confirmed that discipline would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.278 (c): Article 44, page 490 states upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. Title 15 pages 134-149 detail the resident discipline process, including violations and sanctions. Page 142 details mental health evaluations for disciplinary hearings. The interview with the Director confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and they consider whether to require the resident to participate in order to gain access to other programs and privileges. Any perpetrator of sexual abuse would be transferred back to a CDCR facility where any necessary mental health services, including sexual offender treatment, would be provided. The facility does not employ medical and mental health care staff and as such no interviews were completed.

115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. A review of documentation confirmed there were zero residents disciplined for conduct with staff.

115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Article 44, page 490 states following the investigation into sexual violence or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action.

115.278 (g): The PAQ indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on a review of the PAQ, Article 44, California Code of Regulations Title 15 Crime Prevention and Corrections, Investigative Reports and information from the interview with the Director, this standard appears to be compliant.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. Health Care Department Operations Manual 4. Investigative Reports 5. Secondary Medical and Mental Health Documents

Interviews:

1. Interviews with First Responders

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ advised that that medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Further communication with the PC confirmed the facility would have secondary documentation showing transportation for services. Article 44, page 486 states inmates reporting sexual assault and who were referred to a contracted SANE forensic medical examination, even if the inmate refused the examination, shall be referred for an emergency mental health evaluation. The Mental Health Emergent Referral shall be completed utilizing the CDCR Form 128 MH5: Mental Health Referral Chrono, requesting a PREA Emergency mental health contact. If this Referral is made after hours the on-call clinician shall be contacted to respond to the institution. The emergent referral must be completed by mental health within four (4) hours of the inmate victims return to the facility following the SANE forensic medical examination or their refusal to participate in the SANE examination. The abuser must also receive a referral to mental health per the Substantiated, Perpetrator, protocol. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were two allegations reported in the previous twelve months. The facility maintains logs of transportation of the resident back to CDCR for medical/mental health services and transportation back to the facility. Documentation confirmed both victims were provided medical and/or mental health services by CDCR staff.

115.282 (b): The first responder advised that first responder duties include separating the individuals, notifying the appropriate staff, securing the crime scene,

advising the resident not to take action to destroy any evidence, getting them medical and mental health services, and sending them to the hospital for evaluation. There were two allegations reported in the previous twelve months. The facility maintains logs of transportation of the resident back to CDCR for medical/ mental health services and transportation back to the facility. Documentation confirmed both victims were provided medical and/or mental health services by CDCR staff.

115.282 (c): The PAQ indicated that resident 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. Article 44 page 488 states in accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. These examinations will consist of an explanation of the process, the offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs. As required in Penal Code Section 2638 (part of AB 550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect. Testing for sexually transmitted infections, HIV, and pregnancy (if appropriate) will be offered. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were two allegations reported in the previous twelve months. The facility maintains logs of transportation of the resident back to CDCR for medical/ mental health services and transportation back to the facility. Documentation confirmed both victims were provided medical and/or mental health services by CDCR staff. Neither of the instances required emergency contraception or sexually transmitted infection prophylaxis.

115.282 (d): The PAQ indicated 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. The Health Care Department Operations Manual, page 1 states that there is no cost to the alleged victim for medically necessary emergency and follow-up treatment services, regardless of whether they name the alleged abuser(s) or cooperate with any

	<p>investigation arising from the incident.</p> <p>Based on a review of the PAQ, Article 44, Health Care Department Operations Manual, Investigative Reports, Secondary Medical and/or Mental Health Documentation and information from the interview with the first responder, this standard appears to be complaint.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. Health Care Department Operations Manual 4. Investigative Reports 5. Secondary Medical and Mental Health Documents <p>Findings (By Provision):</p> <p>115.283 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. All residents requiring medical and mental health services are transferred to a CDCR facility and/or a local hospital. During the tour the auditor confirmed that the facility does not provide medical or mental health services on-site. There were two allegations reported in the previous twelve months. The facility maintains logs of transportation of the resident back to CDCR for medical/mental health services and transportation back to the facility. Documentation confirmed both victims were provided medical and/or mental health services by CDCR staff.</p> <p>115.283 (b): The facility does not employ medical or mental health care staff and as</p>

such no interviews were conducted. All residents requiring medical and mental health services are transferred to a CDCR facility and/or a local hospital. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were two allegations reported in the previous twelve months. The facility maintains logs of transportation of the resident back to CDCR for medical/mental health services and transportation back to the facility. Documentation confirmed both victims were provided medical and/or mental health services by CDCR staff.

115.283 (c): The facility provides access to medical and mental health care off-site through local community providers and CDCR staff at CDCR facilities. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The PAQ indicated this provision is not applicable as the facility does not house cisgender female residents. Article 44 page 488 states in accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. These examinations will consist of an explanation of the process, the offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs. As required in Penal Code Section 2638 (part of AB 550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect. Testing for sexually transmitted infections, HIV, and pregnancy (if appropriate) will be offered.

115.283 (e): The PAQ indicated this provision is not applicable as the facility does not house cisgender female residents. Article 44 page 488 states in accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. These examinations will consist of an explanation of the process, the

offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs. As required in Penal Code Section 2638 (part of AB 550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect. Testing for sexually transmitted infections, HIV, and pregnancy (if appropriate) will be offered.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Article 44 page 488 states in accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. These examinations will consist of an explanation of the process, the offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs. As required in Penal Code Section 2638 (part of AB 550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect. Testing for sexually transmitted infections, HIV, and pregnancy (if appropriate) will be offered. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were two allegations reported in the previous twelve months. The facility maintains logs of transportation of the resident back to CDCR for medical/mental health services and transportation back to the facility. Documentation confirmed both victims were provided medical and/or mental health services by CDCR staff. Neither of the instances required testing for sexually transmitted infections.

115.283 (g): The PAQ indicated 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. The Health Care Department Operations Manual, page 1 states that there is no cost to the alleged victim for medically necessary emergency and follow-up treatment services, regardless of whether they name the alleged abuser(s) or cooperate with any investigation arising from the incident. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were

	<p>completed.</p> <p>115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Article 44, page 486 states mental health shall conduct a mental health evaluation of all known inmate- on-inmate abusers within sixty (60) calendar days of the facility having learned of such abuse history. Investigative staff shall ensure the inmate abuser is referred to mental health as soon as an allegation of inmate-on-inmate sexual abuse has been substantiated and/or knowledge of previous inmate-on- inmate sexual abuse arises, which has not previously been addressed utilizing the CDCR Form 128 MH5: Mental Health Referral Chrono, to request a PREA Perpetrator Routine mental health contact. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero substantiated resident-on-resident sexual abuse allegations reported during the audit period and as such there were no known resident-on-resident abusers.</p> <p>Based on a review of the PAQ, Article 44, Health Care Department Operations Manual, Investigative Reports and Secondary Medical and/or Mental Health Documentation, this standard appears to be complaint.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. Investigative Reports 4. Institutional PREA Review Committee (IPRC) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director

2. Interview with the PREA Coordinator

3. Interview with Incident Review Team

Findings (By Provision):

115.286 (a): The PAQ indicated 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. Article 44, page 491 states per 28 CFR, Standard §115.86, each Hiring Authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded. The PAQ indicated there were zero administrative or criminal sexual abuse investigation completed in the previous twelve months, excluding unfounded. There were two allegations reported in the previous twelve months. Both had an initial investigation completed but were referred to Internal Affairs for investigation as they involved a staff member. Both investigation were still open and as such no sexual abuse incident reviews were completed. It should be noted the auditor reviewed sexual abuse incident reviews at prior audits as CDCR staff complete these reviews.

115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. It further stated that in the past 12 months there were zero criminal and/or administrative investigation of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. Article 44, page 491 states 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. There were two allegations reported in the previous twelve months. Both had an initial investigation completed but were referred to Internal Affairs for investigation as they involved a staff member. Both investigation were still open and as such no sexual abuse incident reviews were completed. It should be noted the auditor reviewed sexual abuse incident reviews at prior audits as CDCR staff complete these reviews.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Article 4, page 491 states the IPRC shall normally be comprised of the following staff: Hiring Authority or designee, as chairperson and final decision maker; PREA Compliance Manager; at

least one other manager; in-Service Training Manager; Health Care Clinician; Mental Health Clinician; and Incident Commander or Investigative Services Unit Supervisor. The interview with the Director indicated that CDCR has a sexual abuse incident review team that includes all those staff under this provision. There were two allegations reported in the previous twelve months. Both had an initial investigation completed but were referred to Internal Affairs for investigation as they involved a staff member. Both investigation were still open and as such no sexual abuse incident reviews were completed. It should be noted the auditor reviewed sexual abuse incident reviews at prior audits as CDCR staff complete these reviews.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Article 4, page 491 states the IPRC shall: (A) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (B) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. (C) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. (D) If the staffing plan was not complied with, this fact shall be documented during this review and addressed in the corrective action plan. (E) Assess the adequacy of staffing levels in that area during different shifts. (F) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. (G) Prepare a report of its findings and any recommendations for improvement. (H) Determine a plan to correct findings and document in the report. (I) Document implementation of the Action Plan or reasons for not doing so. (J) Submit the report to the Hiring Authority for final review. It further states the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The final report shall be provided to the appropriate Associate Director, upon approval of the Hiring Authority, if the findings require physical plant modification or other fiscal resource needs that cannot be addressed through their existing budget (i.e., staffing). A review of the IPRC confirm the form includes the required elements under this provision. The form has yes and no checkboxes as well for sections for comments and explanation for each element. Interviews with the Director, PC and sexual abuse incident review team member confirmed sexual abuse incident reviews would include the required elements under this provision. The Director stated they utilize the information from the sexual abuse incident reviews for training and updates to policies and procedures. The PC stated that all sexual abuse incident reviews are forwarded to him and he has noticed an increase in sexual harassment allegations. He further advised that once the report is submitted they would make recommendations and implement the recommendations. He advised they use the information to determine how the situation could have been avoided. There were

two allegations reported in the previous twelve months. Both had an initial investigation completed but were referred to Internal Affairs for investigation as they involved a staff member. Both investigation were still open and as such no sexual abuse incident reviews were completed. It should be noted the auditor reviewed sexual abuse incident reviews at prior audits as CDCR staff complete these reviews.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of the IPRC confirms the form has a section that asks if a corrective action plan was generated as a result of the incident and if follow-up is required. There were two allegations reported in the previous twelve months. Both had an initial investigation completed but were referred to Internal Affairs for investigation as they involved a staff member. Both investigation were still open and as such no sexual abuse incident reviews were completed. It should be noted the auditor reviewed sexual abuse incident reviews at prior audits as CDCR staff complete these reviews.

Based on a review of the PAQ, Article 44, Investigative Reports, Institutional PREA Review Committee (IPRC) and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 - Prison Rape Elimination Act (Article 44) 3. CDCR Prison Rape Elimination Act Annual Report <p>Findings (By Provision):</p>

115.287 (a): The PAQ indicated 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. Article 44, page 491 states Title 28 CFR, Standard §115.88, requires the agency to review data collected pursuant to 28 CFR §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training. On an annual basis: (A) The departmental PREA Coordinator shall forward to each institution, a data collection tool, which shall be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee. (B) The institution shall complete the data collection tool and return it to the Departmental PREA Coordinator. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the “Contract Bed Unit and Division of Rehabilitative Programs”, which is what this facility falls under.

115.287 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. Article 44, page 492 states the CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the “Contract Bed Unit and Division of Rehabilitative Programs”, which is what this facility falls under. The auditor confirmed the allegation types in the PREA Annual Report are those outlined in the Survey of Sexual Victimization.

115.287 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Article 44, page 489 states all allegations require completion of the Survey of Sexual

Violence (SSV-IA) form. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under. The auditor confirmed the allegation types in the PREA Annual Report are those outlined in the Survey of Sexual Victimization.

115.287 (d): The PAQ indicated 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. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

115.287 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of residents and that data from private facilities complies with SSV reporting regarding content. Further communication indicated this applies to CDCR not HealthRight. Article 44, page 492 states reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

115.287 (f): The PAQ indicated that this standard is not applicable as the DOJ has not requested this information. Article 44, page 489 states all allegations require

	<p>completion of the Survey of Sexual Violence (SSV-IA) form.</p> <p>Based on a review of the PAQ, Article 44 and CDCR PREA Annual Report, this standard appears to be compliant.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44) 3. CDCR Prison Rape Elimination Act (PREA) Annual Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.288 (a): The PAQ indicated 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. Article 44 page 491 states the Departmental PREA Coordinator shall review the information contained on the data collection tool. The Departmental PREA Coordinator shall prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. The report shall be routed through the chain of command to the Agency Secretary for review and approval. Once approved by the Secretary, the annual report shall be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website. The CDCR collects data related</p>

to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. The interview with the Agency Head Designee indicated that the agency reviews data collected in order to assess and improve the effectiveness of the agency's sexual abuse and sexual harassment policies and procedures. She stated it is used to reassess policies and determine how they can improve. She confirmed that corrective action is taken on an ongoing basis. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He advised the data is constantly scrutinized and that as they expand the community confinement facilities they use the information to identify any training issues, policy updates and necessary staffing levels. He indicated aggregated data is posted publicly and that any sensitive information or information that identifies individual would not be posted. The PC confirmed they take corrective action on an ongoing basis and that steps are taken in real time to rectify or improve safety. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from Weave Inc. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. Article 44 page 492 states reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. The PAQ noted that the annual report is approved by the Agency Head. The interview with the Agency Head Designee confirmed that the Agency Head reviews and approves the annual report.

A review of the CDCR website confirmed that the current annual report as well as prior annual reports are available for review. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under. The PREA Annual Report was approved by the Agency Head.

115.288 (d): The PAQ indicated 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 and that the agency indicates the nature of material redacted. Article 44 page 492 states reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted. The interview with the PC indicated that identifying information is not include in the report. He stated it is only statistics. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under. The auditor confirmed the report only contained data and did not require any information to be redacted.

Based on a review of the PAQ, Article 44, CDCR PREA Annual Report, the websites and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.

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

Documents:

1. Pre-Audit Questionnaire
2. Department of Corrections and Rehabilitation Operations Manual Chapter 5 Article 44 – Prison Rape Elimination Act (Article 44)
3. CDCR Prison Rape Elimination Act (PREA) Annual Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.289 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. Article 44 page 492 states CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. The interview with the PREA Coordinator indicated that all data is securely retained in the agency's electronic system. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

115.289 (b): The PAQ indicated 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. Article 44 page 492 states CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. A review of the CDCR website confirmed that the current annual report, which

includes aggregated data, as well as prior annual reports are available for review. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Article 44 page 492 states CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under. The auditor confirmed the report only contained data and did not require any information to be redacted.

115.289 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.287 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. Article 44, page 491 states all case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling shall be retained in accordance with the CDCR Records Retention Schedule. The CDCR collects data related to sexual abuse and sexual harassment for the facility, as HealthRight contracts with CDCR. A review of the CDCR PREA Annual Report confirms that it has data from 2017 to present, including data from HealthRight. The data is broken down by type of allegation and investigative outcome. The report includes a summary of the data as well as information on corrective action and/or changes by facility. The report specifically references the "Contract Bed Unit and Division of Rehabilitative Programs", which is what this facility falls under.

	Based on a review of the PAQ, Article 44, CDCR PREA Annual Report, the websites and information obtained from the interview with the PC, this standard appears to be compliant.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 519 564 555">Auditor Discussion</p> <p data-bbox="280 595 609 631">Findings (By Provision):</p> <p data-bbox="280 739 1461 855">115.401 (a): The facility is part of HealthRight 360 an organization that provides residential substance use disorder treatment. The agency contracts with the CDCR. This is the first audit of the facility.</p> <p data-bbox="280 967 1430 1124">115.401 (b): The facility is part of HealthRight 360, an organization that provides residential substance use disorder treatment. The agency has one facility under CDCR contract. This facility is being audited in the second year of the three year audit cycle.</p> <p data-bbox="280 1236 1461 1352">115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p data-bbox="280 1464 1471 1832">115.401 (n): The facility provided an assurance memo that indicated the audit announcement was posted around the facility six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement on blue or orange colored letter size paper in both English and Spanish. The audit announcements were posted throughout the facility. The audit announcement advised that resident correspondence with the auditor would remain confidential unless the resident reported information such as sexual abuse, harm to self or harm to others. The residents were able to send correspondence via special mail. The auditor did not receive any correspondence from residents at the facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Findings (By Provision): 115.403 (f): The facility is part of HealthRight 360, an organization that provides residential substance use disorder treatment. The agency contracts with the CDCR. This is the first audit of the facility and as such no reports have been published.

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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
115.213 (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? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (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 residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents 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?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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 residents 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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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 the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, 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
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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.)	yes
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
115.222 (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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (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.)	na

	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.)	na
	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.)	na
	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 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.)	na
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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.)	na
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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
115.241 (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 information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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 a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident 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 this standard.)	yes
	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
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party files such a request on behalf	yes

	of a resident, 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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, 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
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents 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 abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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,	yes

	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?	
	Upon learning of an allegation that a resident 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
115.264 (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
115.265 (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 response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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: Act promptly to remedy any such retaliation?	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 any resident 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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations 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 115.221(a).)	yes
	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 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident'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 posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident'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
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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 evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident 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
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents 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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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 residents 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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	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
115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (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.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 to § 115.287 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?	yes

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	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.)	na