

PREA Facility Audit Report: Final

Name of Facility: California Institution for Men

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/24/2024

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: Dawn M. K. Landers, Psy.D.	Date of Signature: 05/24/2024

AUDITOR INFORMATION	
Auditor name:	Landers, Dawn
Email:	dawn.landiers@wisconsin.gov
Start Date of On-Site Audit:	09/18/2023
End Date of On-Site Audit:	09/21/2023

FACILITY INFORMATION	
Facility name:	California Institution for Men
Facility physical address:	14901 Central Avenue, Chino, California - 91710
Facility mailing address:	

Primary Contact

Name:	Hugo Padilla
Email Address:	hugo.padilla@cdcr.ca.gov
Telephone Number:	909-917-8168

Warden/Jail Administrator/Sheriff/Director	
Name:	John Merchant
Email Address:	John.Merchant@cdcr.ca.gov
Telephone Number:	909-927-7865

Facility PREA Compliance Manager	
Name:	Hugo Padilla
Email Address:	hugo.padilla@cdcr.ca.gov
Telephone Number:	O: 909-917-8168
Name:	Diane Hernandez
Email Address:	diane.hernandez@cdcr.ca.gov
Telephone Number:	O: 909-597-1821 ext 554
Name:	Abigail Vargas
Email Address:	abigail.vargas@cdcr.ca.gov
Telephone Number:	O: 909-597-1821 ext. 40

Facility Health Service Administrator On-site	
Name:	Louie Escobell
Email Address:	louie.escobell@cdcr.ca.gov
Telephone Number:	909-325-0855

Facility Characteristics

Designed facility capacity:	1604
Current population of facility:	2379
Average daily population for the past 12 months:	2924
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:	21-88
Facility security levels/inmate custody levels:	Level II
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1397
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	85
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	204

AGENCY INFORMATION

Name of agency:	California Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	1515 S Street, Sacramento, California - 95811
Mailing Address:	
Telephone number:	9163246688

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information			
Name:	Rusty Hickethier	Email Address:	rusty.hickethier@cdcr.ca.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<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:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-18
2. End date of the onsite portion of the audit:	2023-09-21

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:	Information was obtained by Just Detention International. Several attempts to contact the identified Sexual Assault Service Provider (Advocate), Project Sister Family Services, were made. Unfortunately, the contracted victim services provider was unable to be reached (did not respond to auditor messages). Riverside University Health System, the facility's contracted SANE provider was contacted and interviewed to verify that SANE services are provided external to the facility by trained medical staff.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1604
15. Average daily population for the past 12 months:	2924
16. Number of inmate/resident/detainee housing units:	23

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

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>2363</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>360</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>77</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>16</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>210</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	450
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:	24
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:	131
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:	8
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:	7
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):

At the time of the audit the facility/agency did not have the ability to provide a list of lesbian, gay and/or bisexual inmates separate from transgender and intersex inmates prior to June 2023. It was noted that the agency's data collection and sorting system in SOMS was changed in June 2023 to all the separation of sexual orientation from gender identity information. Many of the individuals who alleged sexual abuse at the facility were no longer housed at the facility, thus creating difficulty in interviewing this population. Additionally, many of the inmates at the facility met specifications for target population interviews when chosen for random sample inmate interviews. Many of these individuals met parameters for multiple target interviews. As some inmates in the target group declined to participate in audit interviews inmates who were randomly interviewed and fit target population characteristics were reclassified into target population interviews. In some instances the facility did not have the required number of inmates to satisfy the minimum target interviews for specific target populations. As a result, additional target interviews were conducted with the available population of target interviews (ex. there were no individuals placed in segregated status due to victimization concerns so additional sampling of the transgender population was conducted). Lastly, it was noted that per agency policy if an inmate reports sexual abuse from a previous facility that was not already investigated, the facility where the report was made conducts the sexual abuse investigation. This results in an increased number of sexual abuse investigations at the facility, despite the fact that the report involves a different correctional facility.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	1397
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:	204
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:	85
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:	It was noted that the facility hired 188 staff over the past 12 months preceding the PREA audit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"><input type="checkbox"/> Age<input type="checkbox"/> Race<input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<input type="checkbox"/> Length of time in the facility<input checked="" type="checkbox"/> Housing assignment<input checked="" type="checkbox"/> Gender<input type="checkbox"/> Other<input type="checkbox"/> None
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>In order to obtain a robust and diverse random sample interview pool the auditor selected at least two inmates from every housing unit. The sampling was conducted by selecting the 16th person on the first page of the unit roster and the 16th person on each subsequent page of the unit roster. When starting in each "facility" (blocks of housing units) the first page would be used for the first unit, the second page for the second unit, and so on. This allowed for a truly randomized sample. Within the sample set there were several ages, race, and ethnic groups interviewed. Additionally, in reviewing the interview responses the length of time at the facility varied from less than two weeks to several years.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<ul style="list-style-type: none"><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>There were no barriers to completing interviews or ensuring adequate population representation. It is acknowledged that a portion of selected inmates for interview, both within the random and target populations, declined to participate in the interview process. As the initial selection was an oversampling of the population the declined interviews did not prevent the auditor from sampling at least the minimum number of required interviews within the random inmate population.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>26</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
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<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>3</p>
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<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</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>3</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>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>5</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>4</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>2</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>A review of inmates placed in segregated housing was conducted and cross referenced with facility provided risk of victimization information. Of the inmates who were noted to have a risk of victimization it was note that placement in segregation was due to serious conduct concerns/misconduct and not related to identified risk of victimization. Additionally, none of the inmates identified in sexual abuse investigations were found to have been placed in segregated status due to sexual abuse concerns upon review of investigations and inmate records. As a result, the report that the facility does not place inmates in segregation due to risk of victimization or reporting sexual abuse was supported. As this target population does not exist at the facility additional interviews in other target areas were conducted as a substitution to meet the target sampling numbers allocated within the PREA auditor handbook.</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>At the time of the audit the facility/agency did not have the ability to provide a list of lesbian, gay and/or bisexual inmates separate from transgender and intersex inmates prior to June 2023. It was noted that the agency's data collection and sorting system in SOMS was changed in June 2023 to all the separation of sexual orientation from gender identity information. Many of the individuals who alleged sexual abuse at the facility were no longer housed at the facility, thus creating difficulty in interviewing this population. Additionally, many of the inmates at the facility met specifications for target population interviews when chosen for random sample inmate interviews. Many of these individuals met parameters for multiple target interviews. As some inmates in the target group declined to participate in audit interviews inmates who were randomly interviewed and fit target population characteristics were reclassified into target population interviews. In some instances the facility did not have the required number of inmates to satisfy the minimum target interviews for specific target populations. As a result, additional target interviews were conducted with the available population of target interviews (ex. there were no individuals placed in segregated status due to victimization concerns so additional sampling of the transgender population was conducted). Lastly, it was noted that per agency policy if an inmate reports sexual abuse from a previous facility that was not already investigated, the facility where the report was made conducts the sexual abuse investigation. This results in an increased number of sexual abuse investigations at the facility, despite the fact that the report involves a different correctional facility.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>25</p>
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<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>A sample of varied gender staff was incorporated into the random sample of staff. Additionally, staff were chosen from both uniformed and non-uniformed (i.e. civilian) classifications in order to create a diverse and robust sampling of staff within the facility.</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>During the interviews of random staff it was noted that many staff fulfill multiple roles within the facility. As a result, many staff were interviewed using several interview protocols. There were no barriers to ensuring representation. Staff across all shifts and work designations (i.e. uniformed versus non-uniformed) were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>31</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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Additional interviews were conducted with classification staff, grievance and complaint staff, inmate assignment staff, the facility's training director, and the volunteer and contract coordinator.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>For this audit, the Agency Head and PREA Coordinator were interviewed as part of consortium interviews by consortium DOJ certified auditors working with this auditor. Additionally, the Warden of the facility was unavailable for interview, as such, the designee provided was the facility's Chief Deputy Warden. It is noted that during the Corrective Action phase of this audit the Chief Deputy Warden interviewed was named as the Warden of the facility by the Agency. Within the specialized staff population it is acknowledged that many staff fulfill multiple roles within the facility. As a result, many staff were interviewed using several interview protocols.</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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the facility site review the audit team was accompanied by knowledgeable administration staff from the facility, the facility PREA Compliance Manager, building and grounds/maintenance staff, and agency staff from the central PREA office. Facility staff were immediately responsive to correcting concerns, such as frosting a window where a toilet was in the direct line of site from the window to anyone walking past the room. This immediate response resulted in the facility being able to correct issues that may have negatively impacted compliance findings. Furthermore, this immediate responsiveness demonstrates the facility's dedication to improving sexual safety practices to prevent, detect, and respond to concerns that could contribute to sexual abuse and/or sexual harassment.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The facility and agency provided excellent documentation sampling and was timely in providing additional documentation or evidence as requested by the auditor.</p>

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	10	10	10	10
Staff-on-inmate sexual abuse	6	6	6	6
Total	16	16	16	16

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	1	1	1	1
Staff-on-inmate sexual harassment	3	3	3	3
Total	4	4	4	4

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	2	0	0	0	0
Staff-on-inmate sexual abuse	5	0	0	0	0
Total	7	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	2	1	7	0
Staff-on-inmate sexual abuse	5	1	1	0
Total	7	2	8	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	3	0	0	0	0
Total	3	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	1	0	0
Staff-on-inmate sexual harassment	3	0	0	0
Total	3	1	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:	11
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility's Investigation Services Unit (ISU) completes both administrative and criminal investigations. When investigations involve allegations against staff a preliminary investigation is conducted by the ISU and if the allegation appears to meet the PREA standard definitions of sexual abuse or sexual harassment it is referred to the agency's internal affairs office for further investigation. The internal affairs unit also conducts both criminal and administrative investigations. Investigations are referred for prosecution based on agency policy with substantiated sexual abuse findings. Investigations reviewed for sexual abuse by the auditor noted initial compliance concerns, as discussed within the standards discussion. To address these issues the facility provided specific additional investigation documents for four investigations occurring during the corrective action phase. The provision of these items, as requested by the auditor, allowed the facility to demonstrate compliance with the previously noted standard specific concerns (discussed within the standards review).</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>2</p>

Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-on-site through the post-on-site phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>3</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>Wisconsin Department of Corrections-</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) sections 54040.1, 54040.2, 54040.3, 54040.4, 54040.15, 54040.15.1, 54040.16, 54040.17 3. PREA Implementation packet including: Memo dated August 13, 2015; PREA Information for Orientation Handbook; Institution PREA Review Committee blank form; and e-mail dated August 13, 2015 conference call to discuss PREA implementation 4. California Department of Corrections and Rehabilitation (CDCR) California Code of Regulations Title 15, Section 3401.5 Staff Sexual Misconduct

5. CDCR Organizational Chart
6. CDCR PREA Captain Duty Statement
7. PREA Compliance Manager List
8. Interview with the CDCR PREA Coordinator, revised 07/05/2023.
9. Interview with the CIM PREA Compliance Manager
10. Interviews with Random and Specialized Staff
11. Tour of the Facility

Reasoning and analysis (by provision):

115.11 (a)

The California Department of Corrections and Rehabilitation facility California Institution for Men (CIM), hereafter referenced as CIM follows the CDCR process of operation polices through the Department Operations Manual (DOM) noted hereafter as DOMs and subsequent memorandums to update policies and procedures. Review of the PAQ notes that the Agency written policy, DOM 54040.1, under Article- 44 Prison Rape Elimination Policy, mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. Specifically, this policy indicates "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole."

The PAQ provided PREA Implementation Memo 2015 further explains the agency's approach and instructions facilities are to adhere to as a means of preventing, detecting, and responding to actions of sexual abuse and sexual harassment. This memo provides a description of various agency strategies and responses for facilities to implement to reduce and prevent sexual abuse and sexual harassment of inmates. This document (attached in PAQ item 115.15(a)-2) includes information provided in the PREA Information for Orientation Handbook noting additional information provided to the inmate population on prevention, reporting, and response to sexual abuse harassment concerns while in confinement at agency facilities.

Title 15 DOM 3410.5 Staff Sexual Misconduct provides definitions of prohibited behaviors regarding "staff sexual misconduct as 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." Several specific definitions of staff on inmate sexual abuse are further provided in provisions (a)1-5. Additionally, DOM 54040.2 provides specific definitions staff on inmate sexual harassment. DOM 54040.2 also provides definitions

of inmate on inmate sexual abuse and sexual harassment behaviors.

Penalties for sexual abuse and sexual harassment are outlined in different locations based on if the behavior is noted to be staff on inmate based or inmate on inmate concerns. Staff on inmate sexual abuse are noted in DOM 3401.5. Staff Sexual Misconduct, indicating that all allegations of sexual misconduct shall be subject to investigation and may lead to disciplinary action and or criminal prosecution. Specific disciplinary actions are not outlined. Penalties for inmate on inmate sexual abuse and sexual harassment are noted in DOM 54040.15 Disciplinary Process, however, specific disciplinary actions are not indicated.

During the onsite phase of the audit a tour of the facility was conducted and several random and specialized staff were interviewed. During the tour of the facility and interviews with staff, it was noted that staff were able to discuss the CDCR's policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. There were numerous posters in the facility noting this information and staff were able to discuss both policy and training to meet provisions of this agency policy to prevent, detect and respond to sexual abuse and sexual harassment concerns involving the inmate population.

115.11(b)

Review of available information in the PAQ notes that the agency employs a designated PREA Coordinator. This coordinator reports directly to the Associate Director (A) for the California Department of Corrections and Rehabilitation. The documents provided by the CDCR, including an organizational flow chart of supervision/reporting and the position description provided indicate that the PREA Coordinator is an upper level management position, designated as a Correctional Captain. This description provides the authority and time allocation percentages for specific duties of development, implementation, and overseeing agency efforts to comply with the PREA standards in all of its facilities. It is noted that PAQ information indicates that the facility PREA Compliance Managers report to the PREA Coordinator for the agency in PREA related matters.

Interview with the PREA Coordinator on 02/08/2023, as allowed per consortium participation between CDCR and the WI Department of Corrections (DOC) notes the PREA Coordinator only being assigned to manage PREA specific duties of development, implementation, and overseeing agency efforts to comply with the PREA standards in all of its facilities. The coordinator notes supervising additional support staff to assist carrying out these duties. Additionally, the PREA Coordinator notes holding monthly conference calls with the facility PREA compliance managers (PCMs) at each of the facilities, communicating with the PCMs through memos, taking PREA compliance tours of the facilities with the PCMs to discuss PREA compliance, directly assisting PCMs in addressing compliance issues, and addressing the updating or creation of policies while including the CDCR employee union in decision making.

115.11(c)

	<p>Information provided within the PAQ notes that CIM has a designated PREA Compliance Manager, holding the position of Associate Warden who directly reports to the Chief Deputy Warden for CIM. This position allows for sufficient authority to coordinate CIM's PREA compliance efforts. Additionally, CIM has a designated back up PREA compliance manager. Consortium interview with the PREA Coordinator on 02/08/2023 also notes the agency, CDCR, has 33 prisons in the state with a total of 34 PREA Compliance Managers, substantiating CIM's report of having a designated facility PREA Compliance Manager.</p> <p>Interview with CIM's PREA Compliance Manager (PCM) indicates that the PCM has the adequate time and support to complete PREA compliance responsibilities. Additionally, the PCM notes methods of completing responsibilities such as touring the facility regularly, reviewing investigations, initiating communication about PREA responsibilities, and having additional resources to assist in the assessment, facilitation, and maintenance of PREA compliance to the PREA standards within CIM.</p> <p>Corrective Action:</p> <p>None</p> <p>Recommendation:</p> <p>At an agency level, it is recommended that the DOM Article- 44 Prison Rape Elimination Policy be updated to incorporate the information within the PREA Implementation Memo 2015 specifically to provide a description of various agency strategies and responses for facilities to implement to reduce and prevent sexual abuse and sexual harassment of inmates. This recommendation is provided as memorandums are not seen as policy, rather are clarifications or supports to policy, and in this situation include more detailed information for practical application than the official DOM policy.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire 2. Memorandum dated February 1, 2022, Subject: Contracting with other entities for the confinement of inmates - 115.12 3. Contract Standard Agreement between CDCR and Saint John's Program for Real Change (C5609916) effective July 1, 2021 through June 30, 2026; Special attention to

- p. 71 and 152 of Standard Agreements for PREA specific content
4. Contract Standard Agreement between CDCR and Epidaurus DBA Amity Foundation (C5608846) effective Upon Approval (approved October 08, 2019) through June 30, 2024; Special attention to p. 71 and 152 of Standard Agreements for PREA specific content
 5. Contract Standard Agreement between CDCR and WestCare California, Inc. (C5607981) effective July 1, 2020 through June 30 2025; Special attention to p. 69 and 150 of Standard Agreements for PREA specific content
 6. Contract Standard Agreement between CDCR and WestCare California, Inc (C5609005) effective July 1, 2018 through June 30 2023; Special attention to p. 73 and 161 of Standard Agreements for PREA specific content
 7. Contract Standard Agreement between CDCR and Los Angeles Centers for Alcohol and Drug Abuse (C5610310) effective Upon Approval (approved February 28, 2022) through June 30 2025; Special attention to p. 98 and 163 of Standard Agreements for PREA specific content
 8. Contract Standard Agreement between CDCR and Custody to Community Transitional Reentry Facility Santa Fe (C5607863) effective July 1, 2018 through June 30, 2023; Special attention to p. 74 and 158 of Standard Agreements for PREA specific content
 9. Contract Standard Agreement between CDCR and Mental Health Systems, Inc. (C5609006) effective July 1, 2020 through June 30, 2025; Special attention to p. 70 and 151 of Standard Agreements for PREA specific content
 10. Contract Standard Agreement between CDCR and Turning Point of Central California, Inc. (C5609226) effective November 1, 2019 through June 30, 2024; Special attention to p. 74 and 151 of Standard Agreements for PREA specific content
 11. Contract Standard Agreement between CDCR and Corecivic, Inc. (C5609182) effective November 1, 2020 through June 30, 2024; Special attention to p. 71 and 74 of Standard Agreements for PREA specific content
 12. Contract Standard Agreement between CDCR and Butte County Probation Department (C5609175) effective November 1, 2019 through June 30, 2024; Special attention to p. 71 and 74 of Standard Agreements for PREA specific content
 13. Contract Standard Agreement between CDCR and Healthright (C5609223) effective November 1, 2019 through June 30, 2024; Special attention to p. 71 and 74 of Standard Agreements for PREA specific content
 14. Contract Standard Agreement between CDCR and Community Education Centers, Inc. (C5609258) effective November 1, 2019 through June 30, 2024; Special attention to p. 71 and 74 of Standard Agreements for PREA specific content
 15. Contract Standard Agreement between CDCR and Epidaurus DBA Amity

Foundation (C5609181) effective November 1, 2019 through June 30, 2024; Special attention to p. 71 and 74 of Standard Agreements for PREA specific content

16. California Department of Corrections and Rehabilitation Prison Rape Elimination Policy Volunteer/Contractor Informational Sheet (separate document provided but also noted as standard form in all Contract Standard Agreements reviewed items 3-15 above)

17. California Department of Corrections and Rehabilitation (CDCR) Special Terms and Conditions (separate document provided but also noted as standard form in all Contract Standard Agreements reviewed items 3-15 above).

18. Memorandum dated December 30, 2022 Subject: Compliance to Prison Rape Elimination Act (PREA). The purpose of this memorandum is to provide staff at the MCRP and CTRP facilities information regarding compliance to the required standards.

19. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Saint John's Program for Real Change review dated 03/11/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

20. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Saint John's Program for Real Change review dated 04/18/2023, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

21. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Epidaurus DBA Amity Foundation Contract review dated 03/10/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

22. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act Amity Foundation Amistad Los Angeles Contract review dated 04/19/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

23. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for WestCare California, Inc. (contract started 07/01/2020) review dated 03/11/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

24. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for WestCare California, Inc. (contract started 07/01/2020) review dated 04/20/2023, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

25. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for WestCare California, Inc. (contract started 07/01/2018) review dated 03/31/2022, noting in any areas where

results found Unsatisfactory compliance corrective actions are documented.

26. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Los Angeles Centers for Alcohol and Drug Abuse 03/30/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

27. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Mental Health Systems, Inc. review dated 03/09/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

28. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Butte County Probation Department review dated 01/10/2023, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

29. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Healthright review dated 04/05/2022, noting in any areas where results found Unsatisfactory compliance corrective actions are documented.

30. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for Epidaurus DBA Amity Foundation (contract started 11/01/2019)

31. California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act for GEO Group, Long Beach MCRP review dated 06/08/2023 noting full Satisfactory compliance with PREA standards.

32. Sample California Department of Corrections and Rehabilitation (CDCR) Contract Compliance Review Report Prison Rape Elimination Act noting the CDCR PREA Compliance Manager shall evaluate the contractor's responses to PREA compliance by Observation or Facility Tour (OB), Policy Review (PR), Document Review (DR), Staff Interview (SI) and/or Inmate Interview (II).

33. Document of Community Confinement Facilities Contract Monitoring Schedule 2022 noting monitoring at contracted confinement settings identified as CDCR contract agencies (noted in 3-15 above) with designated travel dates to the locations as proof of monitoring practices.

34. Interview with the Agency's Contract Administrator

Reasoning and analysis (by provision):

115.12 (a)

A review of the PAQ provided by CIM indicates the agency has entered into 13 contracts for the confinement of inmates since the last PREA audit. Each of the 13

contracts was included in the PAQ (noted as evidence items 3-15 for this standard). A review of each of these contracts demonstrates that each contract includes the California Department of Corrections and Rehabilitation (CDCR) Special Terms and Conditions and the California Department of Corrections and Rehabilitation Prison Rape Elimination Policy Volunteer/Contractor Informational Sheet. Each contract also stipulates a requirement that the contractors to adopt and comply with PREA standards. This is further supported by the memorandum dated December 30, 2022 Subject: Compliance to Prison Rape Elimination Act (PREA) which provide staff at the MCRP and CCTRP facilities information regarding compliance to the required standards.

115.12 (b)

According to the evidence provided within the PAQ, as a means of evidencing the contract entity's obligation to adopt and comply with the PREA standards the December 30, 2022 memorandum enforces that "a copy of this signed informational sheet [CDCR's PREA Volunteer/Contractor Informational Sheet] will be provided to the facility before a contract employee may have contact with participants." Per the CDCR memorandum dated February 1, 2022, "A monitoring tool is being finalized" to address ongoing monitoring of contract confinement agencies. This compliance tool is noted as the CDCR's Contract Compliance Review Report Prison Rape Elimination Act. Within the evidence provided by CIM in the PAQ numerous Contract Compliance Review Reports are provided. It is noted that not all of the contract confinement entities have a review report completed, however, at the review process was implemented after 02/01/2022 a sample demonstrating that facilities are being reviewed and PREA standard compliance concerns are being addressed and monitored is sufficient to evidence that the agency is engaging in monitoring of contact agencies in accordance with this provision of 115.12. Per an interview with the Agency's Contract Administrator, the CDCR agency also monitors for PREA compliance with confinement contract entities by having CDCR correctional staff on site who report issues immediately, the CDCR provides assistance to the contracted facility to address areas of non-compliance with PREA standards, the CDCR's Contract Compliance Review Report is being implemented at the contract locations and continue to be introduced at locations as part of the cycle of audit monitoring, and contracted confinement entities are required by the CDCR to complete the Contract Compliance Review Report and address areas of inadequacy in compliance with the assistance of the CDCR.

While issues of PREA standard compliance are noted in some areas with many of the agency contracted confinement entities, it appears these issues are being addressed as documented on the Contract Compliance Review Report and the CDCR is an active participant in monitoring and assisting facilities in addressing PREA compliance.

Corrective Action:

None

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) sections 54040.18, 54040.17.1, 54040.4 3. CDCR TeleStaff/BIS Code Listing denoting specified codes to be considered in the staffing pattern with regard to staff availability and leave codes. 4. CDCR Memorandum dated August 1, 2023 with a subject of California Institution for Men Staffing Plan Analysis in accordance with PREA Standard 115.13. 5. CDCR Memorandum dated March 19, 2024 with a subject of California Institution for Men Staffing Plan Analysis in accordance with PREA Standard 115.13. Received during corrective action phase. 6. California Institution for Men (CIM) Notice of Unusual Occurrence documentation of deviation from the Staffing Plan (noted several Daily Activity Reports (DARs)) and initiation of the CIM Watch Commander implementation the Correctional Officer Shortage Step Down Procedure outlined in CIM Local Operational Procedure #08 (45 pages). 7. CDCR CIM Operational Procedure #08, last revised August 2022 (7 pages). 8. CDCR Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review dated January - December 2022 for CIM (4 pages). 9. Documentation of Security Supervisors rounds in log books (signed in red). Additional photographs of added log books, indicated in corrective action phase also reviewed. 10. Interview with the California Institution for Men (CIM) Warden or Designee (Note due to the Warden being unavailable prior to and not on site during the onsite phase of the audit the CIM Chief Deputy Warden, noted as the Warden's Designee was interviewed). 11. Review of Sexual Abuse and Sexual Harassment Investigation Documentation 12. Interview with the CIM PREA Compliance Manager 13. Interview with the CDCR PREA Coordinator.

14. Interviews with Intermediate- or Higher-Level Facility Staff

15. Tour of the facility (CIM). During Corrective Action additional photographs of specific facility area alterations were reviewed.

Reasoning and analysis (by provision):

115.13 (a)

A review of the PAQ provided CDCR DOM Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) section 54040.18 evidences an agency wide policy to ensure CIM, and all facilities within the CDCR, “shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against 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.” This DOM section is written in the exact language of PREA Standard 115.13 (a).

The provided CDCR Memorandum dated August 1, 2023 with a subject of California Institution for Men Staffing Plan Analysis in accordance with PREA Standard 115.13 specifically outlines CIM’s staffing plan considering accepted correctional practices of staffing the facility based on budgeted allocations for staff positions provided to the CDCR by the State Department of Finance. This practice considers American Correctional Association standards, National Institution of Corrections, best practices and site visits, and negotiation with the recognized Employee’s Exclusive Representatives (Union). The staffing plan acknowledges how CIM assigns staff duties a process by which vacant posts are filled and programs are modified to accommodate staffing patterns for the purpose of maintain the safety and security of the facility, staff, and inmates at DIM. CIM and the CDCR acknowledge litigation in the “Clark, Coleman, and Armstrong” lawsuits resulting in remedial plans requiring an augmentation in staffing to allow for compliance. CIM notes that there are no findings of Federal Investigative agencies pertaining to staffing inadequacies. Additionally, CIM did not have any findings of staffing inadequacies by internal or external oversight bodies. CIM notes an ongoing process of using their own Investigative Services Unit (ISU) and the CDCR’s Office of Internal Affairs (OIA) to conduct investigations pertaining to concerns or allegations involving staff performance, training needs, and potential staff misconduct. Results of these investigations may drive or impact CIM staffing patterns based upon findings of the Hiring Authority.

Continued evidence of compliance with 115.13 (a), the CIM staffing plan, noted in the

August 1, 2023 memorandum goes on to indicate that CIM acknowledges blind spot areas within the facility and seeks to mitigate these areas through appropriate staffing, security checks, and/or prohibiting inmate movement in these areas. An analysis of the composition of the inmate population is provided in the staffing plan, noting the facility is designated for primarily level II Non-Designated Program Facility (NDPF) inmates. Within the PAQ CIM was noted to have an average daily population of 2796 inmates with a staffing plan created for a prediction of an average daily population of 4226 inmates. On the first day of the onsite phase of the audit the population was noted to be 2363 and the facility was operating using the staffing plan for 4226, which indicates staffing well within the expected staffing level for CIM's staffing plan. Additional inmate population specifics such as the inclusion of outpatient beds, a 17-bed allocation for mental health crisis beds, and administrative segregation population. CIM acknowledges the vast size of the facility in discussing the layout of the institution, different types of housing units to include open barracks units as well as closed cell units, program operations, and notes creating a staffing pattern to ensure adequate staffing to cover all areas of the facility. As a means of supervising the inmate population the staffing plan outlines specific staff, including lieutenants, captains, non-custody supervisors (such as a facility plant manager), Associate Wardens, a Chief Deputy Warden, and a designated Warden assigned to make unannounced supervisory rounds, throughout the facility with the intent of, among other things, deterring sexually abusive and/or sexually harassing behaviors. It is noted that the supervising staff are located throughout the facility.

CIM operates using the CDCR agency DOMs as policies. Memorandums are noted throughout the facility and in the PAQ as a means of supplementing the DOMs to ensure improved facility practices and implantation of the policies and operating procedures of CIM and the CDCR. CIM acknowledges operating within CDCR policies and procedures, and in accordance with state and federal laws, including the PREA standards within the provided staffing plan (Memorandum dated August 1, 2023). CIM indicates that any deficiencies in adherence to the law, standards, policies and procedures are addressed in a timely manner in accordance with requirements and best correctional practices.

Within the staffing plan, CIM notes having 15 incidents of sexual abuse, staff sexual misconduct, and sexual harassment between July 2022 and July 2023. It was noted that seven cases were closed as Unsubstantiated, three cases were Unfounded, five cases were still under investigation, and there were zero substantiated sexual abuse or sexual harassment cases involving the inmate population. However, during the onsite phase of this audit it was noted that additional, non-reported investigations were conducted in which the investigators did not count these cases as PREA investigations due to belief that the allegations did not meet the PREA standard definitions of sexual abuse or sexual harassment toward inmates by other inmates or staff. As this was discussed it was noted that at least one of these cases did meet the standards of alleged sexual abuse of an inmate by another inmate. However, the accuser admitted to investigators that the report of abuse was made in bad faith in order to obtain a more desirable placement. This bad faith reporting of inmate on inmate sexual abuse is consistent with a PREA finding of Unfounded inmate on inmate

sexual abuse. Due to the dynamics of this situation and an error in the interpretations of the PREA standard definitions of sexual abuse and sexual harassment this case was not counted in the staffing plan report of sexual abuse allegations despite it being investigated as an initial sexual abuse report. This issue was discussed as an area for improvement in order to report accurate numbers of allegations of sexual abuse or sexual harassment for tracking purposes. Investigative staff remarked in conversation that they were uncertain how often this misinterpretation of PREA standard definitions has occurred resulting in under reported, though administratively clarified/addressed, investigations of sexual abuse and/or sexual harassment.

During interviews with the Chief Deputy Warden and CIM's PREA Compliance Manager (PCM), both noted that CIM operates using a standard staffing plan that is approved by the CDCR Central Office in Sacramento. The Chief Deputy Warden noted that CIM hires for vacancies as they arise and continually to monitors the population. It was noted that if there are specific concerns with inmates they may be placed in areas that have increased monitoring or staff contact, such as in a barracks setting. Both the PCM and the Chief Deputy Warden noted that there is no video monitoring in CIM and that a plan is in place to introduce video monitoring approximately next year. It is noted that video monitoring would improve overall monitoring of the facility and population. It is noted that the allocations of staff and video monitoring are determined by any legal findings, budgetary allocations, DOM policies, and a standardized staffing pattern. Each of the elements in standard 115.13 (a) are acknowledged within the staffing plan and CIM adheres to this plan. In the event that the staffing plan cannot be followed, deviations are documented in the daily activity report (DAR). However, per the interviews, prior to breaking the staffing plan overtime would be hired, rounds would be increased, and unnecessary operations may be closed in consultation with the non-custody providers. The PCM and Chief Deputy Warden not that review of the staffing plan, consideration of video monitoring, addressing of blind spots and other facility lay out concerns, consideration of the inmate population needs, allocations for staffing provided by CDCR, implementation and review of supervisory rounds, increased communication with staff for safety purposes, amendments and clarifications to policies through memos and review of staff post orders for the purpose of improving safety and preventing, detecting, and responding to sexual abuse or sexual harassment concerns is an ongoing process.

During the onsite phase of the audit the facility was toured by the audit team. In many of the cell based living areas of the facility and general program areas (such as a converted dining area that is now for programs) there was excellent line of sight and limited blind/isolation areas. There were staff conducting rounds as well as staff monitoring entry and exit from the units. It was noted that off limits areas with lockable doors were consistently locked and staff controlled to limit access. In barracks or dormitory style housing locations there was an open concept, though lines of sight were blocked by inmates hanging things from bunks, etc. Additionally, there were only a few staff to approximately 200 inmates per barracks unit. Staff did conduct rounds for safety purposes. The audit team noted that there were several "off limits" areas, such as staff bathrooms, that were left open or unlocked and doors that were reportedly "supposed to be" secured that were unsecure. Additionally, there

were several rooms used by staff to meet with inmates, often individually, that did not have any ability to see into the room when the door was closed. The facility does not have cameras for monitoring, though discussion of adding cameras to the facility was noted to be in process. While walking through CIM, especially in non-living areas such as maintenance areas, kitchens, a dive shop (program area), etc. several blind spot locations and areas where isolation could occur were observed. Many of these areas had open, unfettered, access to both staff and inmates though activities in these areas would be out of sight (example noted with a large oven where there is an unmonitored though easily accessed walkway behind the oven and blocked by a wall). Some of the blind spot/isolation locations did have signage indicating "Out of Bounds" for the inmate population, however, there were many locations where there was no signage or physical barriers to prevent or restrict access to blind spot/isolation locations. In several places, lacking restrictions through signs or physical barriers, inmate monitoring by staff was limited. There were instances, such as in a facility D maintenance area where inmates were working with other inmates and no staff oversight. Additionally, throughout CIM there were few mirrors to assist in decreasing blind spots and increasing visibility for monitoring and increasing safety. Areas where increased monitoring through rounds, out of bounds signage, creating a physical barrier, or increased mirrors for visibilities were highlighted to facility staff assisting with the audit team tour (including CDCR PREA Central Office Staff, CIM's PREA Compliance Manager, and building and grounds plant operations staff). It is noted that these locations and issues need to be addressed to increase general safety while preventing, detecting, and responding to sexual abuse and sexual harassment concerns. Furthermore, addressing of these blind spots or areas of limited to no monitoring need to be addressed by the facility as outlined within the CIM staffing plan (element 5 of 115.13 (a)).

115.13 (b)

A review of PAQ provided information indicates CIM has a designated Operational Procedure #08 to address documentation and justifications along with action plans to address all deviations from the facility staffing plan. A review of the CIM Notice of Unusual Occurrence documentation of deviation from the Staffing Plan (noted several Daily Activity Reports (DARs)) and initiation of the CIM Watch Commander implementation the Correctional Officer Shortage Step Down Procedure outlined in CIM Local Operational Procedure #08. It is noted that actions documented in the DARs were consistent with the actions designated in Operational Procedure #08. Actions note requirements to staff critical areas of the facility, such as housing units, for coverage by staff at all times. The DARs indicate closing of non-essential activities with reassignment of staff to critical posts in order to address staffing plan needs for the provision and insurance of inmate sexual and general safety. This process of documenting any deviations from the staffing plan on the DAR was also iterated by the Chief Deputy Warden of CIM, as designee for the Warden. It was noted that CIM keeps all housing unit officer positions filled and documents reasons for deviation and modifications to the staffing plan on the DAR.

During the audit team facility walk through staff were observed to be stationed on all housing units and areas with active inmate movement/assignments. Staff were

completing rounds, though it was noted in some areas that only minimal staff were present resulting in inmates being unsupervised (in a Facility D maintenance area). Both custody and non-uniformed staff were actively involved in supervising inmates. Discussion with staff during the walk through, while informal, also noted that staffing is taken seriously and if necessary alterations to staff assignments are made to make sure essential facility areas are adequately staffed per the staffing plan.

115.13 (c)

The CDCR provided DOM 54040.17.1 notes that the “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 the facility has available to commit to ensure adherence to the staffing plan.” Within the PAQ an agency audit titled CDCR Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review dated January - December 2022 for CIM documents a facility review including the CIM PCM, CIM Warden, and CDCR PREA Coordinator. This review tool encompasses each of the staffing plan elements (11 total) identified in 115.13 (a). Furthermore, the annual staffing plan CDCR Memorandum dated August 1, 2023 with a subject of California Institution for Men Staffing Plan Analysis in accordance with PREA Standard 115.13 notes an annual review of the CIM staffing plan that is signed by CIM’s PCM and Warden.

Interview with the PREA Coordinator for CDCR indicated that the PREA coordinator is consulted about staffing plans “If there is a staffing issue, for example, they need additional staff we discuss they whys and the need for an increase. We might end up mitigating the issue versus adding additional staff for example, we may modify post orders or increase rounds, add cameras, or even closing off an area.” An annual review timeframe was not verbalized during the interview, but supporting documentation notes this to be occurring and including the review of and signature to the PREA Annual Data Collection Tool and Staffing Plan Review.

115.13 (d)

According to DOM 54040.4, “A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time, and location that the security check was conducted. Staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.”

Documentation of intermediate-level or higher-level supervisor rounds was provided within the PAQ, noting that the rounds are conducted multiple times per week across shifts. Additionally, the rounds are documented in red. This documentation was consistent with log books observed on the housing units within CIM. However, it was noted during the on-sight portion of the audit that unannounced supervisor rounds

are not documented in non-residential areas of the facility, such as kitchens and maintenance areas. As these are areas where inmates are routinely working these are areas that also need to have documented rounds in order to ensure that intermediate-level or higher-level supervisor rounds, per requirement with provision (d) of 115.13 are being conducted and documented. This issue was broached with the CIM PCM and CDCR PREA staff during the audit and CDCR PREA staff noted this is an area that is in need of, and targeted for, addressing to obtain compliance.

It is noted that during interviews with intermediate-level or higher-level supervisory staff supervisors reported routinely conducting announced supervisory rounds across shifts. Supervisors indicated that these are documented and that staff are not allowed to alert one another that the rounds are occurring.

Initial Corrective Actions:

115.13 (a) CIM must address element 5 of 115.13 (a) “all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)” by developing, documenting, and providing a plan through staffing or monitoring to protect inmates against sexual abuse.

115.15 (d) CIM must document intermediate-level or higher-level supervisor rounds, per 115.13 (d) in all areas of the facility where inmates have routine access to live, work, attend programs, and congregate to identify and deter staff sexual abuse and sexual harassment.

Initial Recommendations:

It was noted that CIM is in the process of addressing the addition of video monitoring to the facility in a variety of areas. While video monitoring cannot be a specific recommendation to increase compliance with standard 115.13 (a & c) CIM’s anticipated addition of video monitoring technology is strongly supported. Additionally, in areas that are noted to be blind spots, or areas where inmates could be isolated and are at increased risk for sexual and general safety concerns, the use of mirrors, cameras, increased rounds or staffing, consistent locking of doors, out of bounds signs, creating visibility into isolated rooms, and/or physical barriers to limit and/or increase monitoring in these areas is encouraged. These ideas were discussed with the CDCR PREA Central Office Staff, Chief Deputy Warden, PCM and building and grounds plant operations staff assisting with the audit team walk through of the facility.

It is noted that CIM did evidence consideration of documented sexual abuse and sexual harassment allegations within the current facility staffing plan, in accordance with standard 115.13 (a). However, during the review of investigations it was reported that there may be (as evidenced by at least one) additional cases of sexual abuse or sexual harassment that were not reported for the purposes of creating the staffing plan as they were not considered to be PREA investigations due to a misunderstanding of PREA definitions of investigation findings and sexual abuse/harassment. As a result, CIM is encouraged to review closed investigations that involved initial reports of possible sexual abuse or sexual harassment and determine

if the investigations do meet PREA standard definitions to be considered when reviewing and updating the facility's staffing plan.

During the CIM facility walkthrough unannounced supervisor rounds were not documented in non-residential areas of the facility, such as kitchens and maintenance areas. A recommendation to remedy this issue and obtain compliance with 115.13 (d) is to add log books to these areas and to instruct intermediate-level or higher-level supervisory staff to document rounds in these areas in accordance with DOM 54040.4. It is noted that DOM 54040.4 specifically states documentation in a "Unit Log Book" which may be interpreted to include an area specific (i.e. Kitchen "Unit Log Book"). However, for clarification purposes it is suggested that the agency provide a memorandum of clarification to address this issue until such time as the DOM language can be updated to include log books for all areas of the facility.

Corrective Action Period:

During the facility's Corrective Action period subsequent to the conclusion of the post audit phase (November 03, 2023 to May 03, 2024) the facility engaged in monthly meetings with this auditor and both discussed and provided evidence to the auditor to address compliance with 115.13 (a) and 115.15 (d).

Pertaining to 115.13 (a) an initial corrective action indicating that CIM must address element 5 of 115.13 (a) CIM reported systematically reviewing all areas of the facility identified by the auditor in the facility walk through to address "blind-spots" (or areas where staff or inmates may be isolated). The facility added several mirrors in areas such as the kitchen. The facility increased security rounds as evidenced by increased documentation of unannounced supervisory rounds. Additional "out of bounds" or "off limits" signage to areas of the facility that are not to be accessed by the inmate population. Additionally, the facility staffing plan to specifically discuss the facility's dedication to routinely developing, documenting, and providing a plan through staffing or monitoring to protect inmates against sexual abuse. Throughout the corrective action phase the facility reported progress during meetings with the auditor and through the provision of photographic evidence of facility modifications provided to the auditor through direct e-mail correspondence and/or uploaded evidence to the PREA OAS system. Actions engaged in by the facility have sufficiently evidenced compliance with all elements 153.13 (a) and the facility is found compliant with this provision at this time.

Regarding 115.13 (d) it was initially found that CIM needed to document supervisory rounds (d) in all areas of the facility where inmates have routine access to live, work, attend programs, and congregate to identify and deter staff sexual abuse and sexual harassment. During the corrective action phase, CIM discussed and provided photographic evidence of increase log books in onsite tour areas identified that were lacking documentation of supervisory rounds, but meet the elements of provision 115.13 (d). These documentation log books for unannounced supervisory rounds were placed in December 2023. The facility provided photographs via e-mail to the auditor across months to indicate that these rounds are being conducted overtime and on all shifts. Based on the evidence provided by CIM during the corrective action phase of

the audit and in consideration of the onsite audit phase information at this time CIM is considered to meet compliance with 115.13 (d) and all of it's elements.

Final Corrective Actions:

None

Final Recommendations:

While the facility is found to be compliant with all provisions and elements of standard 115.13, additional recommendations for continued compliance improvement with the goal of preventing, detecting, and responding to incidents of inmate sexual abuse and sexual harassment are encouraged. Specifically, it was noted that CIM is in the process of addressing the addition of video monitoring to the facility in a variety of areas. While video monitoring cannot be a specific recommendation to increase compliance with standard 115.13 (a & c) CIM's anticipated addition of video monitoring technology is strongly supported. Furthermore, it was observed that CIM evidenced documented sexual abuse and sexual harassment allegations within the facility staffing plan. However, during the review of investigations it was reported that there may additional cases of sexual abuse or sexual harassment that were not recorded or considered within the staffing plan. This oversight stemmed from a misunderstanding of PREA definitions and closure of investigations as not PREA concerns when allegations were actually Unfounded. CIM is encouraged to continue to monitor investigation practices and case closures to ensure that investigations that involve allegations of sexual abuse and/or sexual harassment are consistently recorded as PREA investigations and used as a factor in staff planning considerations.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire 2. Tour of the Facility 3. Facility Inmate Roster During the Onsite Phase of the Audit. 4. Interviews with Random and Specialized Staff <p>Reasoning and analysis (by provision):</p> <p>115.14 (a-c) According to all available information provided in the PAQ, interviews</p>

	<p>with staff at CIM, and observations of the facility, CIM does not house youthful inmates. CDCR notes designated facilities for youthful inmates as a means of separation from the adult correctional population. CIM is not a designated youth facility for the CDCR. As a result CIM meets standards for standard 115.14 (a-c) requirements for compliance on this standard.</p> <p>Corrective Action:</p> <p>None</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.15 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) section 54040.5 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 section 52050.16.5 4. CDCR Memorandum dated February 8, 2019, Subject: Changes in the use of the ADANI COMPASS Low Dose Scanner 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 section 52050.16.4. 6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 section 54040.4 7. California Institution for Men Incarcerated Person Orientation Manual. 8. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 section 52050.16.7 9. CDCR Memorandum dated November 6, 2020, Subject: Overview of Senate Bill 132- Training (noted as the "Transgender Respect, Agency Dignity Act) 10. California Department of Corrections and Rehabilitation On-the-Job Training (OJT) Module: Inmate Body Search

11. California Department of Corrections and Rehabilitation In-Service Training (IST): Working Successfully with Transgender, Intersex, and Non-Binary Inmates.
12. CDCR Memorandum dated September 24, 2019, Subject Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates
13. California Department of Corrections and Rehabilitation Overview of Senate Bill 132 Training
14. Interviews with Non-medical Staff Involved in Cross-gender Strip or Visual searches
15. Interviews with Random Staff
16. Interview with the CIM Training Director
17. Interviews with Random Inmates
18. Interviews with Transgender/Intersex Inmates
19. Tour of the Facility
20. Corrective Action facility provided photographs of covered perforated steel doors January 10, 2024
21. Corrective Action facility provided photographs of movable medical or screen barriers for toilets and showers January 24, 2024 and April 05, 2024.
22. Corrective Action facility provided memorandum Prevention from Opposite Gender Viewing for Perforated Steel Cell Doors California Institution for Men Facility Bravo dated January 2, 2024
23. Corrective Action facility provided memorandum Prevention from Opposite Gender Viewing While Performing Bodily Functions in B1- Cypress Hall in Facility Bravo dated April 08, 2024.
24. Corrective Action facility provided photographs of index card coverage in Facility Bravo Cypress Hall dated April 12, 2024.

Reasoning and analysis (by provision):

115.15 (a)

According to information provided by the PAQ, CIM staff do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility notes no occurrences of such searches within the last calendar year. This is consistent with CDCR policy DOM 520250.16.5 which states, "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." Additionally, this DOM notes that, "Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect.

Routine unclothed body searches shall not be completed by staff of the opposite biological sex.” Furthermore, the DOM instructs that, “Unclothed body searches of inmates by staff of the opposite biological sex [cross-gender searches] shall only be conducted in emergency situations. If a cross gender unclothed body search is required, the search shall be documented.” This direction is consistent with DOM 54040.5 which further iterates that “institutions shall document cross gender strip searches and cross-gender visual body cavity searches.” Additionally, this DOM indicates that “in the event an of incidental emergency or crime” in which cross-gender searches would be conducted these are to be documented on a “Crime Incident report.”

It is noted that a tour of the facility evidenced that CIM uses an imaging body scanner as a means of searching inmates. Per CDCR Memorandum dated February 8, 2019, Subject: Changes in the use of the ADANI CONPASS Low Dose Scanner operators of the body scanner “shall be the same gender as the inmates being scanned.” This memo goes on to instruct that if cross-gender body scanning occurs it should be documented as a Notice of Unusual Occurrence. Additionally, staff using the body scanner must be certified in the machine’s use. The facility did not provide any documentation of opposite gender body scanner use or conducted strip searches.

During the audit team’s facility tour of CIM areas where inmate strip searches are conducted were noted. In these areas it appeared to be facility practice to place a sign below in the hallway or entrance to the area on a closed door to serve as notification of a search being in progress. This sign was reported by staff as a method of preventing cross-gender viewing during strip searches. However, in the facility C building it was noted that these strip searches are conducted in an open room (other inmates can observe the search) with one staff performing the searches. Male staff were observed to be working in the strip areas, though female staff could be near the area (one area has a female restroom nearby). The searches are also noted to be conducted in a room with several windows facing into what is currently a storage area, though was previously used as a visiting room, with windows that were uncovered. Additionally, conversation with staff indicated that this strip area may be an area considered for video/camera monitoring in the future though there are no cameras or video monitoring abilities in this area at this time. If cameras were to be placed in this area where unclothed searches are conducted consideration of placement will be necessary to maintain compliance with PREA standards addressing cross-gender viewing and strip searches.

The audit team also noted that there is a body scanner device in the Facility C processing area that staff in the area reported is used regularly. In viewing the device it was observed that the screen displaying images is monitored by male staff, consistent with assigned the male population of CIM. Additionally, the image screen is facing away from any common areas and was turned off when not in use. The location and turning off of the screen act as methods of preventing opposite gender viewing of these searches.

Interviews with non-medical staff (involved in cross-gender strip or visual searches) note that only in emergency or immediately life-threatening circumstances would

cross-gender strip or visual body cavity searches of inmates be conducted by non-medical staff. Interviewed staff further indicated that due to the robust and diverse staffing pattern in the facility it would be extremely unlikely that this type of emergency exigent circumstance would occur as there are always both male and female staff available as first responders to situations so cross-gender strip searches do not occur.

115.15 (b)

CDCR reports CIM as a designated adult male correctional facility. As such, CIM in the PAQ reports that the facility does not house female inmates. It is noted per the PAQ, facility tour observations, conversations and interviews with staff and inmates that CIM does house transgender male to female inmates in various stages of the gender transition/affirmation process. CIM does not have/housing individuals who have, during incarceration, completed gender affirmation surgery and subsequently identify as female with full female anatomy. CIM and CDCR classify individuals who are post affirmation surgery as a transgender female, due to male biological birth status/assignment and medical transition to being an anatomical female. Based on transgender classification, initial report of facility preference and assessed appropriateness of housing these individuals may be placed or currently housed at a CIM, a male facility. It is noted that several of the transgender individuals at CIM, including an individual with completed genital affirmation surgery, are in the process of completing the CDCR process for movement to or request for placement at a female facility.

DOM 52050.16.4 indicates that clothed body searches, aka pat searches, of female inmates should only be conducted by female staff. Additionally, pat searches of inmates may be conducted randomly to ensure safety and security if there is reasonable suspicion of safety concerns and when inmates enter and leave specified areas of the facility. The policy notes that only in emergency circumstances would female inmates be pat searched by opposite gender staff. This DOM notes the specific procedure for conducting female pat searches and indicates that any female pat searches performed by male staff must be documented. The facility denied having any female inmates and did not provide any documentation of male staff to female pat searches, even pat searches involving gender affirmed male to female transgender inmates.

Interviews with inmates and staff note that transgender inmates have the ability to have a pat search preference card in which they can select a preferred gender staff for pat searches. There were no reports of male pat searches of anatomically female individuals. Additionally, there were no reports of inmates being refused any programs or activities due to not having preferred gender staff for pat searches available. It was reported that due to the robust staffing pattern if a staff member of the preferred pat search gender was not immediately available one would be contacted to report to the area to complete the pat search rather than denying inmates access to activities.

115.15 (c)

According to information provided by the PAQ, CIM staff do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility notes no occurrences of such searches within the last calendar year. This is consistent with CDCR policy DOM 520250.16.5 which states, "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." Additionally, this DOM notes that, "Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex." Furthermore, the DOM instructs that, "Unclothed body searches of inmates by staff of the opposite biological sex [cross-gender searches] shall only be conducted in emergency situations. If a cross gender unclothed body search is required, the search shall be documented." This direction is consistent with DOM 54040.5 which further iterates that "institutions shall document cross gender strip searches and cross-gender visual body cavity searches." Additionally, this DOM indicates that "in the event an of incidental emergency or crime" in which cross-gender searches would be conducted these are to be documented on a "Crime Incident report."

It is noted that a tour of the facility evidenced that CIM uses an imaging body scanner as a means of searching inmates. Per CDCR Memorandum dated February 8, 2019, Subject: Changes in the use of the ADANI COMPASS Low Dose Scanner operators of the body scanner "shall be the same gender as the inmates being scanned." This memo goes on to instruct that if cross-gender body scanning occurs it should be documented as a Notice of Unusual Occurrence. Additionally, staff using the body scanner must be certified in the machine's use.

In the PAQ CIM notes that there were no cross-gender strip or body scanner searches conducted and the facility did not provide any documentation of opposite gender body scanner use or conducted strip searches. Furthermore, interviews with staff and inmates indicate that cross-gender strip searches are not conducted at CIM.

115.15 (d)

CDCR and CIM use DOM 54040.4 as the established policy and procedure that mandates that inmates are able 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." This DOM also instructs CIM that opposite gender staff from the inmate population must announce their presence when entering an inmate housing unit. This policy indicates that this procedure is made available to inmates using the institution's orientation handbook. A review of the California Institution for Men Incarcerated Person Orientation Manual provided to inmates affirms that this information is made available to the inmate population in the inmate handbook.

With regard to inmates' ability 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” all staff interviewed indicated that inmates are able to engage in these activities without being viewed by opposite gender staff. Two inmates indicated that they cover their cell or the shower area to afford themselves privacy from opposite gender viewing, while the vast majority of inmates reported that they can engage in these activities of daily living without being observed by opposite gender staff. While touring CIM the audit team noted that several of the facility’s cells have perforated steel doors and walls which provide an uninhibited view of the entire content of the cells including toileting areas. Additionally, in the administrative confinement area all of the cells have window that show a complete and unrestricted view of the toilets. It is further noted that there are toilets in a variety of inmate common areas, such as dayroom and outdoor recreation spaces that are in open view of staff and inmates with no shielding from opposite gender viewing. Showering areas within the facility were noted to be a combination of single and multiple showers with the shower heads mounted to the wall in a row. These multiple showers did not have dividers and it was noted that multiple inmates, including transgender inmates in various stages of physical transition and breast development could should at the same time with no privacy. Staff and transgender individuals did report that transgender inmates have a separate “transgender shower time” in which all transgender inmates and no cisgender inmates are allowed to shower, though they may have to shower in the same area with other transgender inmates and no privacy dividers (i.e. not a separate shower area). It is noted that transgender individuals may be in various stages of physical transition and this is not accounted for by CIM’s assigned “transgender shower time.” When viewing the showers in the facility many of the showers did not provide coverage to block the view of an inmate’s chest area when looking into the shower area from the outside. All of the showers did block from the waist level to the ankles. Noting the visibility afforded in the shower areas and of toilets in cells and in common areas of the facility observation of the facility procedures indicates that inmates do not have the ability to toilet, perform bodily functions, change clothing, or shower without being exposed to viewing by opposite gender staff.

During interviews with staff and inmates at the facility all of the staff interviewed indicated that there are policies and procedures at CIM that requires staff of opposite gender (i.e. female staff) to announce when they are on the housing unit. Staff also indicated that this announcement is routinely made and that the female staff entering the unit or the staff on the unit will make the announcement verbally over an intercom/loud speaker or by yelling. The majority of inmates indicated that female staff do announce themselves or are announced when they enter the unit, with only eight individuals indicating that female staff only “sometimes” or do not announce themselves. It was noted by hearing impaired/deaf inmates and limited English proficiency individuals that other inmates typically alert them to the female staff presence due to an inability to hear or understand the announcement.

115.15 (e)

CDCR DOM Chapter 5 section 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates prohibits staff from searching or physically

examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. This information is to be ascertained through conversations with the inmate, by reviewing medical records, or through broader medical examination conducted in private by a medical practitioner. During interviews with staff all staff indicated that there is a policy prohibiting strip searches of inmates by non-medical staff to determine genital status. Inmates interviewed confirmed that they are not strip searched by staff to learn their genital status and that they are asked their gender identity.

115.15 (f)

Within the PAQ CIM indicated that 100 percent of security, also known as custody, staff are trained by the agency “in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” The provided CDCR Memorandum dated November 6, 2020, Subject: Overview of Senate Bill 132- Training (noted as the “Transgender Respect, Agency Dignity Act); California Department of Corrections and Rehabilitation On-the-Job Training (OJT) Module: Inmate Body Search; California Department of Corrections and Rehabilitation In-Service Training (IST): Working Successfully with Transgender, Intersex, and Non-Binary Inmates; CDCR Memorandum dated September 24, 2019, Subject Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates; and California Department of Corrections and Rehabilitation Overview of Senate Bill 132 Training all document the training information and objectives to perform “conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” This training is further mandated by DOM 54040.4.

Interviews with random staff and the CIM Training Director indicate that all staff are trained to “conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” It is further noted that this training is provided to custody staff during their initial training academy and is an annual training given to all staff. The staff interviewed remarked that this training is part of the annual security training, PREA training, and a specialized training for working with LGBTQI individuals that the agency requires annually.

Initial Corrective Action:

115.15 (d) All inmates must be afforded the ability 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” It is noted that shower and toileting areas need to be addressed within the facility to allow for inmates to engage in these activities without view of opposite gender staff.

Initial Recommendations:

It is recommended that transgender male to female individuals who are anatomically female (having completed gender affirmation genital surgery and identifying as female) be considered as anatomically female inmates. While there is no current indication of cross gender pat or strip searches of these individuals, it is strongly recommended that CIM continue to monitor this issue closely for ongoing compliance with this standard while housing anatomically female transgender male to female individuals.

It is recommended that CIM add protective measures to ensure that inmates are able to “shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.” Measures could, but are not required to include actions such as adding privacy screens to shower areas, increasing the height of shower area coverings to cover the chest area (possibly adding shower curtains with mesh tops to allow for viewing of the head but covering the chest), adding frosting to cell windows to obscure direct views of toilets, adding partial doors or coverings to exposed toilet areas (recreation yard and day room spaces noted) and allow for in cell privacy screens/curtains for toilet areas.

Corrective Action Period:

Throughout the Corrective Action period (November 03, 2023 to May 03, 2024) the facility engaged in monthly meetings with this auditor and both discussed and provided evidence to the auditor to address compliance with 115.15 (d).

During this time frame the facility reported engaging in corrective actions systematically by housing unit complex (note, CIM refers to housing unit complexes as individual “facility” areas). On January 10, 2024 CIM provided photographs of covered perforated steel doors January 10, 2024 and the memorandum Prevention from Opposite Gender Viewing for Perforated Steel Cell Doors California Institution for Men Facility Bravo dated January 2, 2024. This memorandum informs staff and inmates that inmates are allowed to use a state issued towel or clothing item to cover the cell perforated cell door/wall in when toileting or changing in order to prevent opposite gender staff viewing of these actions, consistent with the requirements of 115.15 (d). This evidence corrects the initially determined non-compliance with 115.15 (d) requirement that inmates have the ability to “...perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.” During the initial facility walkthrough, it was noted that these perforated cells were noted only in the Bravo housing complex of the facility.

With regard to allowing inmates in the remaining housing complexes in the facility to “shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia,” the facility provided additional evidence of actions to meet compliance with this standard. Specifically, the facility provided photographs of movable medical or screen barriers for toilets and showers in the remaining general population areas of the facility on January 24, 2024 and April 05, 2024. These mobile screens provide the inmates the ability to have an accessible barrier while toileting and showering in order to meet

	<p>compliance with the elements of 115.15 (d). Within the segregation unit of the institution the facility provided memorandum Prevention from Opposite Gender Viewing While Performing Bodily Functions in B1- Cypress Hall in Facility Bravo dated April 08, 2024. This memorandum allows inmates in this area of the facility to use a provided index card to cover the bottom portion of the cell window, where the toilet would be visible to opposite gender staff, to perform bodily functions. The facility provided photographs of index card coverage in Facility Bravo Cypress Hall dated April 12, 2024. The evidence provided by the facility specifically addresses each of the facility areas where toilets and showers were observed, during the audit's facility walkthrough, to be visible to opposite gender non-medical staff. Based on the information provided by the facility during the corrective action phase of the audit it is determined that the facility has met compliance with 115.15 (d).</p> <p>Final Corrective Actions:</p> <p>None</p> <p>Final Recommendations:</p> <p>During the corrective action phase of the audit the facility indicated an initial plan to add a permanent window frosting to B1- Cypress Hall in Facility Bravo. The frosting was intended to be the same height as the index card that was ultimately provided. However, due to financial constraints the facility was unable to obtain the desired window frosting supplies. The facility PREA Compliance Manager informed the auditor during a progress update meeting on April 30, 2024 that while the frosting was not possible at this time the facility plans to implement this additional corrective action measure to increase permanence of compliance to 115.15 (d) in B1- Cypress Hall in Facility Bravo. At this time, while the facility is deemed compliant with the implemented solution to 115.15 (d) in B1- Cypress Hall in Facility Bravo, it is recommended that the facility pursue the indicated frosting solution once financial resources are available for this project.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.16 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation Memorandum dated October 6, 2017 Subject: Regarding Standard 115.16(a)1 Inmates with disabilities and

inmates who are limited English proficient.

3. CDCR Disability Code Definitions

4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) sections 54040.4 Offender Education; 54040.12 Investigation; and 54040.7 Detection, Notification, and Reporting

5. Review of "I Speak... Language Identification Guide"

6. California Department of Corrections and Rehabilitation Contract C5610079 with Interpreters Unlimited, INC effective July 1, 2021 - June 30, 2024. Noted as a contract for language interpretation and assistance services for CDCR facilities, including CIM.

7. Review of the CIM DDP Inmate Rosters indicating individuals with disabilities and assistance needs/accommodations (08/10/2023)

8. Review of the CIM provided Inmate Primary Language and English Comprehension list in the PAQ

9. Review of the PREA Education Video at CIM, noted in multiple languages, with closed captioning, and with sign language.

10. Review of the CIM Incarcerated Person Orientation Manual in English and Spanish

11. Review of CIM list of certified staff language interpreters.

12. Interview with the CDCR Agency Head

13. Interviews with Random Staff

14. Interviews with inmates with Disabilities or Limited English Proficiency

15. Tour of the Facility

Reasoning and analysis (by provision):

115.16 (a) and (b)

A review of information provided in the PAQ notes that the agency (CDCR) has established policies and procedures to "ensure that that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective

communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.” This has been accomplished through the California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) sections 54040.4 Offender Education stipulates that “Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities.” The I Speak... Language Identification Guide also notes that “Federal Executive Order 13166 says people with limited English proficiency (LEP) should have meaningful access to federally funded programs and activities.” This would include access to PREA education and assistance in addressing inmate concerns about sexual abuse and sexual harassment through the use of language interpretation services or assistance. Additionally, the California Department of Corrections and Rehabilitation Memorandum dated October 6, 2017 Subject: Regarding Standard 115.16(a)1 Inmates with disabilities and inmates who are limited English proficient notes that facilities may use “Offender peer educators to enhance the offender population’s knowledge and understanding of PREA and sexually transmitted diseases.” This tutor system is in addition to staff provided PREA education.

While touring CIM, the audit team engaged in conversations with inmates and observed facility practices regarding the provision of PREA education and access to services to all inmates. While speaking with inmates it was learned that CIM uses inmate tutors to assist in providing inmates with additional PREA information beyond the staff provided and posted/handout/handbook information. The inmate population referenced the “PREA Tutors” as a resource for inmates to use to understand PREA and to ask questions to if they are uncertain about PREA related definitions or standards. Several inmates also remarked that PREA education and information is readily available to them at any time on their personal tablets. The audit team noted that PREA education is conducted using handouts, a standardized video that plays in multiple languages and has subtitles (viewed while at CIM by the audit team). Additionally, this information was posted in English, Spanish, and Hmong. The Handbook is in English and Spanish.

An interview with the CDCR Agency Head indicates that services are available for all individuals, including those with disabilities and language barriers, for PREA education and information. The agency head specifically noted that “We have an interpreter line and certified staff translators on site to include sign language. Inmates with language barriers are identified during their assessments into CDCR and it's noted in SOMS.”

CIM provided a listing on individuals with disabilities and limited English proficiency, noting the accommodations needed for these individuals, for the PAQ and an updated version of this roster on the first day of the onsite portion of the audit. A random selection of individuals with cognitive disabilities and/or mental health concerns,

physical disabilities (including blind and hearing impairments), and language/limited English proficiency concerns were interviewed to determine the agency and CIM's compliance in providing these individuals with accommodations to access to PREA materials and education in meaningful way (for example with interpreter services). It is noted that CIM employs a large number of staff certified as interpreters for various languages, including Spanish, Hmong, and American Sign Language. It is noted that some of the individuals selected were bilingual and able to complete the interviews without interpreters. For other individuals the facility quickly provided interpreters from a list of certified interpreters, noting there are staff interpreters and a hotline for interpretation available 24 hours a day. Interviews with inmates indicated that all individuals received assistance, if needed, to receive and understand PREA information. Inmates indicated that interpreters are provided, information is presented in multiple languages and formats and accommodations are regularly made by staff to assist them in receiving, understanding and participating in activities, including actions pertaining to PREA education, screening, and reporting.

115.16 (c)

CDCR policies listed in DOM Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020) sections 54040.12 Investigation and 54040.7 Detection, Notification, and Reporting specifically stated that "Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation." Additionally, "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."

A review of the PAQ, interviews with staff, interviews with inmates with disabilities or limited English proficiency, and observations made by the audit team while at CIM, indicate that CIM does not use inmate interpreters. It was reported and demonstrated that CIM consistently provides inmates with certified staff interpreters, a language line or external interpreter if certified interpretation staff are not available, hearing and mental health professionals to assist with individuals who may have cognitive or mental health disabilities creating limitations.

Corrective Action:

None

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

115.17 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Article 6
3. CDCR Hiring Guide for Managers and Supervisors Phase 6: Selecting Candidates
4. Department of Corrections and Rehabilitation Office of Peace Officer Selection Live Scan Response Background Check Documentation.
5. CDCR Human Resources Personnel Information Bulletin (PIB) 2016-005 Dated September 16, 2016; Subject Revision to the Supplemental Application for all CDCR Employees, CDCR Form 1951
6. Review of the CDCR Supplemental Application for all CDCR Employees, CDCR Form 1951.
7. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual
8. CDCR Memorandum dated July 14, 2017 Subject: Completion of Background Checks Under the Prison Rape Elimination Act.
9. CDCR Contract Attachment that Requires Background Checks for Contractors, Exhibit D in any Contract Standard Agreement between CDCR and a contractor/ agency
10. CDCR Justification Memorandum Dated October 6, 2017 Regarding Standard 115.17 (e)1 Hiring and Promotion Decisions
11. CDCR Justification Memorandum Dated February 26, 2016 Subject: Personnel Identification Card Issuance
12. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) 31060.17 Pre-Employment Documentation (revised July 1, 2015).
13. Review of the State of California Application Instructions for CDCR employment
14. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) 31060.16 Employee Disciplinary Matrix Penalty Levels
15. Review of Staff Personnel Files
16. Review of Contractor Background Checks
17. Interview with CIM Administrative (Human Resources) Staff

18. Tour of the Facility

Reasoning and analysis (by provision):

115.17 (a)

Information provided in the PAQ and CDCR DOM Chapter 3, Article 6 articulates:

“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.”

The provided CDCR Hiring Guide for Managers and Supervisors Phase 6: Selecting Candidates enforces DOM Chapter 3 Article 6 noting that if an individual being considered for hiring had substantiated allegations of sexual abuse or resigned employment while under investigation for allegations of sexual abuse the hiring authority is to stop the hiring process as the candidate is ineligible for hire. CDCR Memorandum dated July 14, 2017 Subject: Completion of Background Checks Under the Prison Rape Elimination Act also iterates this language for hiring selections.

Review of staff personnel files and contractor background reviews indicates no evidence to indicate that CIM and/or the CDCR hire or promote individuals who have engaged in sexual abuse of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 have been civilly or administratively adjudicated to have engaged in the activities aforementioned.

115.17 (b)

Per documentation provided in the PAQ, CDCR DOM Chapter 3, Article 6 specifically instructs that the hiring authority for CIM must “Consider substantiated incidents of sexual harassment in all hiring decisions.” This information was also reported in an interview with the Administrative (Human Resources) Staff in which the CIM Human Resources Director indicates that all potential staff or contractors who receive CDCR ID badges and who have contact with inmates must complete a criminal background check. Incidents of sexual harassment are reviewed and considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Review of staff personnel files and contractor background reviews indicates CIM and the CDCR does review and consider incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. A report of background checks notes that prior employers were asked questions pertaining to the applicant's history of sexually assaultive actions and none of background checks of current employees reviewed indicated any history of these concerns.

115.17 (c)

The CDCR notes completing background checks on all protentional employees and contractors who have contact with inmates. The CDCR Human Resources Personnel Information Bulletin (PIB) 2016-005 Dated September 16, 2016; Subject Revision to the Supplemental Application for all CDCR Employees, CDCR Form 1951 indicates that revisions were made to the Supplemental Application for all CDCR Employees, CDCR Form 1951. These revisions include language and formatting for clarity, an additional question in Section (C) mandated by the federal Prison Rape Elimination Act (PREA) of 2003. Specifically, Section D - Compliance with the Federal Prison Rape Elimination Act, inquires about the candidate's history of engagement in substantiated allegations of sexual abuse; any resignation during a pending investigation of an allegation of sexual abuse; and any incidents of sexual harassment within a prison, jail, lock up, community confinement facility, or any other institution. In addition, DCCR DOM 31060.16 Criminal Records Check mandates that "(a) 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). (2) Request for and review of the Criminal Identification and Information - State Summary Criminal History (CI&I SSCH)." This instruction set is also iterated in CDCR Memorandum dated July 14, 2017 Subject: Completion of Background Checks Under the Prison Rape Elimination Act.

An interview with the CIM Human Resources Director indicates that all potential staff or contractors must complete a criminal background check prior to being hired or entering the facility. Incidents of sexual harassment are reviewed and considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

A review of staff personnel files and contractor background reviews indicates CIM and the CDCR evidences that the agency and facility conducts criminal background record checks, and that are consistent with federal, state, and local law. Additionally, CDCR 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. These background checks are documented on the CDCR Form 1951. A report of background checks notes that prior employers were asked questions pertaining to the applicant's history of sexually assaultive actions and none of background checks of current employees reviewed indicated any history of these concerns.

115.17 (d)

According to the PAQ and DOM 31060.16 Criminal Records Check, CDCR and CIM performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The CDCR Contract Attachment that Requires Background Checks for Contractors, Exhibit D in any Contract Standard Agreement between CDCR and a contractor/agency further verifies that CDCR reserves the right to engage in criminal background checks and fingerprinting for facility entry clearance. Furthermore, the CIM Human Resources Director indicated that all potential contractors must complete a criminal background check prior to being hired or entering the facility. A review of contractor files indicated that background checks are completed for all contractors entering the facility who may have contact with inmates.

115.17 (e)

According to information provided within the PAQ CDCR Justification Memorandum Dated October 6, 2017 Regarding Standard 115.17 (e)1 Hiring and Promotion Decisions the "CDCR requires all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies the department of any subsequent arrests an employee or contractor has in an on-going basis."

Additionally, according to CDCR Justification Memorandum Dated February 26, 2016 Subject: Personnel Identification Card Issuance all CDCR Employees carrying a red, blue, white/no border, and gold identification badge along with contractors with green bordered identification cards have an expiration date of 5 years. It is noted during this time frame that the CDCR is notified of arrests by the Department of Justice on an ongoing basis through use of the Livescan monitoring system connected with the issuance of the ID badge. Volunteers carrying a brown bordered ID badge have an annual expiration and complete background checks in accordance with DOM section 31060.16.

The CIM Human Resources Director also indicated that the CDCR uses "The DOJ live scan system." This is a fingerprint based system that engages in constant background checking. This will result in a "hit" if the individual engages in criminal activity/is arrested. Following this "hit" then the CDCR is notified. It was noted that if the employee leaves CDCR services the background check is deactivated. However, if the employee chooses to reinstate with CDCR then the background check is completed from scratch and individual is reentered into the DOJ live scan system.

California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) 31060.17 mandates that the Pre-Employment Documentation CDCR Form 1951, Supplemental Application for all CDCR Employees must be on file in the employee's personnel file prior to appointment of the applicant. A review of employees and contractors files indicates that initial background checks are completed and an ongoing Livescan background tracking, provided by the DOJ, is indicated.

115.17. (f)

The CDCR Human Resources Personnel Information Bulletin (PIB) 2016-005 Dated September 16, 2016; Subject Revision to the Supplemental Application for all CDCR Employees, CDCR Form 1951 indicates that revisions were made to the Supplemental Application for all CDCR Employees, CDCR Form 1951. These revisions include language and formatting for clarity, an additional question in Section (C) mandated by the federal Prison Rape Elimination Act (PREA) of 2003. Specifically, Section D - Compliance with the Federal Prison Rape Elimination Act, inquires about the candidate's history of engagement in substantiated allegations of sexual abuse; any resignation during a pending investigation of an allegation of sexual abuse; and any incidents of sexual harassment within a prison, jail, lock up, community confinement facility, or any other institution. An interview with the CIM Human Resources Director affirms that this information is asked of every potential hire candidate. Additionally, the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct, which is also detected through the use of the Livescan continuous monitoring system. A review of staff personnel files substantiates this process is used.

115.17 (g)

CIM provided several documents within the PAQ including The State of California Application Instructions for CDCR employment, DOM 31060.16 Employee Disciplinary Matrix Penalty Levels; and the CDCR Supplemental Application for all CDCR Employees, CDCR Form 1951 which all indicate levels of discipline noting that material omissions regarding such misconduct [as specified in 115.17 (a)], or the provision of materially false information, shall be grounds for discipline up to and including termination. These are acknowledgements that are signed by the employee. A review of employee personnel files verifies the existence of these acknowledgements and compliance with this standard provision.

115.17 (h)

According to an interview with the CIM Human Resources Director, there are no California laws that prohibit the CDCR from providing 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. Additionally, when requested this information is provided to the potential employing agency.

Corrective Action:

None

Recommendations:

At an agency level, it is recommended that the DOMs within Chapter 3 pertaining to hiring and agency practices and requirements for background checks and fingerprinting be updated to incorporate information noted in provided memorandums and/or bulletins which are in place to provide additional guidance for these actions. This recommendation is provided as memorandums are not seen as policy, rather are clarifications or supports to policy, and in this situation may more

	detailed or up to date information or instructions for practical application than the official DOM policy.
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.18 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre Audit Questionnaire (PAQ) 2. Security Statement for PREA CDCR Facility Planning, Construction, and Management Notice of Change 268-DCPG-2017-01-12 dated 08/14/2017 PREA Consideration for Construction, Expansion, etc. 3. Div 27 51 23 CSO CSC Technology Project Manual Specifications 4. Security Statement for PREA CDCR Facility Planning, Construction, and Management Notice of Change 267-DCPG-2017-01-04 dated 08/14/2017 Design and Construction Policy Guidelines. 5. Interview with the Agency Head 6. Interview with the Chief Deputy Warden (Warden or Designee) 7. Interview with the CIM PREA Compliance Manager 8. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.18 (a)</p> <p>A review of documentation provided by CIM and CDCR within the PAQ notes that The CDCR and CIM have designated design and construction policy guidelines identified in both the Security Statement for PREA CDCR Facility Planning, Construction, and Management Notice of Change 268-DCPG-2017-01-12 dated 08/14/2017 PREA Consideration for Construction, Expansion, etc. and Div 27 51 23 CSO CSC Technology Project Manual Specifications. These guidelines provide information about how the facility considers the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse. The facility specifically documents in accordance with the requirements of this provision.</p> <p>During interviews with the Agency Head and Chief Deputy Warden (Designee for the Warden) it was noted that whenever facility modifications are under consideration</p>

several factors, including direct line of sight, potential obstructions to viewing, methods of increasing visibility such as having a window on a staff office door, determining methods that need to be taken to ensure privacy for inmates, and strategies for mitigating blind spots or considering the use of concave mirrors or camera placement are reviewed. Additionally, the general staffing pattern necessary to ensure safety and security and modifications to the facility structure and operating procedures are considered to try to anticipate the effect of the design, acquisition, expansion, modification and or staffing pattern on the agency's ability to protect inmates from sexual abuse. Additionally, in conversations and a formal interview with the CIM PREA Compliance Manager (PCM) it was noted that the PCM is included in conversations about facility modifications as a means of assisting in the consideration of the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The CIM PCM specifically notes addressing any upgrades or changes to the facility to determine the impact on PREA standard compliance and providing for the sexual safety of the inmates at the facility. It was noted that the facility is in discussion to add video monitoring, though the advanced planning information was not available as this project was forecasted to be approximately a year away. A tour of the facility noted a lack of video monitoring.

115.18 (b)

At this time CIM reports that they do not have a video monitoring system. However, documentation provided in the PAQ as Security Statement for PREA CDCR Facility Planning, Construction, and Management Notice of Change 267-DCPG-2017-01-04 dated 08/14/2017 Design and Construction Policy Guidelines specifically notes how video monitoring technology may enhance the agency's ability to protect inmates from sexual abuse through placement in specific areas of the facility for inmate monitoring purposes, especially in areas where line of sight cannot be adequately maintained from an officer's station or post. The Div 27 51 23 CSO CSC Technology Project Manual Specifications document further expands on the use of video technology to enhance CIM and CDCR's ability to protect inmates from sexual abuse through placement and monitoring of the systems in designated areas within the facility.

An interview with the Agency Head notes that CDCR has "a project in place to fund camera systems at all CDCR prisons." It was noted that this has been an ongoing project for the agency, though CIM has not had this technology installed yet. Of note to the prevention, detection, and response to sexual abuse concerns for inmates it was noted that the intent of the camera project is to "upgrade video surveillance in all of our prisons. To add stationary cameras and to utilize the information attained for investigative processes for all sexual abuse or sexual harassment allegations.

Regardless of whether it's inmate on inmate or staff on inmate allegations." In discussing CDCR's plan to install video technology at CIM the Chief Deputy Warden noted that CIM is excited to increase the video monitoring options as "It will improve safety in all areas. We looked at where to place them and want them in any place we can legally put them." The CIM PCM also discussed a recent, approximately one month prior to the audit, CDCR walkthrough of CIM to discuss placement of video monitoring as a means of increasing inmate safety and monitoring, preventing,

	<p>detecting, and responding to sexual safety concerns in an increasingly efficient and effective manner.</p> <p>Corrective Action:</p> <p>None</p> <p>Recommendations:</p> <p>It was noted that CIM is in the process of addressing the addition of video monitoring to the facility in a variety of areas. While video monitoring cannot be a specific recommendation to increase compliance PREA standards CIM's anticipated addition of video monitoring technology is strongly supported. It is further recommended that video monitoring technology be considered in areas with noted blind spots, or areas where inmates could be isolated and are at increased risk for sexual and general safety concerns.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.12 Investigation 3. CDCR 115.21(a)-4 Justification Memo dated October 6, 2017 Regarding Standard 115.21(a)3 Evidence protocol and forensic medical examinations. 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 5 Article 44, section 54040.8 Response 5. Custody Supervisor Checklist (revised 04/08/2019) 6. CDCR Memorandum dated October 17, 2018 Subject: Sexual Assault Kit Processing 7. CDCR Transportation Guide (PREA) worksheet (revised 04/08/2019) 8. CDCR Prison Rape Elimination Act: Initial Contact Guide (revised 04/08/2019) 9. CDCR Watch Commander Notification Checklist (PREA) (revised 02/17/2023)

10. The US Department of Justice: A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition dated April 2013
11. California Department of Corrections and Rehabilitation (CDCR) Specialized PREA Training for Locally Designated Investigators Participant Workbook, Version 1.0 and PowerPoint of training
12. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.9 Forensic Medical Examination
13. California Department of Corrections and Rehabilitation (CDCR) California Correctional Health Care Services Health Care Department Operations Manual 4.1.6 Prison Rape Elimination Act
14. California Correctional Health Care Services Memorandum dated February 22, 2019 subject: Discontinuation of Copayment for Healthcare Services and Payment for Dental Prosthetic Appliances.
15. Contract Standard Agreement between CDCR and County of Riverside, Riverside University Health System Medical Center (C5607304) effective July 11, 2017 through June 30, 2022.
16. E-mail correspondence between CDCR and CIM subject line: PO 4400029945 - FY 22/23 - PR 10675922 addressing Riverside University Health System contract continuation and updates.
17. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.8.2 Victim Advocate and Victim Support Person
18. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.19 Community Services.
19. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.8.1 Custody Supervisor Responsibilities
20. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.3 Victim Advocate
21. California Institution for Men Incarcerated Person Orientation Manual (English and Spanish)
22. CDCR Sexual Abuse/Assault Prevention & Intervention and Sexual Violence Awareness PREA orientation handouts (CDC-PS-001 and CDC-PS-003, revised 2017)
23. Project Sister Family Services for Rape Crisis and Victim Services Supports Posters in English, Spanish and Hmong

24. Review of Sexual Abuse and Sexual Harassment Investigation Documentation
25. Interviews with Random Staff
26. Interview with Forensic Medical Provider from the Riverside University Health System.
27. Interview with the CIM PREA Compliance Manager
28. Interviews with Inmates who Reported a Sexual Abuse
29. Interview with Just Detention International
30. Tour of the Facility

Reasoning and analysis (by provision):

115.21 (a)

The California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 54040.12 Investigation specifies “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing.” This investigation section goes on to describe specific actions that the agency shall follow in conducting administrative and criminal sexual abuse investigations, as the CDCR is responsible for the completion of both investigations for inmate-on-inmate sexual abuse or staff sexual misconduct. The investigators receive specialized training and instruction in following investigative policies and procedures to responding to sexual abuse and sexual harassment reports involving inmates in the facility. The policy addresses an investigation procedure that is uniform for all CDCR institutions, including CIM, and address collecting evidence in a manner that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

CIM, per the PAQ, is responsible for completing all investigations involving staff and inmates at CIM. It is noted in DOM that CIM’s Investigative Services Unit (ISU) performs administrative and criminal investigations for all inmate on inmate allegations of sexual abuse or sexual harassment. If an allegation of staff on inmate sexual misconduct (abuse or harassment) is made, CIM will conduct the preliminary investigation into this allegation. This information is then given to the CDCR Office of Internal Affairs (OIA) for criminal and administrative investigation. This uniform practice is established by DOM 54040.12.

In reviewing the PAQ the CDCR provides several supplemental memorandums and checklists to assist in ensuring that DOM policies are followed in a universal manner with the purpose of enacting a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. Specifically the Custody Supervisor Checklist (revised 04/08/2019); CDCR Memorandum dated October 17, 2018 Subject: Sexual Assault Kit Processing; CDCR Transportation Guide (PREA) worksheet (revised 04/08/2019);CDCR Prison Rape Elimination Act: Initial Contact Guide (revised 04/08/2019); and CDCR Watch Commander Notification Checklist (PREA) (revised 02/17/

2023) are universally implemented investigation evidencing a uniform practice of policy implementation aimed at maximizing the efficiency and effectiveness of collecting usable physical evidence.

Staff interviews and a review of documentation in the investigation files reviewed note that staff have a strong awareness of the CDCR established process of collecting usable evidence while. Staff were consistently able to describe methods of securing possible crime scenes, notifying appropriate supervisors, contacting the Investigative Services Unit and the Locally Designated Investigator, documenting information in a timely manner, ensuring subjects do not damage evidence, and requesting (though staff often stated “ensuring”) victims not engage in activities that could damage evidence collection. Staff referenced seeking policy clarification for actions if they were uncertain as to how to proceed and indicated that actions to preserve evidence and intervene in the situation would be immediate. It was indicated that staff receive training annually on this subject. Additionally, the investigation files note following the CDCR designated procedures in responding to allegations of sexual abuse and sexual harassment along with collecting of evidence consistent with uniform practices for evidence preservation. It was noted in several investigations that physical evidence was not available due to the length of time passing between the report of the issue and the date of the incident being outside of the medical parameters for DNA or physical evidence collection. However, the process of attempting to address this issue was documented evidencing that standard procedures are being followed.

115.21 (b)

CIM is not a designated youth facility. However, the CDCR does follow protocols consistent with 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. CDCR references The US Department of Justice’s A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents and notes the CDCR Specialized PREA Training for Locally Designated Investigators Participant Workbook, Version 1.0 and PowerPoint of training follows this model. A review of the curriculum evidences that the CDCR is using the DOJ National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents as the basis for CDCR protocol.

115.21 (c)

The PAQ indicates that per California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.9 Forensic Medical Examination CIM shall offer all victims of sexual abuse access to forensic medical examinations. CIM notes these examinations occur outside facility through the Riverside University Health System. The California Correctional Health Care Services Health Care Department Operations Manual 4.1.6 Prison Rape Elimination Act and CIM notes that these examinations and any follow up services are conducted at no charge to the alleged victim under any circumstances. This is further supported by the California Correctional Health Care Services Memorandum dated

February 22, 2019 subject: Discontinuation of Copayment for Healthcare Services and Payment for Dental Prosthetic Appliances, which indicates that inmates do not pay for health care services, to include any medical services as of March 1, 2019.

Investigation files note following the CDCR designated procedures in responding to allegations of sexual abuse including offering forensic medical examinations when appropriate. It was noted in some of the investigations that forensic medical examination was not completed due to the length of time passing between the report of the issue and the date of the incident falling outside of the medical parameters for DNA or physical evidence collection. However, the process of attempting to address this issue was documented evidencing that standard procedures are being followed. It was noted that in instances where external forensic medical examination was contraindicated file information notes that medical and mental health consultation and services were offered to the victim.

The PAQ provided a Memorandum of Understanding as a Contract Standard Agreement between CDCR and County of Riverside, Riverside University Health System Medical Center (C5607304) effective July 11, 2017 through June 30, 2022 noting that examinations are conducted by trained Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). It is noted that this contract is currently expired. However, interview with a SAFE/SANE provider through the CIM provided contact information for Riverside University Health System Medical Center indicates that despite the expired MOU in the PAQ, Riverside University Health System Medical Center continues to provide sexual abuse examinations with SANE and SAFE staff as the CIM medical provider for these needs. The contract with the CDCR and the Riverside University Health System Medical Center is clear on the expected services and limits of services with the inmate population. It is also noted in an e-mail correspondence with CIM PCM that the CDCR and CIM are in the process of trying to extend this contract with the Riverside University Health System Medical Center is in process, though has been with the health care provider agency and CDCR is awaiting a returned signed copy of this contract.

115.21 (d)

In accordance with California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.8.2 Victim Advocate and Victim Support Person CIM is instructed to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. This DOM notes that it is the responsibility of the facility, specifically the watch commander or designee, to make this notification in the event that an inmate will be provided with a sexual abuse forensic medical evaluation. In the event that the rape crisis center advocate cannot be reached the facility is instructed to provide a facility based trained victim services advocate. DOM Chapter 5 article 44 section 54040.3 specifically notes that "In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available; an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims and who either:

(1) A psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff person with a master's degree in counseling, or others listed in Evidence Code Section 1010; or

(2) Has the 40 hours of specialized training listed in Evidence Code Section 1035.2 and is supervised by a staff member in subsection (1) above.

If a designated employee is utilized as a Victim Advocate proof of required training must be on file in their personnel or IST file."

Provision of a victim services advocate is also consistent with language in CDCR DOM Chapter 5 Article 44, section 54040.8.1 Custody Supervisor Responsibilities. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.19 Community Services also notes that "victims of in-custody sexual violence, or staff sexual misconduct" shall be provided access to the mailing addresses and phone numbers of outside rape crisis centers. CIM has identified this external victim support, rape crisis center, as Project Sister.

During the onsite portion of the audit, the audit team toured the facility and reviewed several PREA sexual abuse/harassment investigation files. A review of facility sexual abuse investigations, it is noted that CIM reports informing the inmate victim about victim advocacy services by providing them with inmate handout information in the CIM Incarcerated Person Orientation Manual and CDCR Sexual Abuse/Assault Prevention & Intervention and Sexual Violence Awareness PREA orientation handouts (CDC-PS-001 and CDC-PS-003, revised 2017). Furthermore, in all incidents of sexual abuse allegations the victim is referred to the CIM mental health services department and the alleged subject, if an inmate, is referred for evaluation by the mental health department. It is noted that the Incarcerated Persons orientation manual provides a phone number and a written address that the inmate can contact independently for external victim services. Within this handbook, written communications to external victim advocates are specifically stated to be confidential, however, there is no mention of the confidentiality of the victim services numbers. Posters located throughout CIM in English, Spanish and Hmong also provide victim services contact information and do note that both written and phone call contacts to Project Sister for Victim Services Advocacy is confidential.

During the course of the audit interviews with the PREA Compliance Manager, inmates who reported a sexual abuse, Just Detention International, and an interview with a forensic medical provider from the Riverside University Health System. Attempts were made to contact Project Sister (the CIM identified external victim service provider for additional audit information, however, these attempts were unsuccessful. It was reported by the CIM PCM that all forensic medical examinations are done through a hospital and that victim service advocates are made available by the hospital. The institution will provide additional victim services advocacy/support services through a community advocate. The facility has the ability to facilitate more private victim services contacts with the external service provider as needed. Per Just Detention International Project Sister has reported continued work with inmates at CIM for victim services advocacy and external sexual support services. Of the inmates

interviewed two individuals indicated awareness of external advocacy and support services through posters in the facility, however, stated that they had not contacted to and did not feel that they needed to contact the advocacy/support service. Another individual indicated that they were not provided with any victim services information and was not allowed to contact a victim services advocate within the community. This person denied having any awareness of services despite posters observed to be displayed in various areas of the facility. Staff from the Riverside University Health System indicated that whenever inmates from CIM are brought to the hospital for SART evaluations with SANE/SAFE staff they are offered victim and emotional support services through Project Sister, CIM's community rape crisis center.

115.21(e)

Information presented within the PAQ, specifically, DOM Chapter 5 Article 44, section 54040.8.2 Victim Advocate and Victim Support Person instructs that "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." Within the investigations reviewed as part of the audit it is noted that victims are told they can find victim services advocate/support service information in the inmate handbook known as the California Institution for Men Incarcerated Person Orientation Manual (English and Spanish). These services are also offered by CIM and the Riverside University Health System at the time of a forensic medical (SART) examination. In a review of the CIM inmate handbook (Incarcerated Person Orientation Manual) language is clear that victim support service advocates are available upon request for forensic medical examinations and investigatory interviews. The CIM PCM notes that services are made available, if needed or requested through the rape crisis center, Project Sister as specified in the MOU/contract, which was verified with the contract. Of the inmates interviewed two individuals indicated awareness of external advocacy and support services through posters in the facility, however, stated that they had not contacted to and did not feel that they needed to contact the advocacy/support service. Another individual indicated that they were not provided with any victim services information and was not allowed to contact a victim services advocate within the community. This person denied having any awareness of services despite posters observed to be displayed in various areas of the facility. Staff from the Riverside University Health System indicated that whenever inmates from CIM are brought to the hospital for SART evaluations with SANE/SAFE staff they are offered victim and emotional support services through Project Sister, CIM's community rape crisis center.

115.21 (f)

N/A- The CDCR as agency conducts all criminal and administrative investigations of sexual abuse, which results in this provision being not applicable.

115.21 (g)

N/A- Per standards, the auditor is not required to audit this provision. Additionally,

CDCR as agency conducts all criminal and administrative investigations of sexual abuse, which results in this provision being not applicable.

115.21 (h)

While CIM reports using Project Sister for external, community based advocacy services, in the event that the rape crisis center advocate cannot be reached the facility is instructed to provide a facility based trained victim services advocate. DOM Chapter 5 article 44 section 54040.3 specifically notes that “In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available; an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims and who either:

(1) A psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff person with a master’s degree in counseling, or others listed in Evidence Code Section 1010; or

(2) Has the 40 hours of specialized training listed in Evidence Code Section 1035.2 and is supervised by a staff member in subsection (1) above.

If a designated employee is utilized as a Victim Advocate proof of required training must be on file in their personnel or IST file.”

While onsite at CIM reviewed investigation files indicate the referral of victims to mental health services for wellness contacts and the facility has evidenced employment of mental health training meeting the specifications in DOM Chapter 5, article 44 section 54040.3.

Corrective Action:

None

Recommendations:

It is recommended that the CDCR and CIM continue to work with the Riverside University Health System Medical Center to finalize the update the current Contract Standard Agreement between CDCR and County of Riverside, Riverside University Health System Medical Center as the PAQ provided contract appears to have expired June 30, 2022. It is noted that e-mail correspondence indicates this contact is with the care agency, not CDCR, awaiting final signature and return to CDCR. It is noted that the Riverside University Health System Medical Center reports continued work with CDCR for SANE/SAFE forensic examinations in situations where inmates report sexual abuse.

While victim services information is made available through posters and the inmate orientation manual, it is recommended that investigative staff specifically remind inmate victims of their rights pertaining to the right to have victim service advocacy present at the time of forensic medical evaluations and prior to conducting investigatory interviews. Staff are also encouraged to specifically ask the inmate about a desire for external victim services contact and to assist the inmate in contacting these services if needed.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44, section 54040.12 Investigation 3. CDCR PREA Incident Tracking Log (PAQ and updated version provided at CIM for onsite portion of the audit noting additional case closures) 4. Review of Sexual Abuse and Sexual Harassment Investigation Documentation 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 1 Article 35 Division of Internal Oversight and Research, section 15080.2 Office of Internal Affairs, Revised December 13, 2012. 6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 Article 14 Internal Affairs Investigations, section 31140.1 Internal Affairs Investigations, Effective January 2007. 7. CDCR Justification Memo-Policies to ensure referrals of allegations for investigations dated October 6, 2017 8. Review of the California Department of Corrections and Rehabilitation website https://www.cdcr.ca.gov/prea/ noting specific posting of the California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 titled PRISON RAPE ELIMINATION POLICY dated May 19, 2020. 9. Interview with the CDCR Agency Head 10. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.22 (a)</p> <p>Information provided within the PAQ indicates CDCR policy DOM 54040.12 directs “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing.” As an agency the CDCR Investigative Services Unit (ISU) at each facility, including CIM, conducts both criminal and administrative investigations. If investigations involve staff on inmate sexual misconduct (i.e. abuse) CDCR utilizes a Office of Internal Affairs (OIA). As a means of tracking CIM compliance with the investigations of allegations of sexual abuse and sexual harassment the CDCR and CIM utilize a PREA Incident Tracking Log. This</p>

documentation indicates when investigations are initiated; who is assigned to investigate the issue; the type of allegation being investigated including inmate on inmate sexual abuse, inmate on inmate sexual harassment, staff misconduct (identified by CDCR DOM as staff on inmate sexual abuse), and staff harassment (i.e. staff on inmate sexual harassment).

CIM, per the PAQ, is responsible for completing all investigations involving staff and inmates at CIM. It is noted in DOM that CIM's Investigative Services Unit (ISU) performs administrative and criminal investigations for all inmate on inmate allegations of sexual abuse or sexual harassment. If an allegation of staff on inmate sexual misconduct (abuse or harassment) is made, CIM will conduct the preliminary investigation into this allegation. This information is then given to the CDCR Office of Internal Affairs (OIA) for criminal and administrative investigation. This uniform practice is established by DOM 54040.12.

Interview with the Agency Head further reports that all allegations of sexual abuse and sexual harassment are investigated by the Local Designated Investigator Unit (LDI). If during the course of initial fact finding the allegation is determined to be "inmate on inmate it's local. LDI are trained to investigate all allegations as inquiries. They're responsible for interviewing the complainant and any witnesses, then report to their Hiring Authority with a recommendation if the allegation is unsubstantiated or not." If during the initial fact finding the allegation is determined to be staff related "misconduct" abuse or harassment, the Office of Internal Affairs (OIA) is contacted by the LDI and becomes responsible for investigation. Upon completion of the OIA investigation, OIA provides the findings to the "Hiring Authority for disposition." This involvement of the Hiring Authority (noted as CDCR Central PREA office and Human Resources) ensures agency oversight and assurance that allegations of sexual abuse and sexual harassment involving staff on inmate as well as inmate on inmate reports are investigated.

CIM notes having 15 incidents of sexual abuse, staff sexual misconduct, and sexual harassment between July 2022 and July 2023. It was noted that seven cases were closed as Unsubstantiated, three cases were Unfounded, five cases were still under investigation, and there were zero substantiated sexual abuse or sexual harassment cases involving the inmate population. This was verified by onsite review of the investigation files. However, during the onsite phase of this audit it was noted that additional, non-reported investigations were conducted in which the investigators did not count these cases as PREA investigations due to belief that the allegations did not meet the PREA standard definitions of sexual abuse or sexual harassment toward inmates by other inmates or staff. As this was discussed it was noted that at least one of these cases did meet the standards of alleged sexual abuse of an inmate by another inmate. This file was reviewed. It was noted that the accuser admitted to investigators that the report of abuse was made in bad faith in order to obtain a more desirable placement. This bad faith reporting of inmate on inmate sexual abuse is consistent with a PREA finding of Unfounded inmate on inmate sexual abuse. Due to the dynamics of this situation and an error in the interpretations of the PREA standard definitions of sexual abuse and sexual harassment this case was not counted in the CIM reported investigations of sexual abuse allegations despite it being investigated

as an initial sexual abuse report. This issue was discussed as an area for improvement in order to report accurate numbers of allegations of sexual abuse or sexual harassment for tracking purposes. Investigative staff remarked in conversation that they were uncertain how often this misinterpretation of PREA standard definitions has occurred resulting in under reported, though administratively clarified/addressed, investigations of sexual abuse and/or sexual harassment.

115.22 (b)

The CDCR (DOM) Chapter 1 Article 35 Division of Internal Oversight and Research, section 15080.2 Office of Internal Affairs acts as the agency 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. Specifically, this DOM indicates "The Office of Internal Affairs (OIA) is the departmental entity with authority to investigate allegations of employee misconduct when appropriate. The Chief, Office of Civil Rights (OCR), OIA, serves as an advisor to the Secretary on policies and procedures for implementing the CDCR Equal Employment Opportunity (EEO / Sexual Harassment policy in accordance with State and federal law." This language is iterated, reinforced, and additional procedural information regarding the CDCR and CIM's process of addressing investigations is further specified in CDCR Justification Memo-Policies to ensure referrals of allegations for investigations dated October 6, 2017. It is noted that this memo provides specific clarifications on the use of ISU for investigations of inmate on inmate sexual harassment and abuse/violence, staff on inmate sexual abuse and harassment, and the timing and procedure for ISU to make referrals to the District Attorney for prosecution of inmate on inmate investigations or OIA for staff on inmate investigations. Additional language is provided for OIA referral to the District Attorney for staff on inmate investigations to the District Attorney to allow determinations on prosecution or the investigation. DOM Chapter 3 Article 14 Internal Affairs Investigations, section 31140.1 Internal Affairs Investigations, Effective January 2007 also indicates that "Every allegation of employee misconduct within the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed, and investigated when appropriate." This provision further ensures that all allegations of sexual abuse or sexual harassment of inmates by staff are investigated in accordance with PREA standards and this provision.

An interview with CIM investigative staff iterates that CIM and CDCR are following DOM and memorandum instructions to adhere to policy and procedure to ensure that allegations of sexual abuse or sexual harassment are referred for investigation either within the facility with ISU for inmate on inmate allegations of sexual abuse or sexual harassment or to the CDCR's OIA for allegations involving investigations of staff on inmate sexual abuse or sexual harassment. This report is supported by review of the investigations at CIM noting inmate on inmate or staff on inmate allegations of sexual abuse or sexual harassment.

A review of the California Department of Corrections and Rehabilitation website

<https://www.cdcr.ca.gov/prea/> indicates that the CDCR publishes its policy 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” through the website posting of the California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 titled PRISON RAPE ELIMINATION POLICY dated May 19, 2020.

115.22 (c)

N/A- This provision is not applicable as according to CDCR DOM Chapter 5, Article 44 Prison Rape Elimination Policy, and each of the subsections, including section 54040.12, indicates that all CDCR facilities perform both administrative and criminal investigations.

115.22 (d)

N/A- While the auditor is not required to audit this provision it is noted that California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy and each of its sections acts as policy in governing the conducting of administrative or criminal investigations of sexual abuse or sexual harassment in prisons for the state of California.

Corrective Action:

None

Recommendations:

It is noted that CIM consistently engages in investigating allegations of sexual abuse and sexual harassment during the review of investigations it was reported that there may be (as evidenced by at least one) additional cases of sexual abuse or sexual harassment that were not reported or tracked as investigations of sexual abuse or sexual harassment due to misunderstanding of PREA standardized definitions. This has reaching implications for staffing planning and other areas of PREA compliance. As a result, CIM is encouraged to review closed investigations that involved initial reports of possible sexual abuse or sexual harassment and determine if the investigations do meet PREA standard definitions to be considered when reviewing and updating the facility’s staffing plan. Additionally, increased staff training or routine reviews of PREA specific definitions to increase understanding with these aspects of investigations as a means of avoiding future errors based on differential understanding of the PREA standard definitions of sexual abuse and sexual harassment is recommended.

At an agency level, it is recommended that the DOM 35 Division of Internal Oversight and Research, section 15080.2 Office of Internal Affairs, last revised December 13, 2012, be updated to incorporate the information within the CDCR Justification Memo-Policies to ensure referrals of allegations for investigations dated October 6, 2017. Specifically, this revision is recommended to incorporate the memo provided description of agency and facility specific procedures for use of ISU for investigations

of inmate on inmate sexual harassment and abuse/violence; staff on inmate sexual abuse and harassment; the timing and procedure for ISU to make referrals to the District Attorney for prosecution of inmate on inmate investigations or OIA for staff on inmate investigations; and OIA referral to the District Attorney for staff on inmate investigations to allow the District Attorney to make determinations on prosecution or the investigation. This recommendation is provided as memorandums are not seen as policy, rather are clarifications or supports to policy, and in this situation include more detailed information for practical application than the official CDCR DOM policy.

115.31 Employee training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.1 Policy 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention 4. California Department of Corrections and Rehabilitation (CDCR) In-Service Training (IST) Prison Rape Elimination Act (PREA), Version 3.0, Course Code: 11054378 5. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID: 11053499 6. Interviews with Random Staff 7. Interview with the CIM Training Director 8. Review of Documented Training Logs Reports 9. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.31 (a)(b)(c) and (d)</p> <p>According to CDDR DOM Chapter 5, Article 44, Section 54040.1 the CDCR provides</p>

training to all staff, contractors, and volunteers pertaining to the CDCR's DOM policy pertaining to the Prison Rape Elimination Act, including the agency's zero tolerance policy for sexual abuse and sexual harassment. In DOM 54040.4, the CDCR specifically denotes that "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy." Furthermore, DOM 540.4 indicates that "The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet." As the training is completed annually and is specifically tailored to gender specific training it is implied that if an employee is transferring or reassigned to facility of a different or opposite gender additional would be completed. This training was verified by the CIM Training Director, who indicated that all new employees to CIM complete a 40 hour new orientation that includes the PREA course when starting with CIM.

Per review of the CDCR's In-Service Training (IST) Prison Rape Elimination Act (PREA), Version 3.0, Course Code: 11054378, On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID: 11053499 the CDCR's IST and OJT (annual) training lesson plans cover all elements listed within provision 115.31 (a), items 1-10 of the PREA standards. It is noted that per CDCR documents completion of the required training with CDCR 844 and the PREA OJT Acknowledgement form certifying that the employee has read, understood, and agrees to comply with the PREA OJT training. It is noted that this acknowledgement is listed as the final page of the OJT manual listed as the ON-THE-JOB TRAINING PRISON RAPE ELIMINATION ACT (PREA) LESSON ACKNOWLEDGEMENT AND SIGNATURE.

Interviews with random staff and review of training records documentation confirmed that staff receive refresher PREA training annually. It is noted that staff receive this training online and that there is an online tracking system for staff training that the CIM Training Director reviews this record periodically to assign trainings and to ensure compliance with staff training. A review of the records that some staff are pending their annual training based on the prior year's assigned training date, however, as training is required annually this is not considered to be out of date at this time.

Corrective Action:

None

Recommendation:

While CIM meets compliance for this standard, it is recommended that staff pending training complete the annual PREA training prior to the end of the year to maintain compliance.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.32 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.1 Policy
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention
4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 10, section 101090.7 Volunteer Orientation
5. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID: 11053499
6. State of California Department of Corrections and Rehabilitation (CDCR) Volunteer and Contractor Training Justification Memo, dated October 6, 2017
7. CDCR PREA Policy Information for Volunteers and Contractors Part A, CDCR 2301 (Revised 05/20)
8. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 10, section 101090.62 Volunteer Application Packet and Files
9. Review of Contractor Files
10. Review of Volunteer Files
11. Interview with the CIM Training Director
12. Tour of the Facility

Reasoning and analysis (by provision):

115.32 (a)

According to CDDR DOM Chapter 5, Article 44, Section 54040.1 the CDCR provides training to all staff, contractors, and volunteers pertaining to the CDCR's DOM policy pertaining to the Prison Rape Elimination Act, including the agency's zero tolerance policy for sexual abuse and sexual harassment. In DOM 54040.4, the CDCR specifically denotes that "All staff, including employees, volunteers, and contractors,

shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy.” Furthermore, DOM 54040.4 indicates that “The training will be gender specific based on the offender population at the assigned institution.”

CDCR DOM Chapter 10, section 101090.7 Volunteer Orientation states “At the onset of service, regular and provisional volunteers shall complete the required available training ...” this training includes training on the Prison Rape Elimination Act and may occur as on the job training courses for self-study. It is reported that contractors and volunteers receive training on PREA education through the CDCR OJT Module PREA Version 2.0 BET ID: 11053499. The final page of this training includes an acknowledgement of training and understanding of materials noted as the ON-THE-JOB TRAINING PRISON RAPE ELIMINATION ACT (PREA) LESSON ACKNOWLEDGEMENT AND SIGNATURE.

CIM and CDCR reported that training for contractors and volunteers occurs and covers all elements of this provision of the PREA standards. Contractor education was discussed during onsite interviews with contractors. Individuals interviewed indicated that they did complete PREA education. This was verified in a review of contractor file information. Volunteers also report being provided with PREA education, confirmed with a review of available files. It was noted that a couple of requested volunteer files were initially unable to be located and were thus, however, were ultimately found. Upon review of information there is sufficient evidence indicating that volunteers are trained in PREA education. It was also disclosed during an interview with the CIM Training Director that volunteer information is maintained by various department heads (i.e. those supervising the volunteers) and CIM is in the process of creating a centralized tracking system to monitor volunteer training and background check information.

115.32(b)

While CDCR and CIM ensure that all volunteers and contractors are trained, as instructed by CDDR DOM Chapter 5, Article 44, Section 54040.1; DOM 54040.4; DOM Chapter 10, section 101090.7, the CDCR Volunteer and Contractor Training Justification Memo, dated October 6, 2017 provides more finite instructions noting that volunteers and contractors are all trained with a similar base of training though additional training is provided based on the services they provide and level of contact they have with inmates. It is noted within the training curriculum provided in the OJT Module PREA Version 2.0 BET ID: 11053499 provided to volunteers and contractors encompasses training on the CDCR’s zero-tolerance policy regarding sexual abuse and sexual harassment along with education on how to report such incidents. The CDCR PREA Policy Information for Volunteers and Contractors Part A, CDCR 2301 (Revised 05/20), signed by volunteers and contractors also provides notification and education on the CDCR’s PREA standard’s established zero tolerance policy for sexual abuse and sexual harassment of inmates and how to report such incidents.

During in interviews with contractors, volunteers, and the CIM Training Director it was iterated that contractors and volunteers are educated to varying levels depending on the services they provide and level of contact they have with inmates. Additionally, it was articulated that volunteers and contractors are informed on the CDCR's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report these concerns. It was noted that different volunteers and contractors indicated the varied levels of training. Some disclosed online and in person training, others noted online training, and others noted that training started as a basic acknowledgement of information but ended up with additional training due to an increased level of contact or possible contact with the inmate population. File information that was reviewed for contractors and volunteers notes information on PREA education and an acknowledgement of PREA education, specific to this standard and provision.

115.32 (c)

In accordance with CDCR DOM Chapter 10, section 101090.62 Volunteer Application Packet and Files "A file similar to the state employee official personnel file shall be maintained on each volunteer in the Human Resources Office, the Community Resources Manager's Office, or designee office and stored in a locked cabinet. Volunteer records shall be recorded in the volunteer tracking system, which may be made available to the Watch Office." Additionally, this file is to contain "All documentation of completed orientation and annual training" and "CDCR Form 2301, PREA Policy Information for Volunteers and Contractors." During the interview with the CDCR Training Director it was noted that volunteer information is maintained by various department heads (i.e. those supervising the volunteers, which would be considered as a "designee" for the Human Resources Office) and CIM is in the process of creating a centralized tracking system to monitor volunteer training and background check information. A review of volunteer and contractor files indicates that the CDCR is maintaining documentation confirming that volunteers and contractors understand the training they have received.

Corrective Action:

None

Recommendations:

It is strongly recommended that a centralized tracking and storage system for CIM and/or CDRC be implemented to document and maintain all volunteer and contractor background information and PREA education materials. This recommendation is indicated as during the audit there was some reported initial difficulty locating a couple of volunteer files. These were ultimately located. The CIM Training Director also indicated there is no verification system beyond department head provision of documents for volunteer training. While this lack of tracking and the two (numerous additional files were found) does not result in non-compliance with this standard at this time, this could result in a lack of verifiable volunteer education in the future which would result in difficulties for CIM in proving compliance with volunteer education for future audits. Additionally, this update to the tracking system would

	increase CIM compliance with CDCR DOM Chapter 10, section 101090.62 stipulations.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention 3. CDCR Senate Bill 132 - "The Transgender Respect, Agency and Dignity Act" Intake-Transgender brochure (English and Spanish) 4. California Institution for Men (CIM) Incarcerated Person Orientation Manual (English and Spanish), PREA Information for Orientation Handbook section 5. Sexual Abuse/Assault Prevention and Intervention Brochure (English and Spanish) 6. PREA Sexual Violence Awareness Brochure (English and Spanish) 7. CDCR PREA Posters (English and Spanish) 8. CDCR/CIM General Chrono (CDCR128-B) - PREA Acknowledgement Form (located in Electronic Records Management System (ERMS)). 9. Review of CDCR/CIM PREA 2023 Education Video (in English, Spanish, Hmong, Sign Language, and Subtitles) 10. Spreadsheet Documenting Inmate Arrivals, PREA Screening Dates, PREA Education Dates, and PREA Reassessment Dates. 11. Review of Inmate Records 12. Interview with Intake Staff 13. Interview with Random Inmates 14. Interview with Disabilities or are Limited English Proficiency 15. Tour of the Facility

Reasoning and analysis (by provision):

115.33 (a) (b) and (d)

The CDCR DOM section 54040.4 specifically addresses PREA education for both staff and inmates/offenders. Within this section, under "Offender Education" it is specifically directed that "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." While touring CIM it was observed that the inmates in the receiving area (R&R) were provided with written materials including the CIM Incarcerated Person Orientation Manual (English and Spanish), which contains a PREA Information for Orientation Handbook section, the Sexual Abuse/Assault Prevention and Intervention Brochure, and the CDCR Senate Bill 132 - "The Transgender Respect, Agency and Dignity Act" Intake-Transgender brochure. Each of these items contains information on the CDCR policy for zero tolerance of sexual abuse and sexual harassment along with comprehensive PREA education including information on the PREA standards, definitions of sexual abuse/harassment, prevention/intervention, reporting, and treatment/counseling. The CDCR PREA education posters were visible in the area which also contains information noted in the handouts. The posters were in English, Spanish, and Hmong.

During the initial intake process, which typically occurs on the same day as arrival to CIM and in all reviewed cases occurred well within the standard required 30 days of inmate placement at CIM, included comprehensive PREA education through use of a PREA standardized 2023 education video. While there were no inmates actively completing this portion of the PREA education/CIM intake process staff demonstrated the use of the video education and it was observed that the video is in English, Spanish, Hmong, sign language, and closed captioning. The video is played on a television that is wheeled close to the cell front so the individuals in R&R can both see and hear information. This video information, along with information provided in the written format of CIM Incarcerated Person Orientation Manual (English and Spanish), which contains a PREA Information for Orientation Handbook section, the Sexual Abuse/Assault Prevention and Intervention Brochure, and the CDCR Senate Bill 132 - "The Transgender Respect, Agency and Dignity Act" Intake-Transgender brochure includes information on CDCR and CIM's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, inmate's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding CDCR policies and procedures for responding to such concerns.

A review of inmate files, interviews with inmates (random and with disabilities or limited English proficiency) and spreadsheet documentation indicating inmate dates of arrival versus dates of PREA education, and interviews with intake staff (a designated and trained facility Sergeant) consistently note that a comprehensive PREA education is offered in R&R as an intake process which also includes initial PREA risk assessment screening. This is routinely completed prior to inmates being assigned to housing units at CIM, though was noted in one instance to have occurred on the inmate's second day at the facility due to a very late (after intake staff left)

arrival and need for translation services. It was noted that six inmates claimed that they were not given PREA education, however, review of their files indicates they signed and acknowledged being given PREA education in accordance with CDCR policy during the intake process and sufficient to meet this standard provision. It was noted that a couple of these individuals needed translation services that were either provided the day of intake or the next day (one situation), as part of the intake process to the facility. File information noted use of interpretation services for cognitive concerns, LEP individuals, and use of American Sign Language. CIM reports, and provided, a list of certified staff interpreters that are used for these screenings and also notes that if interpreters are not immediately available an interpretation service is contracted with CDCR (service information and facility compliance related to interpretation provision is documented in standard 115.16). 115.33 (c)

There was no observed or file indicated evidence of inmates at CIM who have not had PREA education during the time of this audit. Although a few inmates denied having had education upon placement at CIM completion, files review indicated PREA education has been completed for individuals subsequent to the effective date of the PREA standards and upon transfer to CIM from a different facility, thus CIM meets requirements for 115.33 (c).

115.33 (e)

Per DOM 54040.4 "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." This documentation, housed in the ERMS for each inmate, was reviewed for the audit, and substantiated that comprehensive inmate education is completed relevant to standard 115.33 during the intake process, well within 30 days of arrival. While this comprehensive education is typically completed on the day of arrival, in a one instance this occurred the day following arrival. A review of available documentation noted that at the time of the audit CIM was unable to locate PREA education documentation requested for four individuals currently incarcerated at CIM. When asked during interviews, these inmates indicated that they did receive education during interviews. Although four documents of currently incarcerated inmates are noted, this very small number in consideration of the overall population total of 2363 on the first day of the onsite component of the audit does not suggest non-compliance with this provision. Rather, the facility should note this missing documentation and take immediate action to correct this issue by providing and documenting inmate PREA education to any of the inmates missing this documentation.

115.33 (f)

As noted in the analysis of provisions (a) through (d) of this standard CIM provides a variety of materials to inmates, including inmate handbooks, that inmates can keep with them and regularly reference pertaining to PREA vital information. It is further noted that in casual conversations with staff and inmates during the facility tour that PREA education information is continuously and readily available to all inmates. This

occurs through facility PREA posters observed by the audit team throughout the facility, the inmate handbook and CDCR brochures, DOM 54040.4 allowed PREA education inmate tutors, on inmate tablets where all rules and regulations can be found, or by asking staff who can provide additional translation or assistances for inmates with limited English proficiency or other noted disability concerns. It was noted that many of the PREA posters throughout CIM were slightly out of date as the CDCR recently changed to a new PREA reporting hotline. When the observation was made by the audit team that posters were out of date or contained obsolete information, new posters were immediately obtained by CIM staff and posted throughout the facility. CDCR and CIM staff sent confirmation pictures indicating the update of posters. Furthermore, the audit team observed the updated posters in various areas of the facility, including inmate living and activity spaces, on subsequent days of the onsite portion of the audit when moving about the facility. As a result, CIM has evidenced responsiveness to a concern and immediate solution actions to meet compliance with this 115.33 (f) requirement of having information continuously and readily available.

Corrective Action:

None

Recommendations:

When requesting documentation to provide evidentiary support to CIM reports that PREA education is completed within 30 days and documented CIM was unable to provide this documentation for four of the currently incarcerated individuals at the facility. It is recommended that CIM complete an internal review of documentation make sure that all acknowledgements of PREA education for currently incarcerated individuals be completed. If any outlying situations or missing documentation is noted, CIM should urgently address and complete the PREA education process, including documentation with any inmates missing such documentation.

As there the audit team noted that several PREA educational posters were out of date based on recent CDCR updates of information to a PREA reporting hotline, CIM is strongly encouraged to continue to check that PREA education materials are made readily available to the inmate population with current information, especially current information on updates to reporting concerns pertaining to sexual abuse and sexual harassment. This should be done during routine PCM and supervisory rounds. Posters and educational materials should be updated as soon as possible following changes to PREA education, reporting, prevention, detection and response information or instructions. For this audit compliance is met in this area due to CIM's immediate response to correcting this issue when highlighted by the audit team, though this recommendation should serve as a reminder that continued monitoring in this area is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.34 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.3 Definitions
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention
4. California Department of Corrections and Rehabilitation (CDCR) Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Participant Workbook Version 1.0 BIC BET ID: 11055853 (LDI Standalone: 11057915)
5. CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Version 1.0 (Approved 05/2020) slide presentation.
6. Review of Investigative Staff Training Records Noted as the "PREA LDI Training" Spreadsheet. Report Generated: 8/1/2023.
7. Interviews with Investigative staff.
8. Tour of the Facility

Reasoning and analysis (by provision):

115.34 (a) and (b)

CDCR indicates in DOM 54040.3 that PREA sexual abuse and sexual harassment investigations are managed by a Locally Designated Investigators (LDI) through the Investigative Services Unit (ISU) Investigator or other designated CIM institutional staff "who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct." Additionally, in DOM 54040.4 CDCR instructs that "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained." The training is documented on a CDCR 844, Training Participation Sign-in Sheet.

Within the PAQ CIM provided the CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Participant Workbook and Slide Presentation information. A review of this training evidences that LDI are provided

	<p>with basic PREA education and training along with specialized training in how to conduct sexual abuse and sexual harassment investigations in confinement settings. Training covers points such as policy and legal liabilities, PREA definitions of sexual abuse and sexual harassment, staff responsibilities, reporting options, victim services and support, evidence collection, forensic medical examination information, suspect processing, interview techniques and requirements for special populations (i.e. LEP, mental health, LGBTQI, etc.), data tracking, documentation, and general investigator responsibilities.</p> <p>Interviews with and a review of training records for investigative staff Training evidence that investigators complete specialized training through an LDI course for PREA investigations. Staff reported that this training encompasses topics such as “guidelines, policies, procedures, the history of PREA, investigative techniques, use of Miranda/Pobar for staff, maintaining evidence, and how to conduct interviews from start to finish. Using the correct PREA terms like Unfounded and Substantiated for findings and what to do based on the findings of the investigation.” Staff also indicate training on how to determine substantiation of a PREA sexual abuse or harassment claim, noting findings are held to the preponderance of evidence standard.</p> <p>115.34 (c)</p> <p>CDCR DOM 54040.4 denotes that training for CDCR and CIM investigators is documented on a CDCR 844, Training Participation Sign-in Sheet. The PAQ provided the Investigative Staff Training Records Noted as the “PREA LDI Training” Spreadsheet. Records indicate that each of the nine ISU staff at CIM have completed PREA specialized investigator training and the training was documented electronically (CDCR 844).</p> <p>115.34 (d)</p> <p>N/A- As CDCR meets compliance for 115.34 (b) compliance to provision (d) is also met. However, it is noted that per the Department of Justice instructions, this auditor is not required to audit this provision.</p> <p>Corrective Action:</p> <p>None</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35 Meets Standard</p> <p>Evidence Reviewed:</p>

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention
3. California Correctional Health Care Services (CCHCS) Memorandum Subject: Prison Rape Elimination Act Specialized Training for Medical and Mental Health Staff dated August 09, 2017.
4. California Department of Corrections and Rehabilitation On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff Version 3.0 Course Code: 11057450.
5. Interview with Medical and Mental Health Staff
6. Interview with the CIM Training Director
7. Review of Reports Documenting Staff Training
8. Tour of the Facility

Reasoning and analysis (by provision):

115.35 (a)

CDCR DOM 54040.4 instructs, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution." With regard to medical and mental health care practitioners the CCHCS memo for PREA specialized training for mental health staff dated August 09, 2017 indicates that a specialized electronic learning module for medical and mental health practitioners provided by the CCHCS Learning Management System (LMS) is required to be completed by all medical and mental health staff practitioners who have contact with inmates. This is noted to be a one-time training that was provided to currently employed practitioners and to new staff practitioners as they begin employment at a CDCR institution.

A review of the provided CDCR OJT PREA Specialized Training for Medical and Mental Health Staff indicates that medical and mental health staff are provided with basic PREA education and training standard to all staff. Additionally, training to detect and assess signs of sexual abuse and sexual harassment, preserve physical evidence of sexual abuse, respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment is provided for the medical and mental health care staff.

Interviews with medical and mental health staff and the CIM training director indicate that medical and mental health care staff receive specialized PREA education for medical and mental health care staff. The training director believed that this specialized training is a one-time training. Medical and mental health staff articulated that they also attend annual PREA trainings. Trainings are noted to be both online and in person. A review of medical and mental health staff training records indicates medical and mental health staff do complete specialized training. It was noted that a report of staff completion of training indicates there are eight individuals currently enrolled in training that have not completed this specialized training course to date.

115.35 (b)

N/A- CDCR and CIM indicate that all forensic medical examinations are performed outside of CIM by trained SANE nurses through Riverside University Health System as indicated in standard 115.21(c).

115.35 (c)

According to the CDCR records of all staff PREA training are kept. Per DOM 54040.4 all staff PREA training is “documented on a CDCR 844, Training Participation Sign-in Sheet.” The CCHCS memorandum for PREA training dated August 09, 2017 specifies that once staff practitioners complete the specialized medical and mental health training module in the LMS the staff member “must provide a copy of their certificate, with signature, to their local In-Service Training office.” Documentation of staff enrollment and completion of specialized training indicates eight individuals are currently enrolled in, though have not completed training. The remaining staff appear to have completed training or the training is in progress.

115.35 (d)

Per CDCR DOM 54040.4, “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.” During interviews with Medical and mental health staff it was reported that they also attend annual PREA trainings. Trainings are noted to be both online and in person. A review of mental health and medical provider training record reports confirms that this training is completed.

Corrective Action:

None

Recommendations:

While CIM meets compliance for this standard, it is recommended that staff who are enrolled in, but have not yet completed the specialized training for medical and mental health care staff completed this training prior to the end of the year to maintain compliance.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.6 Offender Housing 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.7 Screening for Appropriate Placement 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 46 — INMATE HOUSING ASSIGNMENTS, Revised September 6, 2013, section 54046.5 Initial Screening 5. California Penal Code Section 667.5(c) definition of “violent felony” 6. CDCR Memorandum Dated March 13, 2019 subject: Prison Rape Elimination Act- Reassessments at Reception Centers 7. CDCR Memorandum dated September 29, 2017 subject: Prison Rape Elimination Act Risk Screening-Correctional Counselor Responsibilities. (Included with March 13, 2019 memorandum) 8. Instructions for Completion of the PREA Screening Tool 9. PREA Risk Assessment Screening Tool (Rev21.01_Prod_03242021) and recently updated form (Rev22.03_Prod_20230503) PREA Risk Assessment Screening Tool. 10. California Department of Corrections and Rehabilitation On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff Version 3.0 Course Code: 11057450 (provided in PAQ Standard 115.35). 11. CDCR 128-MH5 (Rev. 04/21) Mental Health Referral Chrono 12. Screening Form access form/instructions document 13. PREA Screening Job Aid and Instructions document 14. PREA Risk Assessment Rescreening Tool (Included with March 13, 2019 memorandum)

15. Instructions for Completing the PREA Risk Assessment Rescreening Tool (Included with March 13, 2019 memorandum)
16. CDCR 128-MH5 - Mental Health Referral Chrono document
17. CDCR Memorandum Subject Prison Rape Elimination Act- Reassessment at Reception Centers dated March 13, 2019.
18. California Department of Corrections and Rehabilitation (CDCR) Classification Committee Chrono report
19. Spreadsheet Documenting Inmate Arrivals, PREA Screening Dates, PREA Education Dates, and PREA Reassessment Dates.
20. Interview with Staff Responsible for Risk Screening (Intake for initial and CCII for within 30-day screenings)
21. Interview with the CDCR PREA Coordinator
22. Interview with the CIM PREA Compliance Manager
23. Interviews with Inmates
24. Inmate File Reviews
25. Sexual Abuse and Sexual Harassment Investigation File Reviews
26. Tour of the Facility
27. Corrective Action provided (November 06, 2023) CDCR Memorandum dated April 3, 2023 Prison Rape Elimination Act Risk Rescreening- Correctional Counselor Responsibilities
28. Corrective Action provided CIM Memorandum to All Correctional Counselors at CIM dated April 15, 2024 Prison Rape Elimination Act Re-Assessment Process.

Reasoning and analysis (by provision):

115.41 (a)

CIM PAQ provided information indicates that the CDCR does not have a designated DOM policy for PREA risk of sexual abuse or victimization screening. Rather, there are several DOMs, memorandums, training materials, and instructions to staff pertaining to PREA risk assessment screening. For instance, DOM Chapter 5 Article 46 Inmate Housing Assignments, section 54046.5 Initial Screening instructs, "Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment. The screening authority shall review the C-file and other available information, interview the inmate, and complete the Strategic Offender Management System (SOMS) Initial Housing Review (IHR). Based on available information, including an interview with the inmate, the screening authority shall determine if the inmate is suitable for dorm/cell housing with or

without restrictions.” The CDCR OJT PREA Specialized Training for Medical and Mental Health Staff specifically trains staff that Custody staff shall assess all inmates during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates and/or sexually abusive towards other inmates.” DOM Chapter 5 Article, section 54040.6 Offender Housing notes that individuals that are at high risk of sexual victimization shall not be placed in segregation housing, unless an assessment of all other alternative housing options has been exhausted with no other alternative for placement identified. DOM 54040.6 further instructs the course of action for further assessment of housing needs and methods of initiating an administrative segregation placement and classification actions to address housing.

The CDCR has instructions for completing PREA risk assessments, which notes that risk assessments are for “New Arrival for a new arrival to an institution, Layover (less than 72 hours) for inmates who are going to be housed at your institution for less than 72 hours, or New/additional information, which is for receipt of any additional relevant information that was not previously considered that bears on the inmate's risk of sexual victimization or abusiveness.” These instructions encompass screenings for all new intakes to the facility, including transfers from other facilities arriving at CIM. Additionally, the instructions indicate both asking inmates questions, reviewing file information for historical data, and using staff perception with regard to items specifically considering the perception of others and the inmate pertaining to sexual orientation or gender identification (i.e. LGBTQI identification).

During the audit team’s onsite portion of the audit inmates at CIM and staff who complete PREA risk assessment screenings were interviewed. It was noted that staff indicate all inmates are assessed in the CIM R&R area for intake. Screening staff were able to demonstrate the process as there were no PREA risk assessment screenings currently in progress. Screenings are demonstrated to occur in a private office and staff ask questions from the CDCR’s objective risk assessment screening tool. Responses are recorded in an electronic format through SOMS. The majority of inmates interviewed reported being ask PREA risk assessment screening questions in R&R at CIM for intake. Only three individuals stated that they had never received PREA screening or education, however, a review of the inmate files indicates these screenings were conducted and PREA education was provided. A review of inmate files and the provided spreadsheet documenting inmate arrivals, PREA screening dates, PREA education dates, and PREA reassessment dates provides additional evidence of completion of PREA risk assessment screenings.

115.41 (b)

It as is noted in provision (a) of this standard, that CDCR and CIM do not have a designated policy DOM addressing PREA risk assessment screening. There is no policy indicating that a PREA risk assessment must be completed within 72 hours, as is required by the PREA standards. The CDCR does have instructions for the PREA risk assessment screening, however, this instruction set does not specifically instruct that inmates will be screened within 72 hours of arrival to the facility. Language used in DOM Chapter 5 Article 46 Inmate Housing Assignments, section 54046.5 Initial Screening instructs that “Upon arrival at an institution reception center, a program

institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment.” It is noted that there is no time frame designated for “upon arrival.” This instruction can, and appears to be, interpreted to mean that intake screening, which includes the PREA risk assessment screening, is urgent and should not be delayed longer than necessary to complete in a manner in which the inmate can participate and understand.

Inmates at CIM and staff who complete PREA risk assessment screenings were interviewed. It was noted that staff indicate all inmates are assessed in the CIM R&R area on the day they arrive as part of the intake process. Screening staff were able to demonstrate the process as there were no PREA risk assessment screenings currently in progress. Screenings are demonstrated to occur in a private office and staff ask questions from the CDCR’s objective risk assessment screening tool. Responses are recorded in an electronic format through SOMS. The majority of inmates interviewed reported being ask PREA risk assessment screening questions in R&R at CIM for intake. Only three individuals stated that they had never received PREA screening or education, however, a review of the inmate files indicates these screenings were conducted and PREA education was provided. The PAQ notes that within the past 12 months 2824/2824 new arrival inmates at CIM have received PREA screening within 72 hours of arrival. A review of inmate files and the provided spreadsheet documenting inmate arrivals, PREA screening dates, PREA education dates, and PREA reassessment dates provides additional evidence of completion of PREA risk assessment screenings. It is noted that initial PREA risk assessment screening was, with the exception of two outlying situations, completed on the same day as the inmate arrived at CIM. The two outlying situations not PREA intake risk assessment screening was conducted the day following the inmate’s arrival to CIM.

115.41 (c)

CIM provided the PREA risk assessment screening form/instructions document to review for this provision. Several memorandums of instruction and specific screening instructions are provided to ensure that screening of inmates and the use of screening information is consistent within CDCR facilities. It is noted that CIM and CDCR provided the PREA Risk Assessment Screening Tool (Rev21.01_Prod_03242021) and recently updated form (Rev22.03_Prod_20230503) PREA Risk Assessment Screening Tool. The updated version of the PREA risk assessment screening tool reportedly replaced the prior version of the PREA risk assessment screening in approximately June/July 2023. The only noted difference in the new versus previous version of this tool allows CDCR and CIM to more efficiently sort inmate responses to questions assessing sexual orientation and gender identification. The form did not change any questions or risk assessment areas, rather allowed for more selection items in the LGBTQI identification questioning response section. As a whole the CDCR PREA Screening tool consists of fifteen standard questions asked of all inmates. Eleven questions are objective, as they do not elicit the screeners opinion or observations and instead provide information which may be obtained through a review of inmate records. The remaining four questions are subjective and in line with items denoted in PREA standard 115.41 (d). These four questions seek the inmate’s response according to self-assessment, gender identity, sexual orientation, their

perception of themselves and unconfirmed incidents of sexual abuse (i.e. history of abuse in the community). Additionally, all questions on the risk assessment tool are weighted with a defined scoring mechanism. Scoring is advised in the CDCR instructions to make it a consistent process for all CDCR facilities. Determinization and assignment of final risk levels are defined based on inmate responses and information gathered through record review. A review of 51 inmate files notes that one initial PREA screening was unable to be located and six of the inmates arrived prior to the 2018 implementation of the PREA risk assessment screening measure. The remaining 44 initial (within 72 hours) PREA risk assessment screenings were all completed and documented using the CDCR's PREA risk assessment screening tool.

115.41 (d)

A review of the CDCR PREA risk assessment screening tool and instructions for this measure, as provided by CIM in the PAQ indicate that this measure specifically assesses 9 of the 10 elements in this provision. Element 10, of this provision is addressed by noting that CDCR as an agency and CIM as a facility do not detain individuals for civil immigration issues. As a result, this element is addressed through CDCR practices. The remaining 9 elements of this provision are addressed as follows:

(1) Whether the inmate has a mental, physical, or developmental disability is addressed by CDCR PREA risk assessment screening tool as section A question 3 and answered through reviewing information in the inmate's file which indicates he/she is at the Enhanced Out-Patient (EOP) Level of Care or higher; is designated as DD-1 or higher under the Clark Remedial Plan; or is designated as a class-member under the Armstrong Remedial Plan. If any of these circumstances is met the screener is instructed to mark yes to this item.

(2) The age of the inmate is determined on screening section A question 4 with ages of 21 and under or 65 and over designated as positive risks for victimization. It is noted that this item will auto populate based CDCR computer linked data.

(3) The physical build of the inmate is identified in section A question 5 with significance for victimization denoted as a Male: 5'2" or less in height and/or weighs less than 120 lbs. Female: 5' or less in height and/or weighs less than 90 lbs.

(4) Whether the inmate has previously been incarcerated is addressed in section A question 8. This item includes any state, federal or foreign adult correctional institution. This information can be gathered from a file review and through questioning the inmate.

(5) Whether the inmate's criminal history is exclusively nonviolent can be determined through a review of the inmate's criminal conviction history. This issue is addressed as section A question 9. The CDCR also provides the California Penal Code Section 667.5(c) definition of "violent felony" to assist the screener in determining if criminal history includes noted violent offenses.

(6) Whether the inmate has prior convictions for sex offenses against an adult or child is addressed in section A question 6. This is determined by a review of the inmate's

file. Furthermore, instructions for this item indicate specific California Penal Code items related to sexual offending against adults and/or children.

(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming is identified in screening section A question 7. During interviews with staff who perform risk assessment screenings it was disclosed that this question is asked and often the inmate's response corresponds to the screener's perceptions of gender identity or sexual orientation. Screener perception is used as well if the screener perceives the inmate to be LGBTQI status and appears gender non-conforming. Staff note that this can be documented in the comments section of the screening form on the second page as there is no way to denote staff perception versus inmate identification on the drop down response options of the form. This is consistent with the instructions in the form and guidance from the DOJ on use of screener perception to address this question. It was noted that verification of transgender or intersex identification is also often documented through the gender identification cards used by the CDCR/CIM when inmates identify as transgender or intersex.

(8) Whether the inmate has previously experienced sexual victimization is specifically addressed in three ways in section A questions 1A, 1B, and 2. This separation of items accounts for sexual victimization specific to correctional institutions that has already been determined to be substantiated or unsubstantiated by investigation within the last 10 years, sexual victimization in a correctional setting that has not been previously disclosed, and sexual victimization in a non-correctional setting. If any of these items is endorsed screening staff are instructed to offer the individual a mental health referral and document either acceptance or rejection of this referral.

(9) The inmate's own perception of vulnerability is identified in section A question 10.

(10) Whether the inmate is detained solely for civil immigration purposes. This element is not specifically addressed on the screening form as it does not apply. The CDCR as an agency does not detain/house individuals solely for civil immigration purposes.

Interviews with staff who perform risk assessment screenings confirm that the initial screening process, including a review of the inmate's criminal and applicable history noted in the screening elements, is conducted at initial intake to the facility. These documents were reviewed and noted to be in the files, with the exception of one missing screening document.

115.41 (e)

In reviewing the CDCR PREA risk assessment screening tool and staff instructions for use of this tool prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency are assessed in section B questions 1, 2, 3 and 4. It is noted that CDCR separates sexual offending history into correctional setting and non-correctional setting locations. Furthermore, non-sexual violence within a correctional setting is capped at occurrence within the past 5 years, though this is not a requirement of the PREA

standards. Staff who complete risk assessment screenings note that this information for intake indicate that they review the inmate's file information, typically prior to meeting with the inmate for risk assessment screening. During the interview with the inmate the intake screening staff indicate that they also ask about the inmate's history of these elements. A review of inmate files indicates that the elements of this provision are included on the intake PREA risk assessment screening and are addressed and documented during the screening process.

115.41 (f)

The PAQ provides memorandums, the PREA Risk Assessment Rescreening Tool, Instructions to complete the PREA Risk Assessment Rescreening Tool, and example Classification Chrono Logs to address how the CDCR and CIM attempt to address this provision of standard 115.41. CDCR Memorandum Dated March 13, 2019 subject: Prison Rape Elimination Act- Reassessments at Reception Centers instructs that the PREA risk assessment rescreening form should be used for the within 30-day PREA risk assessment rescreening. This rescreening form, included with this memorandum, reviews items including review of any disciplinary issues which may indicate risk of victimization or abusiveness, inmate reports of victimization subsequent to the initial screening, any changes to the inmate's indicated special needs noted as MHSDS or placements in the Developmental Disability Program, and noting any other new information which could indicate the inmate is at a higher risk of victimization or predatory behavior. Of specific concern, in the instructions for this rescreening tool staff completing the rescreening are instructed that a face to face interview with the inmate, related to this PREA risk reassessment, is only required if any of the four assessed areas are answered by the staff file reviewer as "yes." Under certain circumstances, such as if new sexual abuse history that was previously unaccounted for is reported, the designated PREA screener is to contact their supervisor so a new comprehensive PREA risk assessment can be completed. It is not specified if this screening would be conducted by the Correctional Counselor, Supervisor, Initial Screening Staff or another assigned screener.

The instructions for this PREA risk reassessment tool rely upon a review of file information. The screener is further instructed that if a face to face interview is required that the interview should ask more in-depth or clarifying questions to the inmate to identify if any specific PREA risk factors or "PREA nexus" exists such as risk factors for abusiveness or victimization. The staff completing the rescreening is not instructed to revisit any of the questions asked of the inmate during the initial risk assessment, elements identified in 115.41(d). Rather, the screener is instructed to notify a supervisor that a new screening will be needed based on new information.

Per the CDCR Memorandum dated September 29, 2017 subject: Prison Rape Elimination Act Risk Screening-Correctional Counselor Responsibilities as a Correctional Counselor II. This additional memo specifically instructs that the "PREA screening tool shall be reviewed during the annual classification committee." This review, includes a review of the documented history and asking inmates if they have additional information to provide that would influence PREA risk assignment as an abuser or as a victim. This does not evidence that a rescreening is completed, rather

a review of known information is provided. During an interview with a CCII it was noted that this review is documented in the classification chrono action. The interview apparently consists of asking the inmate if they have any changes to items on the PREA risk assessment rescreening tool, which does not re-evaluate elements of 115.41(d).

A review of the Classification Chrono template language in the September 29, 2017 memorandum specifying how to document PREA rescreening is noted. Review of file information and template information (provided by the September 29, 2017 memo) indicate that during classification the committee chair reviews PREA intake screening information gathered on the PREA Screening Tool with the inmate and the inmate is asked if they have any additional relevant information that should be used for future housing and/or program/work assignments.

Documentation provided by CIM and CDCR pertaining to inmate files to review for this provision only includes Classification Chrono documents. None of the files included a PREA rescreening tool. Additionally, while the CDCR initial PREA Screening Tool has an option to select the screening as rescreening there were no documents beyond a classification chrono to indicate that this tool is used outside of a review, that is to say, there is no completed PREA rescreening tool or rescreening initial screening tool documentation evidencing that the elements within 115.41(d) are reassessed within 30-day PREA rescreening process.

Interviews with the inmate population at CIM noted that the majority of inmates who recalled having been asked PREA risk assessment questions during initial intake indicated that they were not asked these questions again. A few more detailed responses included one individual who noted that you only are asked questions if you choose not to waive the annual committee. They elaborated on this by noting that outside of committee these questions are not asked and many inmates choose to wave committee. Another person articulated that you only have PREA risk assessment questions asked if you report a possible sexual abuse or sexual harassment concern. A third inmate reported that questions are not specifically asked, rather there may be a conversation about risk concerns and you could be asked if you have concerns to report. This was noted to not be a question and answer format, rather was more conversational in nature. One inmate noted that these reviews occur every six months for transgender inmates when they are asked about their perception of safety the six-month transgender review committee meeting.

While a review of records for rescreening appears to be routinely completed as a PREA risk assessment rescreening by CIM and the CDCR directions, the completion of a risk assessment screening involving an interview with the inmate to assess risk does not appear to be standard practice. In review of the requirements for reassessment an additional factor of consideration includes noting the US Department of Justice Final Rule on the Prison Rape Elimination Act indicating assessment should include staff observations, direct questioning of the inmate, and a review of available inmate records. This must be completed within a set time period, not to exceed 30 days from the inmate's arrival at the facility, reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information

received by the facility since the intake screening to include information obtained through file review and direct interview of the inmate. Reassessment of the elements included in 115.41(d) as designated risk factors is an acceptable practice in the reassessment process.

Based a triangulation of evidence and consideration of the DOJ Final Rule on the Prison Rape Elimination Act indicating assessment should include staff observations, direct questioning of the inmate, and a review of available inmate records at this time the CIM and the CDCR process of within 30 day rescreening the inmate's risk of victimization or abusiveness is found to be non-compliant with standard 115.41(f).

115.41 (g)

PAQ provided CDCR DOM Section 54040.7 Screening for Appropriate Placement requires "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." CDCR memorandum dated March 13, 2019 subject Prison Rape Elimination Act - Reassessment at Reception Centers instructs that if a Correction Counselor (CC) determines, upon risk assessment review that an inmate has experienced a change to file information that would alter risk of sexual abusiveness or victimization that a Correctional Counselor Supervisor (CCII) will be notified by the CC that a new screening is needed. If the CCII is not available in the facility the Watch Commander will be notified of the rescreening need to ensure that a rescreening is conducted and an alert is entered in the Inmate Precaution system. Instructions do not specify who completes this comprehensive reassessment.

During the audit team's onsite component of the audit inmate interviews and interviews with staff who complete risk assessment screenings were completed. It is noted that the majority of inmates indicated that they have not been asked PREA risk assessment questions outside of their initial intake PREA risk assessment screening, which is reported and observed to be conducted in the CIM intake (R&R) area. Staff interviews indicate that rescreening would be completed in response to a referral, request, incident of sexual abuse, or receipt of additional information indicating risk. Intake screening staff believed this would be completed by the CC staff as intake staff only complete intake screenings.

File reviews for investigative files and inmates were reviewed. It is noted that there was one PREA risk assessment screening that was noted to be a rescreening using the initial screening measure due to investigation related findings. This is consistent with requirements of this provision and the aforementioned CDCR March 2019 memo and DOM 54040.7. However, there were no documents evidencing reassessment upon inmate request. Additionally, classification chrono information notes an annual review of PREA risk concerns, however, this does not involve a specific re-questioning of initial PREA risk assessment screening tool questions, rather asks if the inmate has additional concerns or information to add for consideration.

115.41 (h)

DOM 54040.6 Offender Housing forbids inmates being disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities; sexual orientation; sexual victimization; or perception of vulnerability. Interviews with staff responsible for risk assessment screening, both at intake and within 30-day risk rescreening, indicated that inmates are not disciplined for refusing to answer or disclose complete information pertaining to risk assessment screening information. It is noted that some of the items on the risk assessment questionnaire also allow for “no response” to meet this standard requirement. There was no evidence available to indicate that inmates are ever disciplined for refusing to answer PREA risk assessment questions.

115.41 (i)

A review of CDCR practices related to implanting appropriate controls on sensitive PREA risk assessment information to ensure that this information is not exploited to the inmate’s detriment by staff or other inmates indicates that the CDCR uses an electronic system for the recording and keeping of PREA risk assessment screening answers and information. The CDCR indicates in memorandums and DOMS that information learned in through the PREA risk assessment screening is to be entered into these secure systems. While there are precautionary codes that may result to indicate risk of victimization or risk of abusiveness these codes do not provide response specific information and are utilized as a means of assisting in increasing the safety of the inmates.

Interviews with the CDCR PREA Coordinator, CIM PREA Compliance Manager (PCM), and Staff who complete Risk Assessment Screenings were conducted. The CDCR PREA Coordinator disclosed that all of the PREA risk assessment information is kept the SOMS computerized system, noting that access to SOMS is determined by classification. It was further reported that “staff identified as needing the information can log in and view [it]. The information is on a need to know.” It was noted that general security and medical do not have access to certain items such as PREA risk assessment screenings, though classification staff do as they engage in work requiring use of the information. “ISU also has access because of the need to make housing decisions.” It was further articulated that the SOMS system tracks the log in information of as staff to further ensure that only individuals with a need to know are accessing this sensitive information. The CIM PCM added to the Coordinators information noting that when accessing information in SOMS “there is a “warning” that does pop up in SOMS if you are accessing information that is sensitive. SOMS does track activity in the system and we would investigate if there is inappropriate access.” Staff who perform risk assessment screenings also articulated that all of the screening information is kept in the secure SOMS system and access to the information is granted by special permissions based on job classification “need to know” related to the information.

Initial Corrective Action:

115.41 (f) - Within a set time period of not more than 30 days from the inmate’s arrival at the facility, the facility reassess the inmate’s risk of victimization or

abusiveness based upon any additional, relevant information received by the facility since the initial screening.

In accordance with the DOJ Final Rule on the Prison Rape Elimination Act each PREA risk assessment must include a face-to-face meeting. Best practice includes using an objective PREA screening measure both the initial and within 30-day PREA risk rescreening. According to the PREA Resource Center FAQ dated August 2, 2019, "the 30-day affirmative reassessment requires, at a minimum, that screening staff consult available sources (including the inmate) to determine whether any previously unknown triggering event or information has become available and to document such review."

Initial Recommendations:

It is strongly recommended that CDCR update DOM language pertaining to inmate risk assessment screening to specifically indicate, as a policy, that initial PREA risk assessment screening for risk of sexual victimization or abusiveness occurs during the initial intake process to any CDCR facility and must be completed within 72 hours of the inmate's arrival to the facility. Both of these screenings need to use an objective screening instrument to include both a file review and an interview with the inmate to assess responses to the screening measure. Additionally, instructions for rescreening related to PREA risk of sexual victimization or abusiveness within 30 days and at any additional warranted time in response 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 should be included.

To address noncompliance with 115.41(f), it is recommended that the CDCR and CIM consider using the initial PREA Risk Assessment Screening Tool, selecting the "rescreening" option or creating an option for "within 30-day rescreening" on the form. This use would demonstrate the completion of the within 30-day rescreening as required within PREA standard 115.41(f) considering the DOJ Final Rule on the Prison Rape Elimination Act indicating assessment should include staff observations, direct questioning of the inmate, and a review of available inmate records. This would also allow for the PREA rescreening to be conducted using an objective screening measure that documents both the screener's review of available information and an interview with the inmate. Maintaining this objective rescreening document, in addition to the current CDCR and CIM practice of using classification chrono logs to evidence a review of risk concerns, would demonstrate sufficient evidence of compliance for provision 115.41(f).

An additional recommendation to address non-compliance in standard 115.41(f) is to amend the current PREA risk reassessment tool to remove the direction "A face to face interview with the inmate is only required if any of the above questions were answered yes." This is specifically to address the DOJ Final Rule on the Prison Rape Elimination Act indicating assessment should include staff observations, direct questioning of the inmate, and a review of available inmate records. This also addresses the PREA Resource Center FAQ dated August 2, 2019, "the 30-day affirmative reassessment requires, at a minimum, that screening staff consult

available sources (including the inmate) to determine whether any previously unknown triggering event or information has become available and to document such review.

Corrective Action Period:

During the facility's Corrective Action period (November 03, 2023 to May 03, 2024) the facility and representatives of the agency engaged in monthly meetings with this auditor. Discussion of facility and agency steps toward meeting compliance with standards and documentation evidence of compliance was discussed and provided to the auditor.

On November 06, 2023, the agency provided CDCR Memorandum dated April 3, 2023 Prison Rape Elimination Act Risk Rescreening- Correctional Counselor Responsibilities. The agency reported that this is the current operating procedure and directions for completing the within 30-day PREA risk assessment rescreening noted in 115.41 (f). A review of this document indicates that correction counselors are instructed to meet with all inmates to review information obtained in the initial PREA risk assessment screening. This instruction removed the previous instruction to correctional counselors that "A face to face interview with the inmate is only required if any of the above questions were answered yes." In the April 3, 2023 memorandum, the correctional counselor is also instructed to address new information that bears upon the individual's risk of sexual victimization or sexual abusiveness and to complete a new PREA risk assessment screening form if the information provided by the inmate, file review, or other obtained information indicates that the inmate is at risk of sexual abuse or sexual harassment. The memorandum further instructs that UCC chairperson must also review any of this newly received information, discuss with the incarcerated person concerns the individual may have related to sexual violence or sexual harassment, and to document this information within the classification chrono. Language templates for this documentation are provided within this memo. This language is consistent with documentation provided by the facility to evidence compliance with 115.41 (d). In order to further solidify that these instructions are followed at CIM, the facility provided a memorandum to all Correctional Counselors at CIM dated April 15, 2024, titled Prison Rape Elimination Act Re-Assessment Process. This memorandum reiterates the requirement that correctional counselors review initial PREA risk assessment screening information with the inmate and follow the directions of the April 3, 2023 CDCR instructional memorandum.

Based on a review of information obtained throughout all phases of the audit and the corrective action information, at this time CIM is determined to have met corrective actions for 115.41 (d) and is in compliance with all provision and elements of standard 115.41.

Final Corrective Action:

None

Final Recommendation:

While it has been determined that at this time CIM is in compliance with all provisions

	<p>and elements of standard 115.41, it is strongly recommended that CDCR update DOM language pertaining to inmate risk assessment screening to specifically indicate, as a policy, that initial PREA risk assessment screening for risk of sexual victimization or abusiveness occurs during the initial intake process to any CDCR facility and must be completed within 72 hours of the inmate’s arrival to the facility. Furthermore, it is recommended that the CDCR and CIM consider using the CDCR official PREA Risk Assessment Screening Tool that is used for initial and general rescreening. Using this measure for the within 30-day rescreening would show specific documentation evidence that PREA risk assessment questions are re-asked to inmates and would best evidence the use of a screening tool encompassing all of the elements of 115.41 (d) rather than the currently used Classification Chrono template language that indicates a review of PREA risk assessment questions and safety concerns was conducted with the inmate.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.6 Offender Housing 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 6, Revised May 15, 2018, section 62080.14, Transgender or Intersex Inmates 4. CDCR Memorandum Dated October 6, 2017 Subject: Use of Screening Information. 5. CDCR Compliance Letter to 115.42 6. PREA Screening Job Aid and Instructions 7. CDCR Memorandum Dated October 28, 2018 Subject: Changes to the Prison Rape Elimination Act Screening Form – Mental Health Referral Process 8. CDCR Memorandum Dated April 3, 2023 Subject: Prison Rape Elimination Act Re-screening – Correctional Counselor Responsibilities 9. Title 15 3377 Facility Security Levels

10. 128-B Transgender Biannual Assessment Chrono Form
11. Review of the Transgender Brochure (English and Spanish) Titled: Senate Bill 132
12. CDCR Memorandum Dated November 6, 2020, Subject: Overview of Senate Bill 132-Training
13. CDCR Memorandum Dated August 25, 2017, Subject: Transgender Biannual Reassessment for Safety in Placement and Programming.
14. Interview with the CIM PREA Compliance Manager (PCM)
15. Interviews with Staff Responsible for Risk Screening
16. Interview with the CIM Inmate Assignments (Lieutenant)
17. Interview with Just Detention International
18. Review of Inmate Files, Including Classification Chronos
19. Tour of the Facility
20. Corrective Action facility provided photographs of movable medical or screen barriers for toilets and showers January 24, 2024 and April 05, 2024.

Reasoning and analysis (by provision):

115.42 (a)

A review of CDCR DOM 54040.6 Offender Housing notes that housing determinations are made with information obtained through the initial PREA risk assessment screening, specifically considering an inmate's risk of victimization and abusiveness. The DOM instructs that "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers." If such a placement is made, a housing assessment must be completed immediately or within 24 hours of the placement in segregated housing. Furthermore, "The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation." Additional consideration of single or double cell or dorm/barracks style housing is made by the classification committee with a review of victimization or abusiveness risks identified on the PREA risk assessment screening.

According to the CDCR memo dated October 6, 2017 pertaining to the use of screening information, "During this committee the PREA Screening form and the actions taken are documented on a Classification Chrono." It is noted that the classification committee is tasked with determining and assigning educational, vocational training, or work program based on the individual inmate's needs and preferences. The committee is also responsible for assigning/determining facility

placements. The classification committee is tasked with considering the inmate's requests for facility placements along with considering placements based on the work, school, and program needs of the individual. The PAQ provided CDCR Compliance Letter to 115.42 also iterates the instructions provided in the CDCR October 6, 2017 memo stating, "During this [classification] committee the PREA Screening form is reviewed and considered in all decisions affecting the inmate to include housing, work, education, etc. The actions taken are documented on a Classification Chrono." The Title 15 3377 Facility Security Levels document indicates security levels that can be considered for inmates based on safety risk factors. These decisions are made on an individualized basis for each inmate based on the inmate's needs, concerns, and PREA screening identified risk factors.

Additional consideration for housing is noted based on the PREA risk assessment screening information as it is entered as a precaution in the CDCR's SOMS computer system, per the PREA Screening job aid and instructions. These instructions further dictate that "Custody supervisors assigning/approving housing moves are required to review the inmate precaution screen to determine if inmate(s) being moved are identified as being "PREA - At Risk as a Victim" or "PREA - At Risk as an Abuser". If either precaution exists, the custody supervisor is to review the potential cellmate's precaution screen and case factors to ensure inmates identified as "PREA - At Risk as a Victim" and "PREA - At Risk as an Abuser" are not housed together in a cell." Also, "When housing inmates in a Dorm, Inmates identified as a "PREA - At Risk as a Victim" shall be assigned to a location close to the staff office/podium." The CDCR Memorandum Dated October 28, 2018 Subject: Changes to the Prison Rape Elimination Act Screening Form - Mental Health Referral Process further supports that PREA screening information pertaining to risk of victimization or abusiveness should be used when determining housing placements for inmates.

The CDCR Memorandum Dated April 3, 2023 Subject: Prison Rape Elimination Act Re-screening - Correctional Counselor Responsibilities indicates that during the classification process, which involves the Correctional Counselor as part of the committee, the committee must review the initial PREA risk assessment screening, determine through file review if there is additional information that would influence risk of abusiveness or victimization, and ask the inmate if there is additional information that they would like to report that would influence future housing, program, or work assignments. The inmate's information and any concerns reported are to be documented in the classification chrono.

A review of the inmate files, including classification chrono documents, an interview with the CIM PCM, interview with staff who conduct risk assessment screenings, and an interview with the CIM Inmate Assignments Lieutenant were also completed. In reviewing the inmate classification chrono documents it is noted that each inmate's needs are considered individually. Housing, program, and school assignments are recommended. It is noted that specific program and school placements are not made during classification, rather are made based upon program/school/work option availability. All staff interviews note that housing placements are carefully made and individuals at risk of victimization are never celled with those at risk of abusiveness. These individuals may be on the same unit, however, those at risk of victimization are

housed closer to the staff desk for monitoring.

It was reported by staff who perform risk assessment screenings that while PREA screening information is used by the classification committee to make global work, education or program assignments. However, these when entering into these activities PREA risk assessment information is not specifically considered at the time of placement in these activities. Interviews with the CIM PCM and Inmate Assignments Lieutenant iterate that those at risk of victimization or abusiveness would not be denied work, school, or program opportunities based solely on this risk status. Work activities are reported to be offered based on inmate interest and skills. Per reports, inmates with known risk of victimization or abusiveness could engage in work, education, or programs together as long as there is sufficient or increased staff monitoring and communications between staff and the inmates. However, in the event that there is limited ability to engage in adequate staff supervision the inmates would not be allowed in the same area. This could mean that either or both inmates at risk of victimization or abusiveness could be denied for certain assignments for protective reasons. This was particularly disclosed for inmates at high risk of assaultive actions due to need to protect those at risk of victimization and others from assaultive actions. The CIM Inmate Assignments Lieutenant added that people who prove themselves to be less of a risk of assaultiveness, particularly those in segregation status, are afforded more opportunities due to safety considerations. In the event that those at risk of victimization and those at risk of abusiveness are engaging in activities, i.e. work, school, or programs, in the same area the CIM PCM notes that the supervising staff should also have discussions with the inmates about their feelings of safety, and to set forth expectations. It was further explained that staff are expected to communicate with inmates how to report concerns about safety or sexual abuse/harassment including the expectation that inmates report these issues staff immediately if they arise. The inmates can continue to work in the same area, with staff supervision, if both feel that they are comfortable.

115.42 (b)

Evidence provided in the PAQ, including CDCR DOM 54040.6 Offender Housing, CDCR memo dated October 6, 2017 pertaining to the use of screening information, CDCR Memorandum Dated October 28, 2018, and the CDCR Memorandum Dated April 3, 2023 all indicate the use of PREA risk assessment information in inmate housing, school, work and programming on an individualized basis as discussed in 115.42 (a). Additionally, a review of inmate classification chronos and interviews with the CIM PCM, Inmate Assignments Lieutenant, and staff who perform risk assessment screenings note that while there are policies indicating how housing, work, education, and program are assigned inmate safety issues are reviewed individually and case by case considerations, including considering the inmate's opinion about their safety, are made to ensure the inmate's safety. The classification chrono reports document any safety concerns the inmate reports related to housing, work, education or program assignments. It is noted that the classification committee does not make specific work, education or program placements. However, when an inmate is assigned to one of these activities the inmate's safety is considered and if there are concerns additional supervision by staff is added. If this is not possible and high-risk

concerns are noted the individual may not be allowed to partake in that activity due to safety issues, per the Inmate Assignment Lieutenant. Inmates are also afforded the ability to express individual concerns about safety and preferences pertaining to housing, work, education or program assignments during the classification hearing, which are considered and documented when making decisions on these assignments.

115.42 (c) & (e)

In determining the programming and housing assignments of a transgender or intersex inmate, including placement at a facility for male or female inmates, the CDCR presents several pieces of evidence to indicate that the agency, on a case-by-case basis considers if a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. CDCR and CIM also provide support to indicate that the seriously consider the transgender or intersex inmate's perception of safety and security in their programming and housing decisions.

The PAQ provided CDCR DOM 62080.14, Transgender or Intersex Inmates, directs the CDCR that "Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment. In order to ensure inmate patients receive the necessary medical care/mental health treatment, transgender or intersex inmate-patients, to the maximum extent practical," shall be considered for placement at designated facilities, including CIM.

It is noted in CDCR Memorandum Dated April 3, 2023 Subject: Prison Rape Elimination Act Re-screening - Correctional Counselor Responsibilities that the classification assessment process includes a review of the PREA risk assessment screening and asking the inmate about their perception of needs and safety. The CDCR Compliance Letter to 115.42 also iterates the instructions provided in the CDCR October 6, 2017 memo stating, "During this [classification] committee the PREA Screening form is reviewed and considered in all decisions affecting the inmate to include housing, work, education, etc. The actions taken are documented on a Classification Chrono." The Title 15 3377 Facility Security Levels document indicates security levels that can be considered for inmates based on safety risk factors.

The CDCR Transgender Brochure titled Senate Bill 132 informs inmate that transgender inmates "may request to be housed at a male or female institution consistent with your gender identity. You can make a request during intake, by contacting your counselor, by using the Form GA-22 Gender Identity Questionnaire, or by providing a note to a staff member. Your request will be forwarded to the PREA Compliance Manager for review and then to a Correctional Counselor II. You will be seen by the Institutional Classification Committee for approval or disapproval. This includes housing in the Alternative Custody Program, the Custody to Community Transitional Reentry Program, the Male Community Reentry Program, or the Community Prisoner Mother Program." The brochure also indicates that "all housing

requests are evaluated on a case-by-case basis, and include a review of your history, behavior, programs, medical, mental health and safety. If you request housing in accordance with your gender identity you must make your request during initial intake or to your Correctional Counselor at any time. ALL requests are reviewed as part of the classification process. The decision to be placed on hormone therapy or to have gender affirming surgery will not impact your eligibility to be housed.” Furthermore, “All placement requests will go through an in-depth review by the ICC prior to approval or denial.” The continuation of housing at any facility for transgender or intersex inmates is routinely evaluated and the brochure specifies “an incarcerated person who was previously approved for housing based on their gender identity can have the approval rescinded if staff believe management or security concerns require a different housing placement. Any recommendation to rescind an approval for housing based on gender identity is reviewed by the ICC.”

Housing considerations for transgender and intersex inmates are also discussed in CDCR Memorandum Dated November 6, 2020, Subject: Overview of Senate Bill 132-Training. This memo indicates that inmates who identify as transgender, intersex, or non-binary can be housed in either a facility designated for male or female individuals based on the inmate’s individual preference, after a review and approval process is completed. This memo also directs staff to engage in searches of transgender or intersex inmates “consistent with their gender identity or gender designation of the facility where they are housed, based on approved search preference.”

Interviews with the CIM PCM and transgender/intersex inmates indicate that the CDCR and CIM assesses housing placements, including facility assignments to male or female facilities, and programming on a case by case basis while considering the inmate’s health, safety, perception of safety, individual needs, and facility/agency safety and security. This information is also reflected in the classification chrono documents of the inmate files reviewed. The CIM PCM articulated that placement at a male or female facility is done through the ICC and UCC committees and includes consideration of the inmate’s request, victimization or general concerns, individual case factors, levels, points, type of crime, violence, history of victimization, suspect history, their concerns of safety and PREA concerns. It was noted that transgender, intersex and gender non-binary inmates would never be denied for work, education, or program based solely on their gender identification status.

In reviewing transgender and intersex inmate interviews and files, the majority of inmates interviewed at CIM indicated that their safety and requests are considered in housing and program placements and that staff at least biannually are asking them about their safety. One individual stated they have never been asked about safety. Two individuals noted being on the waiting list for transfer to a female, gender affirming, facility. They disclosed that there is a process in place with CDCR for review and consideration of placement to an identified gender facility and that they are awaiting transfer of facilities. One inmate articulated frustration in having to wait for facility transfers to preferred/gender affirming facilities. A review of inmate files notes that CIM as a part of the CDCR documents addressing all concerns noted in this standard provision on the inmate classification chrono. This was observed on all

classification chrono documents, and contradicted the verbal report of the individual who indicated they had not been asked these questions. All of the interviewed inmates indicated that they have never been placed in housing specifically due to transgender or intersex identification.

115.42 (d)

The CDCR reports completing biannual (every 6 months) assessments of the housing and program assignments for transgender or intersex inmates to assess for threats to safety and experienced by the inmate. It is noted that the inmate's health and safety is a consideration along with the facility needed management and security needs for the individual. The CDCR provided the 128-B Transgender Biannual Assessment Chrono form and inmate files indicating that this review is conducted every six months. The CDCR Transgender brochure (English and Spanish) informed transgender inmates that "PREA standards require offenders who identify as transgender, intersex or non-binary to be evaluated twice per year (biannual) to check for safety in placement and programming."

The CDCR Memorandum Dated August 25, 2017, Subject: Transgender Biannual Reassessment for Safety in Placement and Programming indicates the process by which the biannual transgender classification actions occur. The memorandum directs that biannual classifications will occur in August and February. The Correctional Counselor (CC) will be informed of inmates on this list and is instructed to interview the inmate to inquire about any threats the inmate may have received since the last classification action, any safety concerns the inmate may have, review the inmate's record for information noting placement or programming concerns, and document this information on the PREA Biannual Assessment document and in the inmate classification chrono.

Interviews with the CIM PCM, staff who perform risk assessment screenings, transgender/intersex inmates, indicate that CDCR and CIM does complete biannual screenings for transgender/intersex inmates. One inmate noted that they only receive annual classification reviews, though this was not supported by file documentation which provided two biannual classification chrono documents within six months per provision requirements. File reviews of transgender inmates note that a biannual assessment chrono has been completed to assess for threats to safety and experienced by the inmate as well as addressing housing and program placements.

115.42 (f)

An interview with the CIM PCM indicates that all transgender or intersex inmates are afforded the ability to shower separately from other inmates. It was noted that there is a schedule on every unit for transgender specific shower times. There is an announcement on the unit when the designated time has arrived for transgender showers. The PCM did note that "shower areas are open style showers. One area has individual stall areas. There is one that is open that has modesty screens and privacy screens to avoid viewing." Shower dividers are reported to be available for use and are used at the inmate's discretion. It was also reported that "There could be multiple transgender people showering at the same time."

An interview with Just Detention Internal noted that the agency receives several complaints from transgender inmates pertaining to showering. Specifically, complaints about inmates not being able to shower separately and having a publicly announced “transgender shower time” were noted as concerns. In discussing these issues it was voiced that inmates do not feel that they are afforded privacy when showering. Also, the announcement of transgender shower time lead to some people reporting feeling like they were exposed or at higher risk because all other inmates know who is using the shower at those times.

Interviews with transgender inmates note that there are designated transgender shower times throughout the facility that are announced to the entire unit. Also, the showers are not individual showers and the inmates report that they have to shower with others. One transgender female indicated that she has to shower with “men” as they are individuals that do not have notable female development, have beards, and appear to be men despite identifying as transgender. It was noted that one inmate disclosed having had full gender affirmation surgery and is anatomically female though still has to shower in a group shower situation with inmates with male anatomy.

While touring CIM the audit team observed showering areas within the facility were noted to be a combination of single and multiple showers with the shower heads mounted to the wall in a row. These multiple showers did not have dividers and it was noted that multiple inmates, including transgender/intersex inmates in various stages of physical transition and breast development could and do shower at the same time with no privacy. One shower did have a privacy divider in the corner, but would not be sufficient to manage the multiple showering locations in the room. Staff and transgender individuals did report that transgender inmates have a separate “transgender shower time” in which all transgender inmates and no cisgender inmates are allowed to shower. However, transgender/intersex inmates showering during these times often have to shower in the same area with other transgender inmates with no privacy dividers (i.e. not a separate shower area). It is noted that transgender individuals may be in various stages of physical transition and this is not accounted for by CIM’s assigned “transgender shower time.” When viewing the showers in the facility many of the showers did not provide coverage to block the view of an inmate’s chest area when looking into the shower area from the outside. All of the showers did block from the waist level to the ankles. Noting that transgender inmates do not have separated showers and are showering in full view of other inmates in a group shower format CIM is not compliant with this provision.

115.42 (g)

The CDCR Transgender Brochure titled Senate Bill 132 informs inmate that transgender inmates “may request to be housed at a male or female institution consistent with your gender identity. You can make a request during intake, by contacting your counselor, by using the Form GA-22 Gender Identity Questionnaire, or by providing a note to a staff member. Your request will be forwarded to the PREA Compliance Manager for review and then to a Correctional Counselor II. You will be seen by the Institutional Classification Committee for approval or disapproval. This

includes housing in the Alternative Custody Program, the Custody to Community Transitional Reentry Program, the Male Community Reentry Program, or the Community Prisoner Mother Program.” The brochure also indicates that “all housing requests are evaluated on a case-by-case basis, and include a review of your history, behavior, programs, medical, mental health and safety. If you request housing in accordance with your gender identity you must make your request during initial intake or to your Correctional Counselor at any time. ALL requests are reviewed as part of the classification process. The decision to be placed on hormone therapy or to have gender affirming surgery will not impact your eligibility to be housed.” Furthermore, “All placement requests will go through an in-depth review by the ICC prior to approval or denial.” The continuation of housing at any facility for transgender or intersex inmates is routinely evaluated and the brochure specifies “an incarcerated person who was previously approved for housing based on their gender identity can have the approval rescinded if staff believe management or security concerns require a different housing placement. Any recommendation to rescind an approval for housing based on gender identity is reviewed by the ICC.”

An interview was conducted with the CDCR PREA Coordinator and the CIM PCM. The Cim PCM noted that CIM is not under any consent decree, legal settlement, or legal judgment for the purpose of protecting gay, bisexual, lesbian, transgender or intersex inmates. Additionally, the PREA Coordinator indicated the CDCR has an extensive process for classification that looks “custody behavior, violations towards staff, gang affiliation, mental health factors” to make housing considerations. It was further noted that inmates can request to be placed at sites according to their identified gender and that the CDCR has several inmates who have transferred from a male facility to female facilities. There was no indication of any special housing for gay, bisexual, lesbian, transgender or intersex inmates.

Interviews with lesbian, gay, bisexual, transgender and intersex inmates resulted in inmates reporting that they have never been placed in housing specifically due to transgender or intersex identification. Two individuals noted being on the waiting list for transfer to a female, gender affirming, facility. They disclosed that there is a process in place with CDCR for review and consideration of placement to an identified gender facility and that they are awaiting transfer of facilities. One inmate articulated frustration in having to wait for facility transfers to preferred/gender affirming facilities.

Observation of CIM, including a review of the inmate roster indicate that LGBTQI inmates are housed throughout the facility and are not placed on any designated LGBTQI unit.

Initial Corrective Action:

115.42 (f) CIM must ensure that transgender and intersex inmates are be given the opportunity to shower separately from other inmates. This includes showering separately from other inmates who identify as transgender or intersex.

Initial Recommendations:

It is acknowledged that the CDCR has a series of memorandums, brochures, and forms with instructions on the use of PREA risk assessment screening information in determining housing, work, education, and programming placement. Similarly, the CDCR has numerous memorandums pertaining to conducting biannual classification actions with in safety assessments for transgender and intersex inmates. While the PREA standards do not require policies to address these issues, it is strongly recommended that the CDCR update or create DOM policies to incorporate this information. This recommendation is provided as memorandums are often lost over time and are not a consistent source of training or reference to staff or inmates for consistent actions or information. Creating a policy to specifically address the use of PREA risk assessments in addressing housing, work, education and programming along with the requirement of biannual (every 6 months) screenings for transgender inmates would assist in ensuring CDCR staff are consistent in addressing these issues and inmates maintain a consistent, standardized expectation set based on policy.

In order to address transgender shower issues, it is recommended that CIM address offer transgender inmates additional shower times and create or provide curtains or dividers of some type to allow the inmate the ability to use the curtain or divider to create a separate showering space. This standard does not state that inmates cannot be in the same area, rather it requires the ability to have a separate shower from other inmates. This can be through separate "stalls" in the same shower area so long as the inmate has the ability to be removed from the bodily view of others. Additionally, CIM needs to address the height of shower shielding to allow transgender and intersex inmates the ability to shower without their breast/chest area being in view of staff and inmates that pass by the shower areas. Inmates that are anatomically female should also be considered for individual showers as a shower separately from other inmates, especially those that have male anatomy.

Corrective Action Period:

During the facility's Corrective Action period (November 03, 2023 to May 03, 2024) the facility and agency representatives engaged in monthly meetings with this auditor to discussed and provided evidence of movement toward compliance with identified concerns with 115.42 (f). In order to demonstrate improved practices with the intent of allowing transgender and intersex inmates to have the opportunity to shower separately from all other inmates the facility elected to maintain existing operations of allowing a designated transgender/intersex shower time to allow for separation from cisgender inmates. Additionally, the facility, with the assent of the agency, decided to provide movable medical screens in all shower areas where there were open showers without privacy dividers, stalls, or curtains. The facility reported a unit by unit introduction of these screens in the shower areas with all inmates informed that they were allowed to use these dividers. The facility provided photographs of movable medical or screen barriers for toilets and showers January 24, 2024 and April 05, 2024. It is noted that this provision of medical dividers was also used to address compliance concerns for standard 115.15 (d), requiring the facility to allow inmates to shower without exposing themselves to opposite gender staff. With the introduction of these mobile medical screens cis-gender, transgender, and intersex inmates are afforded the opportunity to shower without exposing their

breasts, buttocks, or genitalia to facility staff of the opposite gender. Furthermore, transgender and intersex inmates are also able to shower separately from other inmates by using the medical screen as a stall during facility allocated transgender/intersex shower times. With the implementation of the mobile medical screens the facility has reached compliance with 115.42 (f).

Final Corrective Action:

None

Final Recommendations:

At this time the facility is found to be compliant with all elements and provisions of standard 115.42. However, it is noted that the agency has a practice of amending operational expectations through the use of memorandums, brochures, and forms with instructions on the use of PREA risk assessment screening information in determining housing, work, education, and programming placement. Similarly, the CDCR has numerous memorandums pertaining to conducting biannual classification actions with in safety assessments for transgender and intersex inmates. While the PREA standards do not specifically require policies to address each of these issues, it is strongly recommended that the CDCR update or create DOM policies to incorporate this information in one consistent and permanent location. This recommendation is provided as memorandums are often lost over time and are not a consistent source of training or reference to staff or inmates for consistent actions or information.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.6 Offender Housing 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Title 15 Article 7. Segregated Housing 3335 Administrative Segregation 4. Interview with the Warden or Designee (Chief Deputy Warden) 5. Interview with Staff Who Supervise Inmates In Segregated Housing

6. Review of Inmate Files Including Classification Chrono Documents With Housing Assignments.
7. Review of Housing Assignments
8. Tour of the Facility

Reasoning and analysis (by provision):

115.43 (a)

115.43 (a)

Within the PAQ CIM provided CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation notes that an inmate can be placed in administrative segregation "When an inmate's presence in an institution's General Population (GP) inclusive of the Restricted Custody General Population (RCGP) facility presents an immediate threat to the safety of the inmate or others, endangers institution security or jeopardizes the integrity of an investigation of an alleged serious misconduct, criminal activity, or the safety of any person, the inmate shall be immediately removed from the GP and placed in administrative segregation." This placement is considered a non-disciplinary status and may be used for individuals involved in an "Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident." However, CDCR DOM 54040.6 Offender Housing dictates that "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers." If such a placement is made, a housing assessment must be completed "immediately or within 24 hours" of the placement in segregated housing.

An interview with the CIM Chief Deputy Warden as the Warden or Designee interview indicates that CIM does not place identified high risk of sexual victimization or those who have alleged sexual abuse in segregation placements unless the inmate requests such a placement. Additionally, the Chief Deputy Warden articulated that the additional safety concerns are addressed. Staff Who Supervise Inmates In Segregated Housing also indicated that victims of sexual abuse or those at risk of being victimized are not housed in segregated housing. CIM reported in the PAQ that within the past year there have been no such placements of inmates at the facility. A review of available institution housing placements and inmate file and classification chrono information supports that CIM does not place those at risk of victimization in segregation status due to this risk identified on the PREA risk assessment screening. However, it was noted in one investigation file that an inmate alleging sexual abuse by another inmate was placed in administrative segregation based on reporting fears for safety. This placement was documented and assessment was conducted to address alternate placement on a different housing unit, which ultimately resulted in transfer out of administrative segregation.

115.43 (b)

While CIM notes in the PAQ that they do not place inmates at risk of sexual victimization in segregation status due to this risk, and DOM 54040.6 instructs that this placement should not occur unless all alternate options have been exhausted, CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation provides additional parameters to address inmate treatment in the event that such a placement were to be necessary. Per DOM 3335, "If the placement in [non disciplinary segregation] NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190(b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations." This DOM does not include the provision of work. During an interview with Staff Who Supervise Inmates In Segregated Housing it was noted that CIM does not place inmates who are victims or at risk of being victims in segregated housing. It was also revealed that there are no work opportunities for inmates in segregated status, but all other programs, education and privileges would be offered. It was disclosed that any restrictions and interactions with inmates in this status would be documented as all interactions with inmates in segregation are documented. As CIM does not place inmates in segregated housing due to risk of victimization, compliance appears to be met with this provision, however, considerations for work options, and documentation should work not be allowed, must be made in the event that an inmate at risk of victimization is placed in segregation.

115.43 (c)

CDCR DOM 54040.6 instructs that if an inmate identified as risk of sexual victimization through the PREA risk assessment screening is placed in segregated housing, "The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation." CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation further instructs "The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, reasoning shall be documented on an automated Classification Committee Chrono (05/19), which is incorporated by reference. Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. The review shall be documented on the CDC Form 128-B (Rev. 4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the Institution Classification Committee for a program review."

Within the PAQ CIM indicates that no inmates identified through the PREA risk assessment screening have been placed in segregated housing as a means of separating them from likely abusers within the past year. Interviews with staff who supervise inmates in segregation note that CIM does not place inmates in segregation due to risk of victimization. However, if the inmate requests such a placement this

would be reviewed and it was believed the inmate would not be allowed to be there longer than 10 days. The Chief Deputy Warden also stated that CIM does not place inmates at risk of victimization in segregation, remarking that CIM has enough additional facility placement options that such a placement would not be necessary. It was disclosed that the inmate could request this placement, though it would be immediately evaluated.

115.43 (d)

CIM reported in the PAQ that there were no placements of inmates at risk of victimization placed in segregation. This practice is consistent with DOM 54040.6 Offender Housing, which articulates that inmates “shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers.” CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation dictates that if this placement is made assessment must be documented using the Classification Committee Chrono. A review of inmate file information notes that there were no placements documented on any classification chrono documents. Additionally, housing roster information did not indicate that CIM has had any placements of inmates at risk of victimization being placed in segregation.

115.43 (e)

Pursuant to CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation if an inmate at risk of victimization has been placed in segregation and “If the period of segregation exceeds 30 days, reasoning shall be documented on an automated Classification Committee Chrono (05/19), which is incorporated by reference. Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. The review shall be documented on the CDC Form 128-B (Rev. 4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the Institution Classification Committee for a program review.” Staff who supervise inmates in segregation articulated that while CIM does not place inmates at risk of victimization in segregation, if they were placed and the time was going to be 30 days or more the inmate would be reviewed every 30 days to address the placement. A review of inmate classification chrono information noted that there were no reports of inmates being reviewed in accordance with this provision as there were no inmates at risk of victimization being housed in segregation as a means of separating them from possible abusers.

Corrective Action:

None

Recommendations:

While it is reported and demonstrated that CIM does not place inmates at risk of sexual victimization in segregated housing consistent with CDCR policy, it is

	<p>recommended that the language of CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation be updated to include work. This opportunity for inmates is not specifically included within the policy and is an activity, per the PREA standards, that should not be restricted. Additionally, work should be included as a documented activity restriction if it is restricted due to an inmate placement in segregated status due to being at risk of victimization.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.51 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention, Offender Education 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.7 Detection, Notification, and Reporting 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.7.3. under Detection, Notification, and Reporting 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) 3401.5. Staff Sexual Misconduct. 6. California Department of Corrections (CDCR) CDCR-128-B Receipt of Inmate PREA Education form (rev 1/95) 7. Shine the Light on Sexual Abuse Poster (English and Spanish) 8. Help is Available Poster (English and Spanish) 9. PREA Information for the Orientation Handbook Document (English and Spanish) 10. California Institution for Men Incarcerated Person Orientation Manual (English and Spanish) 11. California Department of Corrections and Rehabilitation (CDCR) Sexual Violence Awareness Brochure

12. California Department of Corrections and Rehabilitation (CDCR) Sexual Abuse/ Assault Prevention & Intervention An Overview for Offenders: Know your Rights and Responsibilities Pamphlet

13. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID: 11053499

14. Interviews with Random Staff

15. Interviews with Inmates

16. Interview with the CIM PREA Compliance Manager

17. Review of Files of Sexual Abuse and Sexual Harassment Investigations

18. Tour of the Facility

Reasoning and analysis (by provision):

115.51 (a) & (b)

CDCR and CIM reports providing multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. DOM 54040.4 Education and Prevention, Offender Education speaks to this provision noting that all inmates will be provided with verbal and written information addressing prevention, intervention, reporting, treatment and counseling options for inmates to address the items identified in this provision. DOM instructions are that inmates receive written or multi-media presentations offered in both English and Spanish. Inmates are given a brochure entitled "Sexual Violence Awareness," a pamphlet entitled "Sexual Abuse/ Assault Prevention and Intervention An Overview for Offenders: Know your Rights and Responsibilities," and an the California Institution for Men (CIM) Incarcerated Person Orientation Manual containing the PREA Information for the Orientation Handbook Document.

DOM 54040.4 articulates that PREA posters containing this information will be posted throughout the correctional facilities. A tour of CIM verified that PREA informational posters and audit notices were posted throughout the facility and were readily available and accessible to inmates and staff. It was noted by the audit team that many of these posters were out of date with regard to PREA hotline reporting information (noted this changed approximately three months prior to the onsite portion of the audit). When this was highlighted to CIM staff the issue was immediately corrected and new, up to date posters were added to CIM replacing the out of date posters. CIM sent pictures of these replacement posters being added in housing, work, school, and program areas to the auditor for confirmation of update. All of the signage/posters was legible, easy to understand, provided in multiple languages (English, Spanish, Hmong), and placed in easily accessible locations. Signage, pamphlets, brochures, the PREA education video, and CIM Orientation

Handbook containing the CDCR PREA Information document contained information on reporting of sexual abuse or harassment, reporting retaliation by staff or inmates related to reporting sexual abuse/harassment, and reporting staff neglect that may contribute to sexual abuse or sexual harassment. Reporting mechanisms identified include verbal reporting, telling third parties such as family or friends to report, using confidential phone numbers, and a mailing address for reporting. Inmates are informed that they can reach out to the CDCR Office of Internal Affairs Reporting Telephone Numbers through regionally provided phone numbers or in writing with a provided address. External reporting information is also provided as the Office of the Inspector General PREA Ombudsperson Anonymous Reporting Information with a phone number and mailing address. The CIM PREA Compliance Manager disclosed that inmates can report the PREA issues noted in this provision anonymously as well as to external resources including the Office of the Inspector General and calling the Rape Crisis Hotline with Project Sister. Inmates can also report to family and family can report to the facility. These external options are in addition to internal reporting and agency provided telephone hotline options.

CIM did not have information displayed about how to contact relevant consular officials and relevant officials at the Department of Homeland Security. It is noted that CIM and CDCR do not detain inmates solely for civil immigration purposes. Posters are noted to specifically address reports of sexual abuse, sexual harassment, and victim support services. Retaliation and staff misconduct/neglect are addressed in the brochures, pamphlets, handouts, inmate handbook, and PREA education video. All resources provided to the inmates indicate multiple ways, including external to the agency reporting options. Additionally, all provided informational methods indicate that reports can be anonymous.

During the facility tour the audit team tested the external phone contact numbers. The conducted tests required the auditor to leave a voice message that was routed back to the facility for investigation. The tests were successful in that CIM was informed of the test and the information was provided to the auditor.

While on site the audit team interviewed random staff and random inmates. Interviews with random staff noted that inmates can report directly to staff, call the PREA reporting hotline, submit request slips, inform medical/mental health staff, write to family and friends through their tablet and family can report, or tell the PREA inmate tutor who can assist them in reporting. The majority of inmates reported feeling comfortable making reports of PREA concerns noted in this provision directly to both security and mental health staff. They also articulated that they could tell family and friends to report to the facility, call the hotline on the posters, and write grievances or requests to staff. When asked, most inmates believed they could report the noted PREA concerns anonymously. In conversations with inmates and staff throughout the facility it was reported that the information noted on the PREA posters, inmate education, and orientation manual PREA information is also available on all inmate personal tablets. Inmates also disclosed that they have access to an inmate PREA tutor who can provide information on reporting all of this provision's described PREA concerns.

115.51 (c)

CDCR DOM 54040.7 Detection, Notification, and Reporting instructs, "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." Additionally, DOM section 54040.7.3 specifies, "An offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member." Staff are instructed to act on these reports, per DOM 54040.7 and must report the information "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." DOM 54040.7.3 adds that "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." All resources provided to the inmates, including brochures, pamphlets, handbooks and posters indicate that reports to staff can be verbal, written, via hotlines, through third parties such as family or friends, and that reports can be anonymous. This information was observed by the audit team on PREA informational posters throughout the facility. Also, interviews with random staff confirm that inmates can report verbally, in writing, anonymously, and through third parties any experiences of sexual abuse or sexual harassment. When reported staff must immediately notify supervisors, document information, and engage in first responder actions such as separating reported inmate victims from alleged abusers. Inmates reported that they can report sexual abuse or sexual harassment concerns verbally, in writing, anonymously, and through third parties. Many inmates commented that they would talk directly to staff, as they are comfortable with staff.

115.51 (d)

Within the PAQ CDCR affirms that staff are required to report sexual abuse and sexual harassment of inmates. CDCR DOM 3401.5. Staff Sexual Misconduct specifies staff reporting requirements "Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action." DOM 54040.7 which further adds that "All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.... Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner." CDCR's OJT PREA training module further iterates these DOM instructions in the annual staff training.

During interviews with random staff all staff indicated that they have an obligation to

	<p>report sexual abuse and sexual harassment of inmates. Staff indicated that they could talk to their supervisor, or another supervisor in a private and confidential manner. Staff added that they could ask for a private closed-door meeting, could write a report to the supervisor, and in one case noted that if they were concerned about supervisor involvement they could go to other supervisors or HR. Staff indicated that they felt their reporting information would be kept confidential. Staff indicated that due to the sensitive nature of PREA sexual abuse/harassment reports these reports are given in private areas, such as offices, to supervisors. A review of investigation files for allegations of sexual abuse and sexual harassment of inmates supports that staff document reports of sexual abuse and sexual harassment for investigation and that these documents are maintained as part of the investigation file.</p> <p>Corrective Action:</p> <p>None</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. 3077.3. Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates (published 12/20/2021) 3. Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3483. Grievance Review 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer Review of Inmate Grievances Alleging Sexual Abuse 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender 6. California Department of Corrections and Rehabilitation (CDCR) Department

Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.15.1 Alleged Victim - False Allegations

7. Review of Grievance Tracking Log (provided for standard 115.62)
8. Review of Grievances Alleging Sexual Abuse, provided during corrective action phase (within the OAS November 21, 2023)
9. Review of Grievances Alleging an Inmate Being at Risk of Imminent Sexual Abuse
10. Review of CIM Investigations of Sexual Abuse
11. Interviews with Inmates Reported a Sexual Abuse
12. Tour of the Facility

Reasoning and analysis (by provision):

115.52 (a)

According to CDCR provided information, the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. This procedure is dictated in detail in 3077.3. Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates.

115.52 (b)

Within 3077.3. Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates it is specifically instructed that "There shall be no time limit for allegations of staff-on-inmate sexual misconduct." This procedure does not indicate that a time limit may be imposed for grievances that do not allege sexual abuse. The procedure for inmate grievances does not that inmates "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." There is no language in this grievance procedure to indicate that the CDCR's ability to defend against inmate litigation on the ground that the applicable statute of limitations has expired is restricted in any way.

115.52 (c)

In accordance with the Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3483. Grievance Review "The Reviewing Authority over each Office of Grievances shall designate at least one official to assess each written grievance." This procedure goes on to specify that "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."

While touring the facility it was noted that there is a stand mail pass system in which inmates can submit grievances or requests for services (such as mental health). There is no indication that any inmate filing a grievance against a staff member would have to provide the grievance to the staff involved in the complaint. CIM and CDCR appear to be acting in accordance with this provision of standard 115.52.

115.52 (d)

CDCR policy for the processing of inmate grievances alleging sexual abuse, per Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3483. Grievance Review, specifies that grievance decisions are completed “no later than 60 calendar days after receipt of the grievance.” This provision specifically indicates that the time for response to the grievance begins after the receipt of the complaint, which does not include inmates in preparing any administrative appeal. In the event that the CDCR, through the Institutional or Regional Office of Grievances, was unable to respond to the grievance claim with a defined answer of Denied, Granted, No Jurisdiction, Redirected to an appropriate entity to address investigation or provision of services/accommodations, Reassigned to an appropriate answering authority, Rejected, Disallowed, Identified as Staff Misconduct, or Pending Legal Matter “within 60 calendar days, resulting in exhaustion of the administrative remedies process for the claim,” the claim is considered to be “time expired.” This procedure does not allow for time extensions beyond the 60 days to address the grievance, indicating that the agency does not use the allowance provided in this provision to extent the response time up to 70 days. The CDCR policy indicates that all inmates must be provided with a response to the grievance. In the event that the grievance alleges sexual abuse the grievance Coordinator is instructed to respond that the grievance has been “Redirected” and will subsequently forward the grievance to the appropriate investigative unit through the Hiring Authority (i.e. to the Investigative Services Unit (ISU) or the CDCR’s Office of Internal Affairs (OIA)) for investigation.

Interviews with inmates who reported sexual abuse note that all inmates were interviewed about their reported concerns within a few days to a few weeks after the report was made. Reports made in person were responded to faster than those in writing, though all reports were responded to within no more than three weeks. Two of the three inmates interviewed responded that they were informed of the decision within 90 days of filing the grievance, one inmate indicated that they had not received a response to the grievance specifically, but did note the grievance was redirected for an investigation and they were notified of the outcome of the investigation upon completion. A review of sexual abuse investigations within the past 12 months did not include this inmate’s information, noting that the investigation occurred longer than 12 months ago. A review of additional investigation files notes that when grievances are forwarded to for sexual abuse investigation they are included in the investigation file. Subsequent to the investigation there is a notice of investigation outcome, however, is not a response to the grievance.

Within the PAQ CIM indicated CDCR received 10 grievances alleging sexual abuse.

The auditor requested, during the post audit stage, a copy of at least 3 of these grievances with the response date and information for review. Unfortunately, this information was not provided. As a result, it was not possible to verify that responses to grievances alleging sexual abuse were provided to the inmate within 90 days per this provision.

Based on available evidence, noting a lack of grievance responses to review, the auditor is unable to verify CIM's compliance with this provision. Therefore, at this time CIM is found to be found be non-compliant with this provision.

115.52 (e)

CDCR DOM 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer and CDCR DOM 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender speak to the elements of this provision. Specifically, all allegations of sexual abuse or sexual harassment of an inmate, including those made by a third party, will be reviewed by the Custody Supervisor and forwarded to the Locally Designated Investigator (LDI) for investigation. Third parties are defined in the noted DOMs as "inmates, family members, attorneys, or outside advocates." Investigations of sexual abuse or sexual harassment will either be investigated by the facility Investigative Services Unit (ISU) or the Office of Internal Affairs (OIA) depending on if the allegation involves staff on inmate sexual abuse/harassment (forwarded to OIA) or inmate on inmate sexual abuse/harassment (forwarded the ISU). The inmate victim involved in the allegation will be privately interviewed by the appropriate investigating unit. All portions of the investigation are documented and maintained in a designated investigation file. CDCR policy indicates that all such allegations will be investigated. Information about third party reporting of inmate sexual abuse/sexual harassment is located on signage/posters throughout the facility as well as within information provided to the inmate as education materials referenced in standard 115.51.

115.52 (f)

Within the PAQ Senate Bill 618 Participant Institutional Programming Article 8. Inmate Sexual Safety Section 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates instructs that "A grievance in whole or part containing allegations of inmate-on-inmate sexual violence, staff-on-inmate sexual misconduct, or sexual harassment of inmates shall be immediately reviewed by the Hiring Authority or designee." This bill further establishes, as procedure, that if the grievance alleges or indicates that the inmate is at imminent risk of sexual abuse an assessment shall be immediately undertaken by the Hiring Authority to address this risk. There is no direction provided as to the content of this assessment and there is no indication that this assessment utilizes any formalized risk assessment such as the PREA risk assessment screening form. Section 3084 does instruct that the assessment is documented and an initial response to the inmate is made within 48 hours. Additionally, "the completed risk assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the inmate was determined to be in substantial risk of imminent" inmate on inmate or

staff-on-inmate sexual abuse. This documentation will also include “the action(s) taken in response to the grievance. The inmate may consider an absence of a timely response at any level a denial at that level.” Senate Bill 618 Section 3483 also indicates “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 official shall ensure the claimant is notified of the department's course of action within five business days.”

CIM reported in the PAQ that 24 such grievances were received by the agency in the past 12 months. Of these reports, 23 had initial responses within 48 hours. The outlying grievance indicated that the inmate was transferred to a different prison facility based prior to the response. It is reported that none of these grievances reached a final decision within 5 days. A of the Grievance Tracking Log notes that 23 of the 24 grievances were responded to on the same day as receipt by the facility. The only delayed assessment was for the inmate who transferred from one facility to another. This assessment occurred 14 days after the grievance was received. Of the 24 grievances that were reported in the PAQ, only 7 of these 24 grievance allegations were determined to meet PREA standards for possible sexual abuse to initiate further investigation actions. During the post onsite phase of the audit additional information was requested to review the timeframe of final decision making, and the final response documentation. However, these items were not received. This leads to an inability to verify that the final response is made within 5 calendar days and that final decisions are documented.

At this time, due to insufficient evidence, CIM is found to be non-compliant with this provision.

115.52 (g)

Within the PAQ it is indicated that CIM has not had any grievance alleging inmate sexual abuse that have resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. As a result, no documentation on this issue was available within the PAQ. Per CDCR DOM 54040.15.1 Alleged Victim - False Allegations, if after investigation it is determined that the allegation filed through a grievance was made by the inmate with the inmate knowing that the report was in bad faith then “a charge of “making a false report of a crime,” a Division “E” offense, is appropriate.” This DOM further specifies that an allegation that is determined to be unsubstantiated or unfounded based on lack of evidence does not meet the standard of bad faith reporting and no disciplinary action would be pursued. While not filed as a grievance, the auditor was informed of one instance of an inmate admitting to making a bad faith report for the purpose of obtaining desired housing. This bad faith report, per inmate, ISU staff admission, and investigation file review, did result in the inmate receiving a disciplinary sanction for bad faith reporting.

Initial Corrective Actions:

115.52 (d): (1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

115.52 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Initial Recommendations:

115.52 (d) The facility should provide documentation of the final responses to grievances and evidence that these responses are provided to inmates within the allocated 90-day time frame of this provision.

115.52 (f) The CIM notes receipt of 24 emergency grievance's alleging sexual abuse. Per the Grievance Log provided with 115.62, 7 grievances were determined to meet PREA standards of abuse/harassment. CIM should provide documentation of the response (i.e. was there a housing change, what was done to keep the inmate safe). Additionally, the provided information needs to demonstrate that the response to the grievance was completed within 5 calendar days and documented.

Corrective Action Period:

During the facility's Corrective Action period (November 03, 2023 to May 03, 2024) the facility and agency representatives engaged in monthly meetings with this auditor to discussed and provided evidence of movement toward compliance with identified concerns with 115.52 (d) and (f). On November 21, 2023 the a sample of 5 grievances alleging sexual abuse, were loaded to the PREA Online Audit System (OAS). A review of these grievances indicates that the facility follows agency policy and procedure as outlined in the previous discussion of 115.52 (d) and 115.52 (f). Furthermore, review of these grievances indicates that reports alleging sexual abuse and sexual harassment were forwarded to the facility Investigative Services Unit for

	<p>follow up investigation consistent with the agency and facility reported policies and procedures. These referrals were conducted within the 115.52 (d) allocated time frames, and were typically made within one calendar day. With these referrals the reporting inmate was provided with a response to the grievance indicating that the allegation was forwarded for investigation. This response timeframe was consistent with the provisions of 115.52 (f), and again often occurred within one calendar day. Furthermore, these grievances were cross-referenced with CIM investigations, finding that these allegations were investigated as reports of sexual abuse and sexual harassment consistent with the PREA standards and agency policy. Within the CIM sexual abuse investigations the protective actions taken with the inmate were identified. With the review of this information and a triangulation of available evidence, it is determined that the facility meets compliance for all provisions and elements of standard 115.52 and no further corrective actions are necessary.</p> <p>Final Corrective Action:</p> <p>None</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.8.2 Victim Advocate and Victim Support Person 3. Shine the Light on Sexual Abuse Poster (English and Spanish) 4. Help is Available Poster (English, Spanish, and Hmong) 5. PREA Information for the Orientation Handbook Document (English and Spanish) 6. California Institution for Men Incarcerated Person Orientation Manual (English and Spanish) 7. California Department of Corrections and Rehabilitation (CDCR) Sexual Violence Awareness Brochure 8. California Department of Corrections and Rehabilitation (CDCR) Sexual Abuse/ Assault Prevention & Intervention An Overview for Offenders: Know your Rights and Responsibilities Pamphlet

9. California Department of Corrections and Rehabilitation (CDCR) Standard Contract Agreement C5608853 with Project Sister Starting Upon Approval through June 30, 2024.
10. Contract Standard Agreement between CDCR and County of Riverside, Riverside University Health System Medical Center (C5607304) effective July 11, 2017 through June 30, 2022.
11. Interviews with Random Inmates
12. Interviews with Inmates who Reported a Sexual Abuse Concern
13. Communication with Just Detention International
14. Review of Investigation Files for Sexual Abuse Allegations.
15. Tour of the Facility

Reasoning and analysis (by provision):

115.53 (a)

CDCR DOM 54040.8.2 Victim Advocate and Victim Support Person provides instruction that victims of alleged sexual abuse have the right to a Victim Advocate and Victim Support Person. These services are instructed to be offered for both forensic medical examination and for the investigatory interview. Victim services are provided through the local rape crisis center. DOM 54040.8.2 instructions mirror the wording of this standard's provision. The DOM adds that "For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff." However, CDCR notes that the agency and the CIM facility do not house inmates solely for civil immigration purposes. Within DOM 54040.8.2 CIM is instructed to allow external victim services contacts ensuring that "reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible."

DOM 54040.8.2 dictates that victim services information is to be provided to the inmate population through 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." A review of these documents supports that CIM is providing this victim services information to inmates through these designated means. Additionally, a tour of the facility noted that victim service information is readily available to inmates through PREA informational posters titled "Help is Available" and identifying Project Sister Family Services as the local rape crisis center. These posters are located throughout the institution. The posters provide telephone numbers and a mailing address for communication. CIM also provided and demonstrated the process of processing victim services mail using a confidential system similar to processing of legal mail. Facility systems were tested and the designated Project Sister was able to be reached. It was noted that the auditor made several attempts to reach Project Sister for an interview for this audit and messages were not returned. However, the auditor was able to get

through to a victim services advocate in the manner consistent with how inmates are directed to do so. Additionally, communication with Just Detention International validated that Project Sister is the contracted agency for victim services and rape crisis services for CIM.

A review of investigation files for sexual abuse allegations notes that during the initial report of a sexual abuse incident inmates are offered contacts with victim services advocacy. This is documented in the file. Additionally, inmates are informed that they can contact victim services independently through the information provided in the CIM handbook, PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention." It was noted in the files reviewed that inmates routinely declined staff initiated external victim service contacts.

During interviews with random inmates and inmates who reported a sexual abuse concern, the majority of random inmates indicated awareness of external support and victim advocacy information through the CIM posters, information displayed on the inmate television system, handbooks, and brochures. Some inmates were unaware of what services are provided, often commenting that they have never needed them so they don't know what is available but do know that services are an option. One individual stated he would rather work with his facility mental health provider than an external service. Inmates who reported sexual abuse noted that they were provided with external victim support information in the form of handouts and were aware of phone numbers and mailing addresses through the facility posters. One individual stated that they were not offered services.

115.53 (b)

Within the CIM Orientation manual (i.e. inmate handbook) there is a standardized PREA Information document. Review of this document notes a specific section on inmate privacy that explains that "written correspondence between an inmate and a rape crisis center advocate or OIG/OIA is confidential." Instructions note that "the outside of envelope must state "Evid. Code 1035.4 Confidential/Privileged Communication" to be processed in as confidential. CDCR also informs inmates that "all telephone calls from the inmate telephone system require a PIN. However, calls placed to the local rape crisis center or OIA/OIG will be redirected to a non-recorded, secure, and private phone line." The information provided inmates also articulates that "In-person or virtual visits with a rape crisis center advocate may be arranged by the facility's PREA Compliance Manager in as private and confidential manner as possible." The majority of inmates interviewed believed conversations with the emotional support services would be confidential, however, a few expressed concerns that other inmates near the phones on the unit could hear at least part of the conversation.

115.53 (c)

The PAQ provided California Department of Corrections and Rehabilitation (CDCR) Standard Contract Agreement C5608853 with Project Sister Starting Upon Approval through June 30, 2024 serves as a contractual agreement with community service

	<p>providers that are able to provide inmates with emotional support services related to sexual abuse. The auditor attempted to interview administrative staff at Project Sister for this audit to confirm services, but was unsuccessful in reaching staff to address this issue. Just Detention International did confirm that Project Sister is the CIM contracted external emotional support and victim services provider as a rape crisis center.</p> <p>A Contract Standard Agreement between CDCR and County of Riverside, Riverside University Health System Medical Center (C5607304) effective July 11, 2017 through June 30, 2022. It is noted that this contract is currently expired. However, interview with a SAFE/SANE provider through the CIM provided contact information for Riverside University Health System Medical Center indicates that despite the expired MOU in the PAQ, Riverside University Health System Medical Center continues to provide sexual abuse examinations with SANE and SAFE staff as the CIM medical provider for these needs. The contract with the CDCR and the Riverside University Health System Medical Center is clear on the expected services and limits of services with the inmate population. It is also noted in an e-mail correspondence with CIM PCM that the CDCR and CIM are in the process of trying to extend this contract with the Riverside University Health System Medical Center is in process, though has been with the health care provider agency and CDCR is awaiting a returned signed copy of this contract.</p> <p>Corrective Action:</p> <p>None</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender

	<p>4. CDCR Title 15 3391 Employee Conduct - Third Party Reporting</p> <p>5. California Department of Corrections and Rehabilitation (CDCR) website www.cdcr.ca.gov</p> <p>6. Tour of the Facility</p> <p>Reasoning and analysis (by provision):</p> <p>115.54 (a)</p> <p>CDCR DOM sections 54040.7.2 and 54040.7.3 specify that allegations of sexual abuse and sexual harassment may be made to the agency or facility on behalf of an inmate. All such allegations will be sent by the Hiring Authority to a Locally Designated Investigator (LDI) for follow up. Additional investigative actions may include assignment to the agency Office of Internal Affairs (OIA) or the facility Investigative Services Unit ISU depending on if the allegation is a report of staff on inmate or inmate on inmate sexual abuse/harassment. Specific methods of third-party reporting are laid forth in CDCR Title 15 3391 Employee Conduct - Third Party Reporting. These methods include making complaints in writing consistent with reporting methods in DOM 54040.7.2. The PAQ provided CDCR website also provides third party reporters of inmate sexual abuse/harassment with northern, central, and southern regional mailing addresses; telephone numbers; and Office of the Inspector General contact information (telephone and mailing address). Third party reporters are instructed to provide as much information as possible in their reports including the victim's name and CDCR number; the perpetrator's name and ID if available; the facility of occurrence; incident information including where and when the action occurred; an incident description, to the extent known; and the third-party reporter's name and association/relationship with the inmate. The PAQ website information was verified by the auditor by checking the website address using a google search and verifying content provided.</p> <p>Corrective Action:</p> <p>None</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.61 Meets Standard
	Evidence Reviewed:
	1. The Pre-Audit Questionnaire (PAQ)

2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.4 Education and Prevention
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.13 Allegation Follow-up
4. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID: 11053499
5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.3 Definitions
6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.8 Response
7. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7 Detection, Notification, and Reporting
8. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer
9. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, section 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender
10. California Department of Corrections and Rehabilitation (CDCR) In Service Training Prison Rape Elimination Act (PREA) Approved 08/2020
11. Review of the Protection Against Retaliation (PAR)- Inmate CDCR 2304 (rev 02/18) form.
12. Review of the Protection Against Retaliation (PAR)- Staff CDCR 2305 (rev 02/18) form.
13. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff Version 3.0 Course Code: 11057450. (provided in the PAQ for 115.35)
14. Review of Investigation Files for Allegations of Sexual Abuse and Sexual Harassment

15. Interviews with Random Staff.

16. Interviews with Medical and Mental Health Staff

17. Interview with the CIM Warden or Designee (Chief Deputy Warden)

18. Interview with the CDCR PREA Coordinator

19. Tour of the Facility

Reasoning and analysis (by provision):

115.61 (a)

CDCR DOM 54040.4 Education and Prevention indicates that all staff will receive training in the prevention, detection, response, and investigation of inmate sexual abuse and sexual harassment. The CDCR OJT for PREA instructs all staff and contractors within the facility “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.” Additional information of report includes observations and provided information indicating sexual abuse or sexual harassment. The training further indicates that this applies to all reports of inmate sexual abuse or sexual harassment that occurred at the current or any other incarceration facility. The training advises that any retaliation actions “against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated.” The In Service Training for PREA mirrors this same instruction set with regard to reporting sexual abuse and sexual harassment concerns.

Regarding retaliation monitoring and reporting of retaliation for inmates involved in sexual abuse/harassment investigations DOM 54040.13 Allegation Follow-up instructs that staff and inmates involved in reporting inmate sexual abuse or sexual harassment or involved in investigations of such matters will be monitored for retaliation for at least 90 days following the sexual abuse/harassment report. This monitoring can also extend to volunteers, contractors, or any individual who expresses fears of retaliation for cooperating with an investigation. In the event that the inmate transfers to another facility prior to the 90 day monitoring expiration this monitoring is transferred to the receiving facility. DOM 54040.13 denotes the assignment of this monitoring to designated staff. Inmate retaliation monitoring is instructed to be documented on the Protection Against Retaliation (PAR)- Inmate CDCR 2304 (rev 02/18). Staff retaliation monitoring is to be documented on the Protection Against Retaliation (PAR)- Staff CDCR 2305 (rev 02/18) form. The In Service PREA training mirrors these instructions, though primarily speaks to inmate related interventions and monitoring. A review of investigation files for sexual abuse and sexual harassment evidence that inmate retaliation monitoring is consistently conducted. No staff reporters were noted, and no staff retaliation monitors were included in these files.

Within CDCR DOM Chapter 3 Article 14 Section 31140.5, Employee Expectations & Reporting the agency sets for the expectation to report any concerns of staff misconduct, which includes addressing any staff neglect or violation of responsibilities that may have contributed to incidents of inmate sexual abuse or harassment. Specifically, DOM 31140.5 states, "Each employee, regardless of classification or rank, shall adhere to the Department's Employee Performance Standards as defined in DOM, Section 3, Article 22, Subsection 33030.3. Each employee shall report misconduct or any unethical or illegal activity in a timely manner. Failure to report employee misconduct or any unethical or illegal activity in an investigation or allegation inquiry shall be grounds for corrective action, disciplinary action, or both. Employees shall not make false statements when questioned, interviewed, or in reports submitted." This rule is expected of all employees as a condition of CDCR employment.

Interviews with random staff conducted by the audit team consistently support that both custody and non-custody staff are trained on reporting requirements for incidents, including suspected incidents or information indicating possible events of inmate sexual abuse or sexual harassment by other inmates or staff. Staff were able to discuss specific steps for reporting concerns and ensuring the inmate's safety while addressing the allegations. One staff articulated that there is "no code of silence" when allegations are made commenting that these allegations must be immediately reported for investigation.

115.61 (b)

CDCR DOM 54040.8 Response specifically articulates that "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." DOM 54040.3 defines that need to know is information provided that is necessary and relevant for the performance of the employee or contractor's job. During interviews with staff on site, staff consistently indicated that they would report any incidents directly to a supervisor in a confidential setting. Information was noted to be considered as confidential and sensitive with reporting only to a supervisor, the CIM ISU, and medical and mental health as needed.

115.61 (c)

Provided within 115.35 is the CDCR's OJT for Specialized Training for Medical and Mental Health training. Within this training, medical and mental health providers are trained to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; and retaliation against inmates or staff who reported such an incident. Limits of confidentiality with regard to reporting are also reviewed. Interviews with medical and mental health staff indicate they are trained on these reporting issues and were able to articulate appropriate reporting of these issues. Staff were also able to discuss limits of confidentiality. As was discussed in 115.61 (a) all staff within the CDCR are expected to, per CDCR DOM Chapter 3 Article 14 Section 31140.5, Employee Expectations & Reporting, report any concerns of staff misconduct, which

includes addressing any staff neglect or violation of responsibilities that may have contributed to incidents of inmate sexual abuse or harassment. This rule is expected of all employees as a condition of CDCR employment.

115.61 (d)

While the PAQ notes that CIM does not house youthful inmates, or those under the age of 18 years, the facility does have a subpopulation of inmates with cognitive, mental health, physical and other attributes that categorize them as vulnerable persons. An interview with the CIM Chief Deputy Warden (as Warden or Designee) indicated that while CIM does not house inmates under age 18, reports of inmate sexual abuse or sexual harassment would be investigated in accordance to CDCR policies in all cases. The CDCR PREA Coordinator elaborated on this investigation and reporting process responding that “For the vulnerable population, we have Clark Remedial Plan decree. When they make a report, mental health referrals are made for needs they may have. They also have access to crisis centers, victim advocates, and our staff are peace officers can refer directly to DA to who will determine whether it will be pursued or not. We also have administrative remedies if it’s not for prosecution.” No documentation of such reports was available for review, though review of general sexual abuse and sexual harassment allegations note that mental health referrals are consistently made for concerns victims may have. Additionally, in conversations with investigative staff they noted that if an allegation of abuse is substantiated it will be referred to the DA to determine if prosecution will occur.

115.61 (e)

Within the PAQ several sections of Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY instruct that all allegations of inmate sexual abuse and sexual harassment are to be reported (as in DOM 54040.7 Detection, Notification, and Reporting) and investigated. Policies note facility designated Investigative Services Unit (ISU) completes investigations for inmate on inmate allegations. This unit acts as a first response unit in addition to investigations and forwards any allegations of staff on inmate sexual abuse or sexual harassment to the Office of Internal Affairs (OIA). This is articulated in the staff OJT PREA module as well. As discussed in 115.54 (a), CDCR DOM sections 54040.7.2 and 54040.7.3 specify that allegations of sexual abuse and sexual harassment may be made to the agency or facility on behalf of an inmate. All such allegations will be sent by the Hiring Authority to a Locally Designated Investigator (LDI) for follow up. Additional investigative actions may include assignment to the agency Office of Internal Affairs (OIA) or the facility Investigative Services Unit ISU depending on if the allegation is a report of staff on inmate or inmate on inmate sexual abuse/harassment. An interview with the CIM Chief Deputy Warden (designee for the Warden) supported that all allegations of sexual abuse/harassment, including those from third-party and anonymous sources, are assigned to the ISU for investigation. A review of reports for investigation involving indicates that referral to the ISU for investigations of inmate sexual abuse and sexual harassment is the established practice at CIM.

Corrective Actions:

	None
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7 and 54040.7.3. Detection, Notification, and Reporting 3. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff Version 3.0 Course Code: 11057450. (provided in the PAQ for 115.35) 4. Review of Grievance Tracking Log 5. Review of Sexual Abuse and Sexual Harassment Investigation Files 6. Interview with the CDCR Agency Head 7. Interview with the CIM Warden or Designee (Chief Deputy Warden) 8. Interviews with Random Staff 9. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.62 (a)</p> <p>DOM 54040.7 and 54040.73 Detection, Notification, and Reporting with stipulates that “CDCR employees have a responsibility to protect the offenders in their custody.” Staff are instructed to immediately respond to such reports through separating the victim from the alleged perpetrator, notifying supervisors, and documenting all actions taken to address the report. The CDCR OJT PREA module further instructs that staff are to take immediate action to address inmates at risk of sexual abuse.</p> <p>Within the PAQ a Grievance Tracking Log notes 24 grievances alleging imminent risk sexual abuse were received by the agency or facility. 23 these grievances were responded to on the same day as receipt by the facility. The only delayed assessment</p>

	<p>was for the inmate who transferred from one facility to another. Only 7 of these 24 grievance allegations were determined to meet PREA standards for possible sexual abuse. A review of investigation files notes that immediate actions are consistently taken to report PREA concerns. Documentation articulates measures of keeping the inmates safe as part of the investigation and reporting process. It was demonstrated that immediate actions are taken to protect inmates from abuse, including separating inmates from potential abusers.</p> <p>Immediate actions were verified in consistent reporting from the CDCR Agency Head, The CIM Chief Deputy Warden (designee for the Warden) and random staff interviews. The Agency Head discussed immediate intervention actions including a supervisor interviewing the reported victim in a confidential setting and ensuring the inmate is safe in their housing assignment while separating the victim from the subject. Removal of the possible perpetrator from the unit was indicated. Additional protective options of consideration for a temporary single cell for the victim, a referral to mental health and continued monitoring of the situation were voiced. The CIM Chief Deputy Warden added that the possible victim may be housed in a placement that is closest to the officer area of the unit for additional monitoring. Random staff discussed first responder actions to immediate risk of sexual abuse concerns, including a need to protect the inmate as the first priority in the response and report the issue to a supervisor for immediate intervention and assessment.</p> <p>Corrective Action:</p> <p>None</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7.4 Notification from/to Other Confinement Facilities 3. Review of Documentation of CIM to Alternate Facility/Agency of Inmate Reports of Sexual Abuse at the Alternate Facility/Agency 4. Review of Documentation of CIM to Alternate Facility/Agency of Inmate Reports of Sexual Abuse at the Alternate Facility/Agency

5. CDCR SSV-IA form for Review of Documentation of Allegations of Inmate Sexual Abuse Received from other Facilities/Agencies to CIM with Documentation of CIM Response.
6. Review of CIM Investigations of allegations of Sexual Abuse and Sexual Harassment
7. Interview with the CDCR Agency Head
8. Interview with the CIM Warden or Designee (Chief Deputy Warden)
9. Interview with CIM Investigative Staff
10. Tour of the Facility

Reasoning and analysis (by provision):

115.63 (a)

CDCR DOM 54040.7.4 Notification from/to Other Confinement Facilities directly addresses the requirements of this provision. Of note, the language of DOM 54040.7.4 instructs that the “hiring authority” of the facility receiving the report of inmate sexual abuse shall notify the “hiring authority” of the facility or agency of abuse. CDCR DOM definitions indicate that the “hiring authority” is the facility head, also titled as Warden.

Within the PAQ CIM reports having received 5 reports, in the past 12 months, that an inmate at CIM was sexually abused at another facility/agency. The PAQ reports CIM has an immediate response to these reports. A review of CIM investigations of allegations of sexual abuse indicated that within five files notifications of alleged sexual abuse at another CDCR facility were made via e-mail and dated memorandum. These notifications were kept at part of the investigation. The memorandum includes addressing to the warden at the facility of abuse and is signed by the CIM warden. It is also noted that while notification was made to the facility where the alleged action occurred, the investigation of the action was conducted through the CIM ISU or OIA.

115.63 (b) and (c)

CDCR DOM 54040.7.4 Notification from/to Other Confinement Facilities dictates that when facility to facility/agency notifications of inmate sexual assault are made these notifications from the facility receiving the report of abuse shall notify the facility where abuse occurred “via telephone contact or electronic mail.” It is further instructed that following the initial facility to facility/agency contact, the reporting facility will follow up with “a written summary of the alleged victim’s statements” to the receiving facility. DOM 54040.7.4 mandates that “such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.” The PAQ reports CIM received 5 such reports, requiring CIM to notify other facilities/agencies of reports of sexual abuse of an inmate while the inmate was confined at the other facility. CIM documentation located within 5 of the allegations of sexual abuse investigation files indicates notification within 72 hours of the receipt of

the report.

115.63 (c)

In accordance with DOM 54040.7.4, instruction, CDCR requires the institution receiving the report from another facility to document it on the CDCR SSV-IA form. DOM 540.40.7.4 also instructs that the facility reporting abuse to the facility/agency where abuse allegedly occurred must provide the report via telephone or e-mail. Following this initial report, the facility providing the notification must provide “a written summary of the alleged victim’s statements” to the facility that was notified of the abuse allegation. This written summary is completed by the reporting facility to the facility where abuse occurred, but may occur after the within 72-hour initial report. An e-mail notification, with a send date, of sexual abuse from the facility head of the facility receiving the report to the facility head of the facility where abuse allegedly occurred is accepted as a form documentation of report. A telephone call notification requires additional documentation that a report was made, per this provision, as “the agency shall document that it provided such notification.” While the agency does, in DOM 54040.7.4 require that the facility on the receiving end (i.e. the facility where abuse allegedly occurred) of a facility to facility notification must document on a CDCR SSV-IA form that such a notification was received, this documentation may be considered as proof that facility to facility notification was made within the CDCR. DOM 54040.7.4 also instructs, “Upon completion [of investigation of the received report], a copy of all documentation related to the allegation shall be returned to the institution where the alleged incident was reported for tracking and audit purposes.” This process assists the agency in providing documentation of the notification and investigation process. It is noted that in the event that an external agency/facility is notified of inmate sexual abuse by CIM or another CDCR facility, CDCR bears the responsibility of documenting that notification was made, pursuant to this provision, with the external agency/facility. The PAQ reports CIM received 5 reports, within the past 12 months, of inmate sexual abuse at another facility or agency. CIM provided documentation within 5 of the investigation files which supports that CIM is following notification and documentation requirements of this provision.

115.63 (d)

Within CDCR DOM 34040.7.4 speaks directly to this provision stating, “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.”

Interviews were conducted with the CDCR Agency Head and the CIM Chief Deputy Warden (designee for the Warden). The CDCR Agency Head explained that per CDCR policy the facility head, aka the Warden, of the facility receiving the report of inmate sexual abuse occurring at another facility will contact the facility where the alleged behavior occurred. The Warden who is contacted about the allegation of abuse will ensure that the allegation is forwarded to the Local Designated Investigator (LDI), known as the Investigative Services Unit (ISU) within the facility, for an initial review.

	<p>If the allegation of sexual abuse is inmate on inmate the investigation will remain with ISU. If the allegation, upon review involves staff on inmate sexual abuse it will go to the Hiring Authority to forward to the Office of Internal Affairs (OIA) for investigation. The CIM Chief Deputy Warden indicated that CIM does receive reports of sexual abuse at other CDCR facilities and works hand in hand with the other facilities to address these issues. It was reported that the investigations will be forwarded to the ISU for investigation. However, investigations are conducted at the site where the report was first received rather than at the location of the incident of alleged abuse, per conversation with ISU investigative staff.</p> <p>The PAQ reports CIM received 5 reports, within the past 12 months, of inmate sexual abuse at another facility or agency. CIM provided documentation within investigation files which indicates that in response to each of these reports, notifications of alleged sexual abuse at another CDCR facility were made via e-mail and dated memorandum.</p> <p>Corrective Action:</p> <p>None</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.8 Response 3. California Department of Corrections and Rehabilitation (CDCR) On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID: 11053499 (provided in 115.31) 4. California Department of Corrections and Rehabilitation (CDCR) California Institution for Men (CIM) DOM Supplement, Chapter 5 Adult Custody and Security Operations, Subchapter Prison Rape Elimination Policy, Section 54040.1 signed 08/08/2023. 5. California Department of Corrections and Rehabilitation (CDCR) Initial Contact Guide for PREA. 6. California Department of Corrections and Rehabilitation (CDCR) Custody

Supervisor Checklist (PREA)

7. Review of CIM Investigations of Sexual Abuse
8. Interviews with Security Staff and Non-Security Staff First Responders
9. Interviews with Random Staff
10. Interviews with Inmates who Reported a Sexual Abuse
11. Tour of the Facility

Reasoning and analysis (by provision):

115.64 (a) and (b)

CDCR DOM 540.40.8 Response policy mirrors the language of this provision pertaining to CDCR staff first responder responsibilities for alleged victims of sexual abuse. The first step of this action is to separate the alleged victim from the suspected perpetrator. Policy notes that all additional elements of this provision are to be addressed with the victim by requesting the victim not engage in the provision identified activities. This policy does not address actions to be take with suspected abusers. However, the CDCR OJT PREA training for all staff, both uniformed and non-uniformed, and the CIM facility procedure (provided in 115.65) CDCR CIM DOM Supplement, Chapter 5 Adult Custody and Security Operations, Subchapter Prison Rape Elimination Policy, Section 54040.1 signed 08/08/2023 specify first responder actions for staff pertaining to treatment of the suspected abuser when the abuse occurred within a time period that still allows for the collection of physical evidence. Staff are instructed, consistent with this provision, to ensure that the alleged abuser does not engage in any actions that could destroy or compromise evidence. The CDCR has also developed the CDCR Initial Contact Guide for PREA to assist first responding staff in meeting all of the elements of first responder responsibilities consistent with the elements of this provision. This document specifically speaks to 115.64 (b), instructing, "If you are a non-custody staff member, notify the custody supervisor of the area for assistance in responding to this situation." The CDCR Custody Supervisor Checklist (PREA) was also provided as a process the supervisory staff can follow to ensure that all steps are taken to meet the elements of this provision and to ensure that alleged victims and suspected perpetrators are separated and provided with appropriate treatment and services. The supervisor checklist also allows for a chronological log of actions to be documented for investigation purposes. CDCR notes that all uniformed/security and non-uniformed/non-security staff are trained with the same expectations if they are the first responder in a sexual abuse allegation.

Within the PAQ CIM indicates that there were 14 incidents of alleged abuse within the past 12 months where security staff were first responders. Only one of these reports occurred within a timeframe that allowed for each of the elements of this provision to be completed. The PAQ noted that there were no incidents of sexual abuse reports where non-uniformed staff were considered to be first responders. A review of CIM

investigations of sexual abuse indicates that alleged victims and suspected perpetrators were consistently separated and reports of abuse were taken immediately in a confidential manner. Noted timeframes of abuse, with the exception of the noted one report, were well outside of timeframes where usable evidence could be acquired, often by several years. In the case that was within timeframes review of information indicates a rapid response consistent with the elements of this provision. It was noted that the initial report of abuse, in a couple of cases, was made to a non-uniformed staff and a security staff was immediately contacted for further actions prior to the inmate leaving the non-uniformed staff office (i.e. reports to mental health professionals).

Interviews with security staff and non-security staff first responders and inmates who reported sexual abuse were conducted during the onsite phase of the audit. Interviews with staff first responders consistently informed that staff would immediately respond to the report. The first step would be listening to the report of the concern in a confidential setting. The victim would be kept separate from an alleged perpetrator and a Custody Supervisor would be contacted. If the incident had occurred within a timeframe to collect evidence from the cell an alarm may be sounded. The scene would be preserved and each of the elements in this provision would be addressed. As CIM custody staff all have the responsibility of first responder duties it was noted during random staff conversations and interviews that the elements of this provision, consistent with interviews with first responder staff, would be addressed. Staff on occasion indicated that they would “ensure” that both the victim and the suspect did not engage in actions that could destroy or tamper with evidence or evidence collection, however, with inquiry they noted that if the victim was uncomfortable and requested use of the toilet, brushing of their teeth, and even showering they would allow it for the humane treatment of a victim. In this clarification it appears that while the word “ensure” was sometimes used by staff with victims the practice appears to be more of a firm request not a requirement that victims refrain from noted activities that could damage evidence. Interviews with inmates reporting abuse noted that reports of abuse were delayed beyond a time frame where evidence could be collected. However, they reported that staff listened to their concerns in a confidential setting and immediately took actions as established in this provision.

Corrective Action:

None

Recommendations:

It is strongly recommended that CDCR DOM section 54040.8, Response, be updated to include language for responding to alleged sexual abusers consistent with 115.64 (a) “If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.” While this is addressed in staff training, having this in policy allows training to be consistent with the wording and requirements of policy and assists in ensuring that this element of

the provision is consistently addressed and enforced per policy requirements.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.65 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) California Institution for Men (CIM) DOM Supplement, Chapter 5 Adult Custody and Security Operations, Subchapter Prison Rape Elimination Policy, Section 54040.1 signed 08/08/2023.
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY
4. Interview with the Warden or Designee (Chief Deputy Warden)
5. Tour of the Facility

Reasoning and analysis (by provision):

115.65 (a)

It is noted throughout the PAQ that CDCR has several agency policies to address prevention, detection, and response to sexual abuse and sexual harassment of inmates in CDCR confinement facilities. However, for this standard, coordinated response planning that is institution specific is necessary. CIM provided the CDCR CIM DOM Supplement, Chapter 5 Adult Custody and Security Operations, Subchapter Prison Rape Elimination Policy, Section 54040.1 signed 08/08/2023 document as evidence of the facility's coordinated institutional plan to establish and delegate actions taken in response to an incident of sexual abuse. Review of this document evidences that specific duties are allocated to first responders, medical and mental health practitioners, investigators, and facility leadership in responding to sexual abuse allegations. This plan uses DOM specific language related to the CDCR DOM Chapter 5 Article 44 PREA for coordinated response and elaborates, at times, on specific facility staff responsibilities and duties. An interview with the CIM Chief Deputy Warden, as the designee to the Warden, articulates that there is a coordinated response plan for CIM. Additionally, it was reported that there is a checklist used by supervisors to contact all of these individuals to address the investigation needs. If the event occurs after normal business hours, the Administrative Duty Officer for emergencies is also contacted.

	<p>Corrective Action:</p> <p>None</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.66 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. Agreement Between State of California And Union of American Physicians and Dentists (UAPD) Covering BARGAINING UNIT 16 PHYSICIANS, DENTISTS AND PODIATRISTS, Effective July 1, 2020 through July 1, 2022 (140 pages) 3. Review of Government Code Section 19570 et seq. definitions 4. CCPOA Agreement Between State of California and California Correctional Peace Officers Association (CCPOA) Covering Bargaining Unit 6 Corrections July 3, 2020 Through July 2, 2023 (250 pages) 5. Review of the Peace Officer Bill of Rights (POBOR) - California Statewide Law Enforcement Association (cslea.com) dated July 1, 2023 through June 30, 2026. 6. CDCR Memorandum July 26, 2023 To: Office of Internal Affairs, Subject: Allegation Inquiry Management Section (AIMS) Caseload Redirection 7. E-mail Correspondence from the CDCR PREA Coordinator to the Western State Consortium for PREA auditors 8. Agreement Between The State of California and the Professional Engineers in California Government (PECG), covering BARGAINING UNIT 9 PROFESSIONAL ENGINEERS, Effective July 1, 2020 through July 1, 2022 (155 pages) 9. Agreement Between The State of California and California Association of Psychiatric Technicians (CAPT) covering BARGAINING UNIT 18 PSYCHIATRIC TECHNICIANS, Effective July 2, 2019 through July 1, 2022 (164 pages) 10. Agreement Between The State of California and CAL FIRE Local 2881 covering BARGAINING UNIT 8 FIREFIGHTERS, Effective January 1, 2017 through July 1, 2021 (154 pages) 11. Agreement Between The State of California and International Union of Operating

Engineers (IUOE), covering BARGAINING UNIT 12 CRAFT AND MAINTENANCE, Effective July 1, 2021 through June 30, 2023 (199 pages)

12. Agreement Between STATE OF CALIFORNIA and SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU) - LOCAL 1000, covering BARGAINING UNITS 1, 3, 4, 11, 14, 15, 17, 20, AND 21 MASTER AGREEMENT, Effective January 2, 2020 through June 30, 2023 (915 pages)

13. Interview with the CDCR Agency Head

14. Tour of the Facility

Reasoning and analysis (by provision):

115.66 (a)

Within the PAQ it is reported that CDCR and/or CIM has entered into or renewed several collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later.

The Agreement Between State of California And Union of American Physicians and Dentists (UAPD) Bargaining Unit 16 specifies that "The State will use progressive discipline to ensure that there is a fair and appropriate process for correcting employee performance," though also states that it is recognized that in certain instances "immediate adverse actions" may be required and this agreement "is not intended to conflict with any of the procedures set forth for disciplinary actions in Government Code Section 19570 et seq." Per Government Code 19570 "adverse action means dismissal, demotion, suspension, or other disciplinary action."

The Agreement between the State of California and CCPOA, Bargaining Unit 6 Corrections, section 4.01 Management Rights, specifies that the CDCR retains the right "to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees." This language allows for staff duties to be reassigned or staff to be placed on leave or enforce disciplinary action related to investigations and findings of staff on inmate sexual abuse. It is acknowledged that Article IX, section 9.11 discusses the Peace Officer Bill of Rights (POBR) - California Statewide Law Enforcement Association (cslea.com). It is noted that POBR is an association, not a union and does not have an active bargaining agreement or bargaining rights with CDCR. Rather, the CCPOA agreement, while acknowledging POBR, is the active bargaining unit and contract with the CDCR. This is important to establish as POBR is addressed in the CCPOA agreement, specifying that "The Peace Officer Bill of Rights, hereafter referred to as POBR, applies to all Peace Officers in Bargaining Unit 6" and speaks directly to the grievance process for POBR. It is also important to acknowledge that POBR limits of disciplinary enforcement do not apply to the CDCR based on the bargaining agreement with CCPOA, which includes POBR, stipulating that CDCR retains the rights of employee reassignment and discipline, including termination (section 4.01).

Additional bargaining agreements with the State of California and external agencies

	<p>were submitted within the PAQ for review. The State of California agreement with the Professional Engineers in California Government (PECG) provided in the PAQ does not include any language that would limit the CDCR’s ability to remove alleged abusers from possible victims or to impose discretionary disciplinary measures. Similarly, the agreement between the CDCR and CAPT indicates that the CDRC maintains abilities to remove and/or disciple alleged abusers from possible victims within the Adverse Actions clause (9.8) stating that the state, i.e. CRCR, can impose sanctions including adverse actions (i.e. termination) to CAPT employees. The agreement with CAL FIRE denotes processes for discipline. This agreement does not limit the CDCR’s separation or disciplinary discretion related to the current standard provision. The elements of this provision are addressed in Article 6, State Rights for the agreement between the State of California and the IOUE. Similarly, in the agreement with the SEIU, Article 4 State’s Rights, uses the same wording as the agreement with the CAL FIIRE to denote the state, i.e. CDCR, retains all rights and abilities to address employee assignments and disciplinary actions which satisfies the elements of this provision to allow CDCR to separate victims from alleged abusers or engage in disciplinary actions.</p> <p>An interview with the CDCR Agency Head reports that the CDCR as an agency of the State of California does engage in bargaining agreements with other agencies, including state entities. The agency head reported that all of the agreements contain language that speaks to the ability of CDCR or the state agency to retain employee separation and discipline to the extent determined to be necessary based upon investigation of issues, including allegations of staff on inmate sexual abuse.</p> <p>115.66 (b)</p> <p>Instructions for the audit specify that the auditor is not required to assess this provision of the PREA standards.</p> <p>Corrective Action:</p> <p>None</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.67 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) California Code of Regulations Title 15, Section 3401.5 Staff Sexual Misconduct

3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.13 Allegation Follow-up
4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.1 Policy
5. CDCR 2304 (Rev. 02/18) Protection Against Retaliation (PAR) – Inmate Form
6. CDCR 2305 (Rev. 02/18) Protection Against Retaliation (PAR) – Staff Form
7. Interview with the CDCR Agency Head
8. Interview with the CIM Warden or Designee (Chief Deputy Warden)
9. Interview with Designated Staff Member Charged with Monitoring Retaliation
10. Interviews with Inmates who Reported Sexual Abuse
11. Review of CIM Investigations of Inmate Sexual Abuse and Sexual Harassment
12. Tour of the Facility
13. Corrective Action period CIM provided additional retaliation monitors, CDCR 2304 (Rev. 02/18) Protection Against Retaliation (PAR) – Inmate Form, for sexual abuse investigations from November 2023 to March 5, 2024.

Reasoning and analysis (by provision):

115.67 (a)

CDCR Title 15 3401.5 items (e), (f), and (g) specifically address retaliation against both staff and inmates who report staff on inmate sexual abuse indicating that it is strictly forbidden. Examples of forbidden actions constituting retaliation are provided. Additionally, protective measures are defined for inmate victims reporting staff sexual abuse and for inmates who participate in investigations related to staff sexual abuse of inmates, known as staff sexual misconduct. Title 15 3401.5 does not address inmate on inmate sexual abuse or any forms of sexual harassment. Additionally, it is only specified that staff who report staff on inmate sexual abuse are protected from retaliation. There is no mention of protections for staff who participate in investigations pertaining to inmate sexual abuse or sexual harassment perpetrated by inmates or staff.

DOM 54040.13 Allegation Follow up also addresses retaliation monitoring for “inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim” of the sexual abuse. It is noted that this retaliation monitor is to continue for 90 days following the report of sexual abuse. Retaliation monitoring is to be conducted by the PCM, though may be delegated to assigned Investigative Services Unit (ISU) staff or to another supervisory level staff member. Within the PAQ CIM denotes two ISU Sergeants what are designated as retaliation monitors to address

any retaliation concerns of inmates or staff who report or participate in investigations involving sexual abuse or sexual harassment. This DOM indicates that additional retaliation monitoring may be assigned in cases of reported sexual harassment, extension of retaliation monitoring to contractors or volunteers that made reports of staff sexual abuse toward inmates, to any staff that reports sexual abuse or harassment, or under any circumstance in which anyone participating in an investigation of sexual abuse or sexual harassment has fears of retaliation. CDCR Forms 2304 (inmates) or 2305 (staff), Protection Against Retaliation, are used to document retaliation monitoring of inmates and staff.

In DOM 54040.1it is specifically stated that, "Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution."

115.67 (b)

Within the PAQ several policies were provided that address retaliation monitoring and protections for individuals who report or participate in investigations pertaining to sexual abuse and sexual harassment. According to CDCR Title 15 3401.5 section (g) multiple protection measures are written into CDCR policy to protect inmates who report or participate in investigations related to staff sexual abuse. These measures include, but are not limited to, "housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with investigations." Furthermore, per DOM 54040.13 CDCR Forms 2304 (inmates) or 2305 (staff), Protection Against Retaliation, are used to document retaliation monitoring of inmates and staff.

In order to verify that CIM and CDCR utilize multiple measures to protect inmates and staff from retaliation when reporting or involved in sexual abuse or sexual harassment investigations the interviews were conducted with the CDCR Agency Head, CIM Chief Deputy Warden as designee for the Warden, with staff who perform retaliation monitoring and with inmates who reported sexual abuse. The CDCR agency head indicated that the facility PREA Compliance Manager (PCM) would receive the allegation of sexual abuse and would assign a supervisor for retaliation monitoring. Standard procedure would be to then monitor the individual for retaliation for 90 days. This monitoring includes talking to the reporter, victim, and staff. The retaliation monitor should also be assessing the climate of the area to ensure an appropriate atmosphere is present. If inmates have additional complaints they can also bring the issues forward to the retaliation monitor.

An interview conducted on site at CIM with CIM's Chief Deputy Warden indicated that the facility has a zero tolerance for retaliation behaviors. If staff-based retaliation was occurring the staff would be held accountable for actions through corrective actions. Staff also inquire with the parties involved if they have safety concerns to address. An interview with staff who perform retaliation monitoring indicated several methods of

monitoring for retaliation and protecting inmates. Some of these measures including monitoring reports of conduct violations, addressing housing assignments to make changes if necessary and to see why changes were made if they occur, reviewing counseling chrono information, offering supportive services such as mental health counselling contacts, addressing need for job changes, separating the victim from the perpetrator, and transferring the inmates to different facilities to address their safety concerns. Retaliation monitoring staff noted that they document all retaliation monitoring on the appropriate CDCR forms.

During interviews conducted with inmates who reported sexual abuse provided varied answers pertaining to beliefs about protection for people reporting sexual abuse or involved in investigations of sexual abuse. One inmate declined to discuss if they felt like the facility enacted protections subsequent to reporting sexual abuse. One individual, who initially reported abuse then informed staff that it was a lie to garner secondary gains and received a sanction for bad faith reporting complained that the conduct report was unfair and that they were not protected for making the report. The remaining two reports indicated feeling as though the facility acted quickly and put adequate protective measures in place, including moving the alleged perpetrator away from the reported victim.

A review of investigative files of sexual abuse and sexual harassment note that retaliation monitoring is documented. It is further noted that measures such as separating victims or reporters from alleged perpetrators is a standard practice. File reviews are made to ensure that inmate housing and facility placements are not evidencing concerns. Mental health referrals are routinely offered and made. All of this information is documented in the investigation files reviewed.

Based on a review of information it appears that CIM is substantially compliant with this provision.

115.67 (c)

DOM 54040.13 Allegation Follow Up specifies that retaliation monitoring for “inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim” of the sexual abuse will be conducted for 90 days, though may be extended as necessary, following the report of sexual abuse. Specific items for monitoring include “periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff.”

Interviews with the CIM Chief Deputy Warden and staff who perform retaliation monitoring were conducted. The Chief Deputy Warden noted that CIM maintains a zero-tolerance policy for retaliation. There are several checklists and protective measures that are put in place to address this and there ISU staff assigned to monitor for this concern. The ISU staff designated for retaliation monitoring indicated that retaliation monitoring is for at least 90 days follow a report. The monitoring can also be extended. Several methods of monitoring retaliation were noted, such as noting if inmates are being prohibited from typical activities such as programs, are receiving an increased number of conduct violation reports, frequent housing changes, and negative performance reviews or reassignments. Staff retaliation monitoring also

reportedly consists of assessing performance reviews noting if there are miscellaneous write ups, forced job changes or other atypical actions directed toward the staff. If retaliation is noted for staff or inmates a supervisor would be notified at address the situation.

A review of 11 CIM investigations of sexual abuse and sexual harassment indicate that retaliation monitoring is documented on the CDCR 2304 for inmates. It was noted that 4 files did not include retaliation monitoring documentation, however, one of these files was an investigation that was found to be Unfounded within four days of report and would not require ongoing monitoring. Two of these files are also for investigations that are still in progress, which may indicate that the retaliation monitoring is active but the completed document has not been added to the file yet. Two investigations indicated that CIM was completing retaliation monitoring for inmates who were no longer at CIM due to transferring to another facility. There was no documentation from the other facility to indicate that retaliation monitoring was conducted at that facility. The remaining 7 reviewed files contained 2304 documents. There were no 2305 documents for staff retaliation monitoring in any of the reviewed files, however, the cases reviewed indicated that inmate's reported the concerns and the only staff who appeared to be involved, if any, were alleged perpetrators of abuse. The CDCR 2304 documents retaliation monitoring to include regular reviews of inmate housing unit or facility changes, removal of alleged inmate/staff from contact with victim, emotional support services offered to inmate, etc. Documentation substantiates that protective measures such as housing unit changes were made to protect inmates and inmate perception of safety was considered in retaliation monitoring when contacts were made.

115.67 (d)

DOM 54040.13 Allegation Follow Up specifically states that inmate monitoring includes "periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff."

An interview with staff who monitors retaliation indicated that file reviews are frequently used for monitoring retaliation. Specifically, SOMS is used to assess if excessive movement, conduct violations, or removal from activities is occurring.

Within the investigation files reviewed containing 2304 documentation of retaliation monitoring this monitoring consisted of only a file review for retaliation items 65% of the time. Interviews with inmates were conducted 35% of the time to assess their perception of retaliation or safety concerns. When interviews were conducted, 6 were conducted for the within 15-day monitoring check, 5 for the within 30-day period, 3 for the 45-day period, and 3 for the 75-day period. There was only 1 interview conducted for the 60- and 90-day monitoring timeframes. This leads to a significant void in monitoring as the perception and experiences of the person being monitored are not consistently evaluated. Without this interview component, several aspects of the treatment of the individual are not being considered. Specifically, without talking to the individual any mistreatment, climate concerns, or possible retaliation that does not leave documentation for file reviews, such as verbal harassment or freezing out

behaviors directed toward the person being monitored would not be addressed and protections would not be enacted.

Failing to interview the inmates in 65% of monitoring instances leads to non-compliance with this provision's requirement for periodic status checks, which requires interviews of the inmate.

115.67 (e)

CDCR DOM 54040.1 states that "retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution." Additionally, DOM 54040.13 states that additional retaliation monitoring may be assigned in cases of reported sexual harassment, extension of retaliation monitoring to contractors or volunteers that made reports of staff sexual abuse toward inmates, to any staff that reports sexual abuse or harassment, or under any circumstance in which anyone participating in an investigation of sexual abuse or sexual harassment has fears of retaliation.

An interview the CDCR Agency Head reported that the facility PREA Compliance Manager (PCM) has the responsibility of assigning a supervisor for retaliation monitoring. Standard CDCR procedure would be to then monitor the individual who is the victim of sexual abuse or the reporter of sexual abuse for retaliation for 90 days. This monitoring includes talking to the reporter, victim, and staff. The retaliation monitor should also be assessing the climate of the area to ensure an appropriate atmosphere is present. The CIM Chief Deputy Warden iterated that CIM has a zero tolerance for retaliation behaviors. If staff-based retaliation was occurring the staff would be held accountable for actions through corrective actions. Staff also inquire with the parties involved if they have safety concerns to address

115.67 (f)

The auditor is not required to audit this provision of the standard.

Initial Corrective Action:

115.67 (d) CIM must include periodic status checks in retaliation monitoring.

Initial Recommendations:

While provision (c) was determined to be compliant at this time CIM is reminded that all victims of sexual abuse allegations, and any other staff or inmate who has concerns of safety or fears retaliation from participation in an investigation require retaliation monitoring. This should be documented and added to the investigation files.

115.67 (d) CIM retaliation monitors need to interview inmates for periodic status checks as a part of retaliation monitoring. At the very minimum it is recommended that the inmate be interviewed every 30 days beginning immediately following the

report to be investigated. This will allow for “periodic checks” while also allowing for file review monitoring between and during interview periods.

Corrective Action Period:

Within the corrective action phase, November 03, 2023 to May 03, 2024, the facility and agency representatives engaged in monthly meetings with this auditor to discussed and provided evidence of movement toward compliance with identified concerns with 115.67 (d). Within this timeframe the facility was immediately responsive to addressing periodic status checks in retaliation monitoring for alleged inmate victims of sexual abuse to include meeting with the alleged victim every 30 days, beginning immediately following the report to be investigated, to address the individual’s reports and/or concerns regarding retaliation. On March 1, 2024 the facility provided the auditor with 4 additional CDCR 2304 (Rev. 02/18) Protection Against Retaliation (PAR) – Inmate Forms. Each of these forms indicated that the alleged victim of sexual abuse was interviewed every 2 weeks, along with a review of institution evidence, to address retaliation monitoring and to address inmate concerns related to the investigation or retaliation. As the facility evidenced immediate implementation of corrective action and continued to engage in corrective practices address the requirements of 115.67 (d), at this time it is determined that the facility has met compliance with all provisions and elements of 115.67. The facility is encouraged to continue the corrective actions implemented in meeting the requirements of 115.67 (d).

Final Corrective Action:

None

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.6 Offender Housing 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.14.1 PREA Victims Non-Disciplinary Segregation

4. California Department of Corrections and Rehabilitation (CDCR) California Code of Regulations Title 15, Article 7. Segregated Housing, section 3335. Administrative Segregation.
5. Review of inmate files including Classification Chrono documents
6. Review of CIM Sexual Abuse Allegation Investigations
7. Interview with the CIM Warden or Designee (Chief Deputy Warden)
8. Interview with Staff who Supervise Inmates in Segregation
9. Tour of the Facility

Reasoning and analysis (by provision):

115.68 (a)

CDCR DOM 54040.6 Offender housing stipulates that inmates at risk of sexual abuse, as identified on the PREA risk assessment screening “shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers.” In the event that such a placement is made, “retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation.” DOM 54040.14.1 iterates that the inmate’s placement is a non-disciplinary segregation placement and must be evaluated every 30 days. Upon determination that such a placement is no longer necessary for protective reasons, the inmate should be seen by ICC, the inmate classification committee, to complete a housing review.

The PAQ provided CDCR Title 15, Article 7. Segregated Housing, section 3335, which also speaks to the placement of inmates in segregated housing related to being the alleged victim of sexual abuse. This policy mirrors placement information and review processes delegated in DOM 54040.14. Additionally, this policy instructs that “If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190(b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations. The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.”

Within the PAQ CIM reported that there have been no placements of inmates in segregated housing related to the stipulations of this standard. A review of available housing documentation and noting none of the inmates at CIM identified with these concerns were located in segregated or placed in segregated housing due to PREA related victimization concerns while the audit team was onsite. A review of inmate file information notes that there were no placements documented on any classification

chrono documents. However, it was noted in one investigation file that an inmate alleging sexual abuse by another inmate was placed in administrative segregation based on reporting fears for safety. This placement was documented and assessment was conducted to address alternate placement on a different housing unit, which resulted in transfer out of administrative segregation and placement on a different unit from where the abuse occurred within a couple of days. Documentation in the file indicated that the placement was a non-punitive placement and the inmate acknowledged, in writing, possible limitations to activities though it does not appear that activities were limited. There was no classification chrono for this inmate in the files reviewed, though bed assignments are noted to have changed within one week to a standard.

An interview with staff who supervise inmates in segregation note that CIM does not place inmates in segregation due to risk of victimization. However, if the inmate requests such a placement this would be reviewed and it was believed the inmate would not be allowed to be there longer than 10 days. Staff reported that there are no work opportunities for inmates in segregated status, but all other programs, education and privileges would be offered. It was disclosed that any restrictions and interactions with inmates in this status would be documented as all interactions with inmates in segregation are documented. As CIM does not place inmates in segregated housing due to risk of victimization, compliance appears to be met with this provision, however, considerations for work options, and documentation should work not be allowed, must be made in the event that an inmate at risk of victimization is placed in segregation.

The Chief Deputy Warden also stated that CIM does not place inmates at risk of victimization in segregation, remarking that CIM has enough additional facility placement options that such a placement would not be necessary. It was disclosed that the inmates could request this placement, though it would be immediately evaluated for appropriateness as CIM has many other options for safe inmate housing.

Corrective Action:

None

Recommendations:

It is recommended that the language of CDCR DOM Title 15 Article 7. Segregated Housing 3335 Administrative Segregation be updated to include work assignments. This opportunity for inmates is not specifically included within the policy and is an activity, per the PREA standards, that should not be restricted. Additionally, work should be included as a documented activity restriction if it is restricted due to an inmate placement in segregated status due to being at risk of victimization. This is consistent with the 115.43 requirement that inmates be afforded work, education and program options to the degree possible.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Revised May 19, 2020, section 54040.4 Education and Prevention 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.8.1 Custody Supervisor Responsibilities 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.12 Investigation 6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.4.12 Locally Designated Investigators 7. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.5 Employee Expectations & Reporting 8. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.5.1 Employee Duty to Cooperate 9. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.6 Authority to Conduct Investigations 10. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.14 Allegation Inquiry 11. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS

INVESTIGATIONS, Section 31140.15 Requests for Internal Affairs Investigation

12. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.16 Review, Evaluation, and Disposition

13. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.20 Criminal Investigations

14. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 31140.21 Administrative Investigations

15. California Department of Corrections and Rehabilitation (CDCR) Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Participant Workbook Version 1.0 BIC BET ID: 11055853 (LDI Standalone: 11057915)

16. California Department of Corrections and Rehabilitation (CDCR) California Code of Regulations Title 15, Section 3316. Referral for Criminal Prosecution.

17. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.17 Institutional PREA Review Committee, Records Retention

18. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.1754040.21 PREA Data Storage and Destruction

19. CDCR Instructions for PREA Records Retention Schedule (RRS) Update

20. CDCR Memorandum July 26, 2023 To: Office of Internal Affairs, Subject: Allegation Inquiry Management Section (AIMS) Caseload Redirection

21. E-mail Correspondence from the CDCR PREA Coordinator to the Western State Consortium for PREA auditors

22. Review of CIM Investigations of Sexual Abuse Allegations

23. Review of Investigative Staff Training Records Noted as the "PREA LDI Training" Spreadsheet. Report Generated: 8/1/2023. (provided for 115.34)

24. Interview with Investigative Staff

25. Interview with the CIM Warden or Designee (Chief Deputy Warden)

26. Interview with the CDCR PREA Coordinator

27. Interview with the CIM PREA Compliance Manage (PCM)

28. Interviews with Inmates who Reported Sexual Abuse

29. Tour of the Facility

Reasoning and analysis (by provision):

115.71 (a)

As a correctional agency CDCR conducts its own administrative and criminal investigations. Per DOM 54040.12 "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained." DOM 54040.7.2 specifically speaks to the CDCR's responsibility and process for investigating sexual abuse and sexual harassment reports made by third parties. The DOM also instructs that standard investigatory procedures for investigations will be used and that the Hiring Authority will forward all such reports to the Locally Designated Investigator for inquiry to determine if the allegation will be sent to the (OIA) for staff abuse or harassment of inmate-based reports, or to the ISU at the facility for inmate against inmate abuse or harassment allegations. DOM 54040.8.1 mirrors the process in 54040.7.2 specifically addressing reports made by inmates at the facility rather than third party reporters.

DOM 54040.12 separates the process for allegations of staff sexual abuse or sexual harassment to inmates and for inmate against inmate allegations of sexual abuse or sexual harassment. When staff are the alleged perpetrators of abuse or harassment "Allegations of staff on offender sexual misconduct or staff sexual harassment will be immediately reported to the Hiring Authority via the Watch Commander. The Hiring Authority will assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum." To address the requirement of thorough investigations, DOM 54040.12 dictates that as part of the investigation process "The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include: 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; and 3) the investigative facts and findings. The Confidential Memorandum shall be maintained with the investigatory file."

In the event that the report involves inmate against inmate allegations, DOM 54040.12 indicates that "All sexual violence allegations to include sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. These staff designated by the Hiring Authority will be responsible for completion of the investigation and will follow standard investigative procedures." The DOM provides additional instructions for conducting the investigation and noting that the LDI is responsible for completing all documentation for the investigation. The investigator is also instructed that "Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an

individual's status.”

The Basic Investigators Course Specialized PREA Training for Locally Designated Investigators (LDI) provides detailed training on conducting sexual abuse and sexual harassment investigations in a prompt, thorough, and objective manner. Investigators are to “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. 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 investigative staff indicate that upon receiving a report of inmate sexual abuse or sexual harassment, whether from the within the institution or from third party reporters, the investigative process begins immediately. A LDI investigator through the CIM ISU will be assigned. If the allegation involves staff sexual abuse or harassment of an inmate the LDI will gather the report and contact the Hiring Authority so the report can be sent to OIA for investigation. If the report is an allegation of inmate against inmate sexual abuse or harassment the LDI will complete the investigation. In the event that the investigation result is substantiated, by a preponderance of evidence the report is referred for prosecution. Investigative staff were able to thoroughly discuss the processes taken for investigations. The ISU investigative staff was able to discuss various aspects of the investigation process including analyzing evidence, taking reports, interviews with victims and possible witnesses, providing Miranda warnings collection and analysis of physical evidence, photographic evidence, forensic medical reports, referrals for mental health services/ emotional support services, etc.

A review of CIM investigations of sexual abuse allegations indicates that CIM has a well-established prompt responding pattern to both reports from victims and from third parties. All files indicated that upon receipt of the report the investigation process starts immediately with an interview of the alleged victim. It is noted that files reviewed included investigations conducted by the CIM ISU and CDCR OIA. Each of the investigations collected and analyzed a variety of evidence including reports, interviews with victims and possible witnesses, interviews with alleged abusers, collection and analysis of physical evidence, DNA, circumstantial evidence, photographic evidence, forensic medical reports, referrals for mental health services/ emotional support services, etc. were objective and used factual basis for determinations. It was observed that investigations interviews were documented using a narrative summary approach with some direct quotes from the subject of the interview. There were no documents in strict question and answer format. All of the investigations were thorough in evidence collection and analysis. Reports were written objectively analyzing only evidence available and documenting the process of making conclusions. A review of the conclusions indicated no Substantiated sexual abuse allegations. Investigations conducted by CIM ISU were prompt, noting that cases typically ranged in completion time from 4 days to 1 ½ months. There was one investigation that required 6 months for completion due to the inclusion of a forensic medical exam, in which the facility had to wait for the evaluation results prior to being able to review and provide a finding for the investigation.

A review of OIA investigations at CIM indicated that the completed cases took 6-8 months for closure. At the time of the onsite portion of the audit 7 cases of alleged staff on inmate sexual abuse were in the investigation process. Cases in progress were noted to be started within the past 1 - 6 months. Specifically, 1 case began investigation within the month prior to the onsite portion of the audit, 1 investigation had been in progress for 2 months, 2 cases were noted to be at 3 months for investigation, 2 cases were at 4 months for investigation, and one case had been in the investigation process for 6 months. As the length of time for OIA completion of PREA related investigations has been a reported source of concern subsequent to a change in the management of these investigations resulting in a workload versus workforce disparity CDCR drafted a memorandum to the Office of Internal Affairs (OIA). This memorandum instructs that "OIA resources shall be redirected to the [Allegations Investigations Unit] AIU backlog." The intent of this memorandum is to prioritize PREA investigations in order to meet compliance with the PREA standards requirement for prompt investigative practices. While it is noted that OIA investigations have taken longer than CIM internal ISU investigations, at this time this is an issue to monitor but will not be considered to be out of compliance as OIA is taking an active approach to improving timeliness of investigations.

115.71 (b)

DOM 54040.4 CDCR instructs that "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained." The training is documented on a CDCR 844, Training Participation Sign-in Sheet. Per CDCR DOM 54040.3 PREA investigations are managed by a LDI through the ISU and consist of "who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct." A review of the CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators evidences that PREA investigators, through the LDI, have specialized training in how to conduct sexual abuse and sexual harassment investigations in confinement settings. The training covers points such as policy and legal liabilities, PREA definitions of sexual abuse and sexual harassment, staff responsibilities, reporting options, victim services and support, evidence collection, forensic medical examination information, suspect processing, interview techniques and requirements for special populations (i.e. LEP, mental health, LGBTQI, etc.), data tracking, documentation, and general investigator responsibilities.

Interviews with investigative staff and a review of training records evidence that investigators complete specialized training through an LDI course for PREA investigations. Staff reported that this training encompasses topics such as "guidelines, policies, procedures, the history of PREA, investigative techniques, use of Miranda/Poblar for staff, maintaining evidence, and how to conduct interviews from start to finish. Using the correct PREA terms like Unfounded and Substantiated for findings and what to do based on the findings of the investigation." Staff also indicate training on how to determine substantiation of a PREA sexual abuse or harassment

claim, noting findings are held to the preponderance of evidence standard. A review of CIM inmate sexual abuse and sexual harassment investigations notes that all investigations were conducted by LDI staff who have been trained to conduct these specialized investigations.

115.71 (c)

CDCR DOM 54040.12 Investigation speaks directly to the elements of this provision. Per this DOM, investigations of sexual abuse and sexual harassment will be conducted by investigators using standard investigatory procedures. Investigators will document all information on a Confidential Memorandum. DOM 54040.8.1 Custody Supervisor Responsibilities states that the custody supervisor is responsible for establishing and maintaining a perimeter around the crime scene. "ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall photograph/videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect/package all evidence." Evidence includes direct, circumstantial, physical, and DNA. If necessary, a designated evidence officer may be assigned to collect evidence that may be destroyed if not preserved. The CDCR Specialized PREA Training for Locally Designated Investigators mirrors these DOM instructions and addresses additional aspects of conducting investigations including interviewing alleged victims, suspected abuser, and witnesses. Investigators are also trained to review prior reports of sexual abuse involving the suspected abuser. As previously noted in 115.71 (b) interviews with staff who conduct investigations iterated that investigators are trained to address each of the elements of provision 115.71 (c).

A review of CIM PREA investigation files notes that each of the files contains information consistent with this provision. Specifically, files included interviews with victims and possible witnesses, interviews with alleged abusers, collection and analysis of physical evidence, DNA, circumstantial evidence, photographic evidence, forensic medical reports, referrals for mental health services/emotional support services, and a review of complaints and reports of sexual abuse and sexual harassment involving the suspected perpetrator.

115.71 (d)

According to CDCR Title 15 3316 Referral for Criminal Prosecution, "all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged." DOM 31140.20 Criminal Investigations instructs "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 CDCR Specialized PREA Training for Locally Designated Investigators instructs, "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." An interview with a CIM investigator indicated that CIM ISU staff do not

complete compelled interviews. Staff are instructed to contact OIA if this is an issue, and OIA will make the appropriate legal contacts to determine if such an interview should occur. A review of investigation files did not indicate that compelled interviews were conducted. All interviews included a Miranda or Lybarger rights provision.

115.71 (e)

Within CDCR DOM 54040.12 Investigations, it is specifically instructed that “Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual’s status.” Consistent with this DOM, the CDCR Specialized PREA Training for Locally Designated Investigators instructs, “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.” Investigative staff at CIM reported that all statements by victims, witnesses or suspects are given equal weight. Staff added that they do not use polygraphs or truth telling devices. Inmates who reported sexual abuse verified that CIM did not use any polygraph or truth telling device during the investigation process. A review of investigations notes a statement of credibility for each interviewed person with justification as to why reports are considered credible or questioned. It was noted that none of these justifications was based on the person’s status as staff or inmate. Additionally, there were no documented incidents of polygraph or other truth telling devices within the investigations.

115.71 (f)

Within DOM 54040.12, Investigations, expectations for the investigative process and documentation of information are established. DOM 54040.12 instructs, “The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include: 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; and 3) the investigative facts and findings. The Confidential Memorandum shall be maintained with the investigatory file.” Interviews with CIM investigative staff within the ISU a discussion of the investigation process and questioning about the content of investigations yielded that CIM investigative practices mirror expectations established within DOM 54040.12 and are consistent with this standard provision. Staff also informed that in the event that staff misconduct is detected this is reported to the OIA for investigation and processing consistent with DOM, Chapter 3, Article 14, 31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry. A review of investigation files illustrates that each investigation includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts pertinent to the investigation.

115.71 (g)

As an agency CDCR conducts its own criminal and administrative investigations. These investigations are all kept in the same file as one investigation. A review of the PAQ and investigative file information notes that there were no substantiated sexual

abuse cases leading to criminal prosecution referral within the last 12 months. Consistent with information provided in 115.71 (f) DOM 54040.12 dictates that all investigations will be documented on the Confidential Memorandum and will include "1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; and 3) the investigative facts and findings." A review of available investigation files noted that the contents of the investigations included a thorough description of physical, testimonial, and documentary evidence. CIM investigators expressed understanding of their documentation responsibilities and were able to thoroughly discuss these practices.

115.71 (h)

CDCR DOM 31140.20, Criminal Investigations establishes agency expectations for the referral of substantiated allegations of criminal behaviors for prosecution. Specifically, DOM 31140.20 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." Additionally, Title 15 3316. Referral for Criminal Prosecution mirrors this instruction adding that the findings of the investigation will be provided to the institution head or designee for referral to the appropriate authorities for criminal charges and prosecution. An interview with CIM ISU staff indicates that this established procedure is practiced when there are substantiated findings in PREA investigations of sexual abuse. Within the past 12 months CIM has not have any investigations of inmate sexual abuse or sexual harassment that were found to be substantiated. Subsequently CIM has not had any PREA investigations that have been referred for prosecution.

115.71 (i)

Record retention is addressed in DOM 54040.17. In accordance with this policy, "All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule." A review of the CDCR records retention schedule instructs "The Investigatory File is to be retained in ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer." Specific items for retention are listed for staff and inmate investigations. The provisions of DOM 54040.17 and the CDCR records retention schedule are reflected in the CDCR Specialized PREA Training for Locally Designated Investigators manual. Investigation files are, per retention schedule instruction, to be kept within the facility ISU. During the onsite component of the audit a review of the ISU verified that these investigation files are located in the ISU and supported that there are a plethora of archived files secured in locked cabinets and areas.

115.71 (j)

DOM 54040.12 Investigation iterates the language of this provision, stating "The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation." Investigative staff

	<p>discussed the process of continuing all investigations even when a victim or abuser leaves the facility through release or transfer. ISU staff discussed collaborating with other facilities to complete the investigation in the event of a facility transfer or working with community supervision if any of the parties involved released to the community. A review of investigation files supports this report as in one instance the alleged victim did transfer to another facility and the investigation was continued.</p> <p>115.71 (k)</p> <p>The Auditor is not required to audit this provision.</p> <p>115.71 (l)</p> <p>CDCR and CIM conduct administrative and criminal investigations. As a result, this provision does not apply as written. It was noted that interviews with the CDCR PREA Coordinator, CIM Chief Deputy Warden, CIM PCM, and CIM Investigative staff support that CDCR and CIM perform and document all administrative and criminal investigations through the CIM ISU for inmate-based investigations or the CDCR OIA for staff related investigations.</p> <p>Corrective Action:</p> <p>None</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.72 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.12 Investigation 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3 ARTICLE 14 — INTERNAL AFFAIRS INVESTIGATIONS, Section 33030.13.1 Investigative Findings 4. California Department of Corrections and Rehabilitation (CDCR) Basic Investigators Course Specialized PREA Training for Locally Designated Investigators (LDI) Participant Workbook Version 1.0 BIC BET ID: 11055853 (LDI Standalone: 11057915)

	<ol style="list-style-type: none"> 5. Interview with CIM Investigative Staff 6. Review of CIM Sexual Abuse Allegation Investigations 7. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>A review of CDCR DOM 54040.12 stipulates that “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained.” The standard of preponderance of evidence is further discussed in DOM 33030.13.1 Investigative Findings. This discussion instructs that Sustained, aka Substantiated, findings occur when “The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.” Not Sustained, aka Unsubstantiated, findings occur when “The investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint.” The CDCR Basic Investigators Course Specialized PREA Training specifically trains LDI staff that “The Agency shall impose no standard higher than a preponderance of the evidence in determining allegations of sexual abuse or sexual harassment are substantiated” pursuant to standard 115.72. A definition for preponderance of evidence as “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.” During an interview with CIM Investigative staff the definition of preponderance of evidence was discussed and staff articulated that this standard is used as a standard to determine findings of sexual abuse and sexual harassment investigations was reported. A review of CIM sexual abuse investigations indicates that preponderance of evidence is the standard used by the Hiring Authority when reviewing the evidence of investigations to make findings of Substantiated, Unsubstantiated, and Unfounded for sexual abuse allegation investigations.</p> <p>Corrective Action:</p> <p>None</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.73 Meets Standard
	Evidence Reviewed:
	<ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ)

2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.12.5 Reporting to Offenders
3. California Department of Corrections and Rehabilitation (CDCR) Basic Investigators Course Specialized PREA Training for Locally Designated Investigators (LDI) Participant Workbook Version 1.0 BIC BET ID: 11055853 (LDI Standalone: 11057915)
4. General CDCR Chrono Document CDC 128-B (Rev. 4/74)
5. Review of CIM Sexual Abuse Allegation Investigations
6. Interview with the CIM Warden or Designee (Chief Deputy Warden)
7. Interview with CIM Investigative Staff
8. Interview with Inmates who Reported Sexual Abuse
9. Tour of the Facility

Reasoning and analysis (by provision):

115.73 (a)

According to CDCR DOM 54040.12.5 Reporting to Offenders, the institution through the PCM shall notify the alleged victim as to whether the allegation has been substantiated, unsubstantiated, or unfounded. This instruction is given for allegations of staff toward inmate sexual abuse as well as inmate to inmate sexual abuse. The same instructions are provided within the CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators. The provision of this information is documented on the General CDCR Chrono Document CDCR 128-B per DOM 54040.12.5 instruction. An interview with a CIM Chief Deputy Warden and an LDI from the ISU affirmed that CDCR informs the victim of the investigation outcome. It was reported that this is conducted through an in-person meeting with the inmate and provision of the CDCR 128-B closure document which the inmate reviews and signs. A review of the 9 completed CIM investigations of sexual abuse allegations reported in the PAQ supported that CIM actively engages in the provisional requirement of notifying inmates of the outcome of the investigation. It is further noted, that investigations completed by OIA for CIM also contained this documentation of inmate notification. All completed files reviewed included the CDCR 128-B document. These documents were co-signed by the inmates to acknowledge receipt with a copy provided to the alleged victim. Interviewed inmates who reported abuse confirmed that they were told in person of the findings of the investigation and provided with documentation. In one instance, where bad faith reporting was identified a disciplinary action was issued along with notice of closure of the investigation.

115.73 (b)

As an agency CDCR conducts all of its own administrative and criminal investigations. There is no external agency that conducts CDCR investigations. As a result, this provision does not apply.

115.73 (c)

CDCR DOM 54040.12.5 Reporting to Offenders mirrors the language of this provision indicating that the facility PCM or designee will provide the inmate with the information specified in this provision. This is same information is provided in the CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators. This information is to be documented, on the CDCR 128-B document. A review of CIM completed investigations yielded one investigation involving staff that was determined to be an Unfounded and one that was an Unsubstantiated allegation of staff sexual abuse of an inmate. A review of this file indicates that the inmate signed documentation that informing them of the outcome of the investigation and the elements of this provision. It was noted that in this case the inmate transferred to a different location based on safety concerns. This relocation would by its nature serve as notification that the staff is no longer working on the inmate's unit as the inmate is no longer in the same facility with the accused staff suspect. Based on available evidence compliance with this provision is noted.

115.73 (d)

According to CDCR DOM 54040.12.5 Reporting to Offenders, "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." Per DOM 54040.12.5 requirements this notification is documented on the CDCR 128-B, which is instructed to be kept within the investigation file and a copy is given to the alleged victim. These same instructions are echoed in the CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators. Within the past 12 months, CIM has not had any Substantiated findings in sexual abuse allegation investigations. However, it is noted on the CDCR 128-B that notification to the inmate victim includes informing if the alleged inmate abuser was indicted on allegations of sexual violence and if the alleged inmate abuser was convicted on charges of sexual violence. A review of the CIM investigation files pertaining to inmate on inmate sexual abuse confirms that the CDCR 128-B, with the ability to provide this information to the alleged inmate victim, is located in the file. Inmates who reported sexual abuse acknowledged being told that there were no charges to the alleged inmate abuser due to the Unsubstantiated or Unfounded results of the investigation. This is documented on the CDCR 128-B located in the investigation files.

115.73 (e)

Within CDCR DOM 54040.12.5 Reporting to inmates and the CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators, investigative staff are specifically instructed to document all notifications to inmates, pertaining to standard 115.73, on the CDCR 128-B document. An interview with investigative staff from the CIM ISU affirmed that CDCR provides all of the standard 115.73 notifications to the inmate and documents this process on the CDCR 128-B which the inmate

	<p>reviews and signs. A review of 9 investigative files at CIM evidenced compliance with this provision, specifically proving that this 128-B documentation is kept in the file and reflects notification of all provisions and elements of standard 115.73.</p> <p>115.73 (f)</p> <p>The auditor is not required to audit this provision.</p> <p>Corrective Action:</p> <p>None</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.15 Types of Adverse Action Penalties 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.15.1 Letter of Reprimand 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.15.2 Salary Reduction within the Salary Range of the Class 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.15.3 Suspension without Pay 6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.15.4 Demotion to a Lower Class 7. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.15.5 Dismissal from State Service 8. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.16 Employee Disciplinary Matrix Penalty Levels 9. California Department of Corrections and Rehabilitation (CDCR) Department

Operations Manual (DOM) Chapter 3, Section 33030.18 Mitigating and Aggravating Factors

10. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.19 Employee Disciplinary Matrix

11. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 33030.20 Imposition of Penalty and Consultation

12. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3401.5. Staff Sexual Misconduct.

13. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3401.6. Staff Sexual Harassment.

14. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.12.3 Reporting to Outside Agencies

15. Review of Staff Files

16. Review of CIM Sexual Abuse Allegation Investigations

17. Tour of the Facility

Reasoning and analysis (by provision):

115.76 (a)

Within CDCR policy DOM Chapter 3 there are several sections (33030.15, 33030.15.1, 33030.15.2, 33030.15.3, 33030.15.4, 33030.15.5, 33030.15.16, 33030.15.19, and 33030.15.20) that specifically address and define disciplinary actions for staff. Sexual abuse and sexual harassment are specific conduct violations within the Employee Disciplinary Matrix, with identification as base penalty levels 4 (Salary Reduction 10% for 3-12 months or Suspension w/o pay for 6-24 work days), 6 (Salary Reduction 10% for 13-24 months or Suspension w/o pay for 26-48 work days), and 9 (Dismissal) within the disciplinary action provisions. Discipline may include letters or reprimand, salary reductions, suspension without pay, demotion to a lower class, and dismissal from state service. Allegations of staff sexual abuse or sexual harassment of inmates, per Title 3 sections 3401.5 and 3401.6 are instructed to be reviewed and investigated and when appropriate based on findings will result in the employee facing “disciplinary action and/or to prosecution under the law.”

115.76 (b)

As noted within 115.67 (a) CDCR has specific policies requiring that allegations of staff sexual assault of inmates be investigated and if appropriate based on the findings of the investigation result in disciplinary actions up to termination. Per 33030.19 substantiated findings of staff sexual misconduct toward inmates is a level 9 (Dismissal), termination level disciplinary action. Referral for prosecution is also

listed within the disciplinary actions based on the outcome of the investigation (i.e. Substantiated finding). Within the past 12 months CIM reports that there were no disciplinary sanctions for staff related to sexual abuse allegations. A review of CIM sexual abuse investigations alleging staff sexual abuse of an inmate evidences that there were no Substantiated findings of staff sexual abuse of inmates. As none of the findings were substantiated there was no documentation in the investigation file of staff disciplinary actions or referrals for prosecution. A review of available staff files notes no records of disciplinary actions for staff sexual abuse of inmates.

115.76 (c)

CDCR DOM 33030.19 Employee Disciplinary Matrix indicates disciplinary base penalty levels 4, 6, and 9 within the disciplinary action provisions. Discipline may include salary reductions, suspension without pay, and dismissal from state service. DOM 33030.20 Imposition of Penalty and Consultation specifies considerations the Hiring Authority must review when imposing disciplinary actions for general staff misconduct, including relating to sexual abuse or sexual harassment (omitting sexual abuse actions). These factors include, the seriousness of the misconduct, Harm or potential harm to the public service, the circumstances surrounding the misconduct; the likelihood of recurrence, staff history of progressive discipline, and any other mitigating or aggravating circumstances. DOM 33030.18 Mitigating and Aggravating Factors instructs that these factors may increase or decrease, respectively. the severity of the discipline imposed upon the staff. Several items of consideration are provided. The CDCR policies do not specifically state that consideration is given to sanctions imposed for comparable offenses by other staff with similar histories, however, this is assumed within the "other mitigating factors" clause. Within the PAQ, and verified by a review of sexual abuse allegations involving staff at CIM, there were no Substantiated findings of staff on inmate sexual abuse. CIM ISU investigation staff did note that if a Substantiated finding would occur OIA, as the investigating authority for staff related misconduct investigations, would refer this for discipline and possible prosecution per CDCR policies. As such, there was no reviewable evidence pertaining to the imposition of staff disciplinary sanctions. At this time CIM is compliant with this provision.

115.76 (d)

According to CDCR DOM 54040.12.3 Reporting to Outside Agencies, "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." Additionally, DOM sections 3401.5 and 3401.6 specifically indicate that Substantiated findings of staff sexual abuse and sexual harassment are subject to agency based disciplinary actions and referral for prosecution, as appropriate. CDCR DOM 31140.20 Criminal Investigations 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." Again, it is noted that CIM did not have any Substantiated findings of staff sexual abuse or sexual harassment of inmates within the past 12 months. There was no documentation available to indicate

	<p>these measures had been deployed, though CIM ISU staff affirmed that if an investigation resulted in a Substantiated finding OIA would follow CDCR policies in referring the case for prosecution and reporting to appropriate authorities. Staff indicated awareness that this has occurred in the past and at other facilities within the CDCR.</p> <p>Corrective Action:</p> <p>None</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.77 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 3, Section 31140.20 Criminal Investigations 3. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3401.5. Staff Sexual Misconduct. 4. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3401.6. Staff Sexual Harassment. 5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.12.4 Reporting to Outside Agencies for Contractors 6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 10, Section 101090.9 Rejection and Termination 7. Review of CIM Sexual Abuse Allegation Investigations 8. Interview with the CIM Warden or Designee (Chief Deputy Warden) 9. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.77 (a)</p> <p>The language of CDCR DOM 3401.5 and 3401.6 specifies that sexual abuse and sexual harassment definitions, expectations, and disciplinary actions applies to</p>

“departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation” A reasonable person would ascribed contractors to be covered under this definition as they are individuals working on behalf of CDCR. These individuals are subject to “to disciplinary action and/or to prosecution under the law” in the event that sexual abuse is substantiated. DOM 31140.20 Criminal Investigations, iterates that investigations will be completed for allegations of sexual abuse toward inmates. CDCR DOM 54040.12.4 Reporting to Outside Agencies for Contractors dictates “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.” Similarly, CDCR DOM 101090.9 Rejection and Termination instructs “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 broad range of prohibited conduct is provided to include any activity that threatens the safety of the inmate, evidence of volunteer misconduct, and acts of over-familiarity with inmates. CIM reported in the PAQ that within the past 12 months there have been no contractors or volunteers to which this provision has been applied. A review of available investigations note that none of these investigations or sexual abuse or sexual harassment toward an inmate have involved volunteers or contractors. Based on the totality of information CIM is compliant with this provision.

115.77 (b)

Within the facility CIM indicated that appropriate remedial measures and consideration of prohibiting further contact with inmates are taken in accordance with CDCR policy in the event that the contract or volunteer violates the CDCR policies on inmate sexual abuse or sexual harassment. An interview with the CIM Chief Deputy Warden indicated that contractors and volunteers are held to the same policy standards as full-time employees, adding that if there is a need to remove the volunteer or contractor to protect the inmate the volunteer or contractor would be removed from the facility. CDCR DOM 101090.9 Rejection and Termination directly addresses the facility’s/hiring authority’s ability to remove volunteers while 54040.12.4 Reporting to Outside Agencies for Contractors reflects that the facility can take measures to remove volunteers or contractors from having contact with inmates.

Corrective Action:

None

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.78 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.15 Disciplinary Process
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7 Mental Health Referrals: Substantiated, Perpetrator
4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.15.1 Alleged Victim False Allegations
5. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3315 Serious Rule Violations
6. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3323. Disciplinary Credit Forfeiture Schedule.
7. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3317. Mental Health Assessments for Disciplinary Hearings.
8. California Department of Corrections and Rehabilitation (CDCR) Title 15, Section 3007 Sexual Behavior
9. Review of CIM Sexual Abuse Allegation Investigations
10. Review of PREA Risk Assessment Screenings
11. Interview with the CIM Warden or Designee (Chief Deputy Warden)
12. Interview with CIM Mental Health Staff
13. Interviews with Inmates who Reported Sexual Abuse
14. Tour of the Facility

Reasoning and analysis (by provision):

115.78 (a)

In accordance with CDCR DOM 54040.15 Disciplinary Process, "If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated." This process is standardized as noted within the DOM instruction that "The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution." The types of rule violations are described in CDCR Title 15, Section 3315 Serious Rule Violations. Within these violations it is written that R&R reports will be written and designated sanctions are provided.

Sanctions are noted to have a progressive discipline pattern and consider not only the type of the offense, but the severity of the action and the history of to abuser including past incidents of similar actions. CDCR Title 15, Section 3315 Serious Rule Violations also speaks to the CDCR's ability and process to enforce sanctions for administrative and criminal findings of the perpetration of inmate on inmate sexual abuse. Of the investigations conducted by CIM within the past 12 months there were no instances of discipline documented within the investigation for inmate on inmate sexual abuse as there were no substantiated investigation findings. However, interview with the CIM Chief Deputy Warden confirmed that in the event of a substantiated finding of inmate on inmate sexual abuse disciplinary sanctions would be imposed on the abuser. CIM is found compliant with this provision.

115.78 (b)

CDCR Title 15, Section 3315 Serious Rule Violations addresses the disciplinary sanction process. Sanctions are noted to have a progressive discipline pattern and consider not only the type of the offense, but the severity of the action and the history of to abuser including past incidents of similar actions. Specific sanctions are set forth for different types of offense and Title 15 Section 3315 provides specific disciplinary actions for first versus repeated offenses. Title 15, Section 3323 adds to this disciplinary process. As the process is standardized it is reasonable to infer that these sanctions are consistently enforced across with commensurate with sanctions imposed upon other inmates with similar histories. An interview with the CIM Chief Deputy Warden indicates that the processes laid forth in the CDCR Titles and DOM 54040.15, which also speaks to the disciplinary process, are applied to all inmates who are found to be the perpetrators of substantiated sexual abuse or sexual harassment investigations. Additionally, it was confirmed that depending on the nature and severity of the offense it would be referred to the District Attorney for prosecution.

115.78 (c)

Within CDCR Title 15, Section 3317. Mental Health Assessments for Disciplinary Hearings specific instructions to address mental health considerations for inmate discipline actions. It is iterated that "A Mental Health Assessment is a means to incorporate clinical input into the disciplinary process when mental illness or developmental disability/cognitive or adaptive functioning deficits may have contributed to behavior resulting in a Rules Violation Report." Furthermore, "The hearing officer or senior hearing officer shall consider mental health staff's assessment, as documented on the CDCR Form 115-MH-A, and any other relevant information, when determining whether the inmate should be disciplined or the appropriate method of discipline when mental illness or developmental disability/cognitive or adaptive functioning deficits contributed to the inmate's behavior." In addition, section 3317 dictates, "If an inmate is found guilty of the charge, the hearing officer or senior hearing officer shall consider any dispositional recommendations provided by mental health staff as documented on CDCR Form 115-MH-A or any other relevant information regarding the relationship between the inmate's mental illness and/or developmental disability/cognitive or adaptive

functioning deficits, and his or her misconduct, when assessing penalties.” Title 15, section 3317 also instructs the hearing officer as to when referrals for mental health assessment should be made based on various possible mental health concerns exhibited through inmate behaviors, by inmate known history, or by report of serious mental health or developmental disability symptoms. An interview with the CIM Chief Deputy Warden supports that mental health information is considering when and how sanctions should be imposed for inmates. A review of CIM investigations involving inmate against inmate sexual abuse noted that there were no Substantiated findings of sexual abuse and no disciplinary actions for these purposes within the past year.

115.78 (d)

According to DOM 54040.7 speaks to this standard. Specifically, the DOM instructs that known inmate-on-inmate sexual abusers will be referred to mental health services for an evaluation of needs. This DOM instructs staff to provide this referral for any inmate who reports previously perpetrating sexual abuse in the community or confinement. While the CIM investigations reviewed did not provide these referrals based on the fact that none of the evaluations were substantiated, a review of intake PREA risk assessment screenings supports that there is a section for documenting these referrals. Per DOM 54040.7 the mental health evaluation is instructed to be face to face and to address any follow up care that is deemed necessary and appropriate. According to an interview conducted with mental health staff, CIM mental health providers do complete these assessments. It was reported that if treatment is recommended it is voluntary to complete and does not hamper access to other programs or activities if refused. It was also reported that treatment recommendations are tailored to the inmate based on the dynamics of the issue and the needs/history of the inmate.

115.78 (e)

CIM within the PAQ indicates that the agency engages in disciplinary actions for inmates who engage in illegal sexual actions toward others, including staff. CDCR Title 15, Section 3007 Sexual Behavior instructs that inmates cannot participate in illegal sexual actions. Title 3323 Disciplinary Credit Forfeiture Schedule specifies that actions including Battery, including sexual battery, causing serious injury; Rape; attempted rape; sodomy; attempted sodomy; oral copulation; and attempted oral copulation against the victim’s will are all subject to disciplinary sanctions. There was no evidence available to indicate that CIM had any inmates sanctioned for these noted sexually abusive actions toward staff within the past 12 months. Based on the information CDCR and CIM are found compliant with this provision.

115.78 (f)

Within CDCR DOM 54040.15.1 Alleged Victim False Allegations it is indicated that allegations of sexual abuse by staff or inmates toward an inmate that is made in “bad faith” is subject to disciplinary action. However, it is specifically denoted that the report must “knowingly” be a false report that that investigations findings that are unfounded or unsubstantiated due to a lack of evidence do not constitute a bad faith report. As a result, these reports are not subject to disciplinary actions. A review of

	<p>CIM investigations of sexual abuse note that there was no evidence of disciplinary action in reports that were found to be unsubstantiated or unfounded due to lack of evidence. According to an interview with an inmate who reported sexual abuse, the individual received a conduct report for making this report. However, review of the report indicated that the inmate admitted making the report in bad faith for secondary gains, resulting in a conduct report for bad faith reporting. This demonstrates an appropriate use of sanctions for bad faith reporting. CIM is substantially compliant with this provision.</p> <p>115.78 (g)</p> <p>As policy CDCR prohibits all sexual activities between inmates within CDCR Title 15, Section 3007. The PAQ adds that the agency disciplines inmates for such activity, however, the agency only deems such activity to constitute sexual abuse when it determines that the activity is coerced.</p> <p>Corrective Action:</p> <p>None</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.7 Detection, Notification, and Reporting 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.8 Response 4. Instructions for Completion of the PREA Screening Tool 5. PREA Risk Assessment Screening Tool (Rev21.01_Prod_03242021) and recently updated form (Rev22.03_Prod_20230503) PREA Risk Assessment Screening Tool. 6. CDCR 128-MH5 (Rev. 04/21) Mental Health Referral Chrono 7. California Department of Corrections (CDCR) California Correctional Health Care Services Health Care Operations Manual.

8. Review of Mental Health Referral Documentation
9. CDCR Informed Consent for Mental Health Care CDCR MH-7448 (Rev. 12/20)
10. CDCR 7552 (10/16) Prison Rape Elimination Act Authorization for Release of Information
11. Interview with Staff Responsible for Risk Screening
12. Interview with Medical/Mental Health Staff
13. Tour of the Facility

Reasoning and analysis (by provision):

115.81 (a) and (c)

As reported in the analysis of 115.41, the facility has a risk assessment screening process that inquires and assess if the inmate has previously experienced sexual victimization. The PREA Risk Assessment Screening Tool used for initial intake screening addresses this in three ways in section A questions 1A, 1B, and 2. This separation of items accounts for sexual victimization specific to correctional institutions that has already been determined to be substantiated or unsubstantiated by investigation within the last 10 years, sexual victimization in a correctional setting that has not been previously disclosed, and sexual victimization in a non-correctional setting. If any of these items is endorsed indicating the inmate has been the victim of sexual abuse, screening staff are instructed on the form; per DOM 54040.7 Detection, Notification, and Reporting; and within the Instructions for Completion of the PREA Screening Tool to offer the individual a mental health referral. This offering of referral is to be documented on screening tool noting if it was accepted or rejected by the inmate. If accepted, the screening staff per all instructions are to create a referral to mental health using a CDCR 128-MH5 Mental Health Referral Chrono.

In accordance with DOM 54040.7 and the California Correctional Health Care Services Health Care Operations Manual all referrals for mental health services subsequent to inmate reporting a history of sexual abuse and accepting a referral for mental health will take placement within 14 days of the intake risk assessment screening. The California Correctional Health Care Services Health Care Operations Manual the CDCR adds that if at any time during the inmate's incarceration sexual victimization is reported a referral to mental health services will be offered to the inmate and documented. Whenever the inmate accepts this referral it will be completed within 14 days.

Interviews with intake screening staff, including a demonstration of the conduction of initial PREA risk assessment screening confirmed that the CIM process of risk assessment and referral for mental health services for inmates reporting or known to have any history of sexual victimization mirrors the described CDCR process in this provision discussion. Interviews with inmates who disclosed sexual abuse at risk assessment supported that they were asked if they would like to meet with mental health staff.

The PAQ reported CIM had 100 inmates within the past 12 months who disclosed a history of sexual victimization during the initial PREA risk assessment screening. During a review of PREA risk assessment screenings it was found that inmates who reported victimization were offered mental health referrals and the inmate's accepting or rejecting of the referral was documented on the risk assessment screening form. A review of mental health documentation of referrals for follow up actions note that upon referral to mental health services inmates were seen within the dictated 14-day time frame.

115.81 (b)

The facility has a risk assessment screening process, consistent with 115.41 that indicates if the inmate has previously sexual abuse within the community or within a confinement setting. The screening tool assesses this concern as two separate questions, however, if either of these items is endorsed screening staff are instructed on the form; per DOM 54040.7 Detection, Notification, and Reporting; and within the Instructions for Completion of the PREA Screening Tool to offer the individual a mental health referral. This offering of referral is to be documented on screening tool noting if it was accepted or rejected by the inmate. If accepted, the screening staff per all instructions are to create a referral to mental health using a CDCR 128-MH5 Mental Health Referral Chrono.

In accordance with DOM 54040.7 and the California Correctional Health Care Services Health Care Operations Manual all referrals for mental health services subsequent to inmate reporting a history of sexually abusive actions and accepting a referral for mental health consultation, the meeting will occur within 14 days of the intake risk assessment screening. The California Correctional Health Care Services Health Care Operations Manual the CDCR adds that if at any time during the inmate's incarceration perpetration of sexual abuse will result in an evaluation by mental health within 60 days. All mental health contacts are subject to documentation.

Interviews with intake screening staff confirmed that the CIM process of risk assessment and referral for mental health services for inmates reporting or known to have any history of sexually abusive actions mirrors the described CDCR process in this provision discussion.

The PAQ did not provide information to note the number of inmates who reported being the perpetrator of sexual abuse and accepted a referral to mental health within the past 12 months. When asked about this during the onsite audit, it was noted that this information was not available due to a tracking issue. However, in reviewing completed PREA risk assessment screenings it was found that inmates who reported past sexually abusive actions were offered mental health referrals. None of the documents reviewed indicated acceptance of these referrals. At this time there is no evidence to indicate non-compliance with this provision.

115.81 (d)

CDCR DOM 54040.8 Response instructs that "Incident specific information shall be treated as confidential, and disclosure made only to employees who have a "need to

know” and other persons and entities as permitted or required by law.” DOM 54040.7 also iterates the need for the information to be treated as confidential and mirrors the language of this provision. During the onsite phase of the audit it was noted that all investigation files are kept in locked areas with restricted access. Mental health, medical, PREA risk assessment information, and classification chrono actions are stored within electronic records databases. In conversations with classification staff, intake screening staff, and medical/mental health staff the storage of sensitive information was discussed and it was repeatedly stated that only individuals with “need to know” reasons with granted permissions based on job duties can access information. The records storage systems were observed to be passcode protected. Current security systems appear appropriate and effective in preventing breaches of information or sharing information inappropriately.

115.81 (e)

Within the PAQ CIM reported that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The CDCR MH-7448 Informed Consent for Mental Health Care CDCR documents serves as a method of recording informed consent with inmates related to the provision of mental health care. Limits of confidentiality are addressed and disclosures of information occurring prior to the age of 18 years are protected unless specific authorization is provided for disclosure. Exceptions to confidentiality include actions of suspected child abuse if the person is under 18 years of age. Additionally, the CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information instructs that the CDCR and medical and mental health professionals will only disclose prior victimization occurring when the inmate was under the age of 18 years when the inmate specifically authorizes this information to be reported. Interviews with medical/mental health staff denote that informed consent is information and limits of confidentiality are discussed consistent with this provision and CDCR policies.

Corrective Action:

None

Recommendations:

While this standard notes that medical or mental health referrals will be offered and the CDCR has policy language and instructions to screening staff in place to offer mental health referrals to victims and perpetrators of sexual abuse it is suggested that CDCR also offer medical referrals to inmates who either disclose sexual victimization or sexually abusive actions as there may be medical ramifications of these actions that need to be addressed in addition to mental health services.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.82 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. The Pre-Audit Questionnaire (PAQ)
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.3 Victim Advocate
4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.8.2 Victim Advocate and Victim Support Person
5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.8.3 Medical Services Responsibilities
6. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7 and 54040.7.3. Detection, Notification, and Reporting
7. California Department of Corrections (CDCR) California Correctional Health Care Services Health Care Operations Manual.
8. CDCR California Health Care Services Memorandum dated February 22, 2019
9. Interview with Medical/Mental Health Staff
10. Interviews with Inmates who Reported Sexual Abuse
11. Interviews with Security Staff and Non-Security Staff First Responders

12. Review of CIM Sexual Abuse Allegation Investigations

13. Review of CIM Medical/Mental Health Referral Records

14. Tour of the Facility

Reasoning and analysis (by provision):

115.82 (a)

Within the PAQ CIM indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention service. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The CDCR California Correctional Health Care Services Health Care Operations Manual specifically discusses services for medical and mental health to be provided to inmates reporting sexual abuse. Within Appendix 1 of this document a follow up schedule for inmate contacts is outlined to address medical concerns. Additionally, the CDCR health care manual indicates that all contacts and medical/mental health care shall be documented within the patient's medical/mental health chart. Specific CDCR forms are indicated for documentation of various services. 54040.8.3 Medical Services Responsibilities instructs that these services are to be considered emergency medical services and are treated in an emergent fashion. Follow up medical care is also instructed upon return from SANE/SART evaluations, which occur outside of the facility.

DOM 54040.3 the CDCR speaks to the ability of inmates to have access to a victim advocate, certified by the rape crisis center, for emotional support services, especially for the SANE exam and interview process. In the event that an advocate is unavailable a designated CIM employee, trained in counseling, will be contacted.

CDCR DOM 54040.8.2 Victim Advocate and Victim Support Person adds that in the event of a report of sexual abuse the watch commander will immediately notify the local rape crisis center and take actions to arrange transportation to the approved medical facility where SANE/SART evaluations are conducted.

During interviews with medical and mental health staff it was confirmed that upon notification of an incident of sexual abuse immediate medical attention is offered and addressed. SANE/SART evaluations are conducted at a contracted hospital, though follow up care is provided at the facility. All providers noted that certain response actions are dictated by policy, though the overall treatment is based on the education and professional judgement. Services are documented in an electronic medical record, as verified by auditor review of medical/mental health documentation. Inmates who reported sexual abuse noted that responses by medial services were immediate and access to mental health care was either the same day or the following day. CIM investigations indicated that medical and mental health services were consistently offered and documentation was completed noting the date of the referral or the inmate refusal of referral.

115.82 (b)

DOM 54040.7 and 54040.73 Detection, Notification, and Reporting with stipulates that “CDCR employees have a responsibility to protect the offenders in their custody.” Staff are instructed to immediately respond to such reports through separating the victim from the alleged perpetrator, notifying supervisors, and documenting all actions taken to address the report. DOM 54040.3 instructs that inmates are allowed urgent access to victim advocates for emotional support during SANE/SART examinations and interviews. In the event that an advocate is unavailable a designated CIM employee, trained in counseling, will be contacted. 54040.8.3 Medical Services Responsibilities instructs that these services are to be considered emergency medical services and are treated in an emergent fashion. Staff who have acted as first responders supported that notification to supervisors, medical, and mental health staff is immediate upon learning of a sexual abuse situation.

115.82 (c)

CIM reports in the PAQ that inmates are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis when medically appropriate and necessary. According to the CDCR California Correctional Health Care Services Health Care Operations Manual and DOM 54040.8.3 Medical Services Responsibilities these services are offered to inmates who reported sexual abuse. The services are provided as deemed appropriate based on medical findings and decisions as determined by professionally accepted standards of care. Medical and mental health staff interviews confirmed this care is provided immediately upon the inmate’s return to the facility from a medical examination or, if the report is outside of timeframes for a SANE/SART evaluation, are provided urgently at the facility. Inmates affirmed that medical services were immediately offered. Follow up contacts were reported, though only one person specifically recalled being offered the items of this provision subsequent to a SANE/SART evaluation. Investigation file information supports that medical exams and follow up contacts are offered, though inmates have the ability to decline these contacts. This information was documented in the file.

115.82 (d)

According to the CDCR California Correctional Health Care Services Health Care Operations Manual victims of sexual abuse are never to be charged for emergency or follow up medical services. The California Correctional Health Care Services Health Care memorandum dated 02/22/2019 states that, “Effective March 1, 2019, California Department of Corrections and Rehabilitation (CDCR) patients shall no longer be charged a copayment for health care services....” At this time CIM is compliant with this provision.

Corrective Action:

None

and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.83 Meets Standard

Evidence Reviewed:

1. The Pre-Audit Questionnaire (PAQ)
2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 PRISON RAPE ELIMINATION POLICY, Section 54040.7 Detection, Notification, and Reporting
3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.8.3 Medical Services Responsibilities
4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.10 Mental Health Responsibilities
5. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident
6. California Department of Corrections (CDCR) California Correctional Health Care Services Health Care Operations Manual.
7. CDCR California Health Care Services Memorandum dated February 22, 2019
8. Instructions for Completion of the PREA Screening Tool
9. PREA Risk Assessment Screening Tool (Rev21.01_Prod_03242021) and recently updated form (Rev22.03_Prod_20230503) PREA Risk Assessment Screening Tool.
10. Review of CIM Sexual Abuse Allegation Investigations
11. Interview with Staff who Complete Risk Assessment Screening
12. Tour of the Facility

Reasoning and analysis (by provision):

115.83 (a)

Within the PAQ CIM reported that medical and mental health services are offered to inmates who report that they were sexually victimized in any jail, prison, lockup, or juvenile facility. CDCR DOM 54040.7 discusses referrals to mental health care if the

inmate reported sexual abuse within the facility. The referral is documented on the CDCR Form 128MH5: Mental Health Referral Chrono and is treated as an urgent referral. Per DOM 54040.7 Detection, Notification, and Reporting; and within the Instructions for Completion of the PREA Risk Assessment Screening Tool screening staff are instructed to offer the inmate disclosing any confinement facility sexual victimization history a mental health referral. This same instruction is iterated on the Initial Risk Assessment Screening form. This offering of referral is to be documented on screening tool noting if it was accepted or rejected by the inmate. If accepted, the screening staff per all instructions are to create a referral to mental health using a CDCR 128-MH5 Mental Health Referral Chrono. There are no instructions to indicate that a medical referral should be offered to reported victims of confinement facility sexual abuse within DOM 54040.7, the risk assessment screening tool instructions, or on the risk assessment screening measure. During an interview with staff who complete risk assessment screenings it was reported that mental health referrals are always offered to victims of confinement facility sexual abuse. Staff added that the form cannot be completed without this offering due to the way it is programmed in the electronic system. However, staff added that medical referrals are not typically offered as part of the screening process.

DOM 54040.8.3 Medical Services Responsibilities reports the responsibility of medical staff to respond to referrals for services based on sexual abuse reports at the facility. The CDCD California Correctional Health Care Services Health Care Operations Manual instructs that if an inmate discloses prior sexual victimization in an institutional setting, consistent with the current provision, the inmate is offered a follow up meeting with mental health or medical staff. It was discussed in standard 115.62 that upon receipt of information the report of inmate victimization at another facility is documented, warden to warden contact is made, and contact is made with the inmate by ISU staff. While reviewing investigation files ISU staff reported that any report of sexual abuse at another facility is initially treated as new information and the inmate victim is offered medical and mental health services. This is documented in the investigation file. A review of CIM sexual abuse investigations documents that all of the 5 reported (standard 115.62) allegations victims reporting sexual abuse from another confinement facility are offered medical and mental health referrals based on the report of victimization as part of the investigation response process.

115.83 (b) and (c)

Within the PAQ CIM reports that the facility provides referrals for mental health and medical services. The nature and scope of these services is based on policy, clinical judgment, and is consistent with a community level care based on mental health and medical standards of practice. DOM 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct - More than 72 Hours Post-Incident, DOM 54040.8.3 Medical Services Responsibilities, and DOM 54040.10 Mental Health Responsibilities discuss CDCR procedural expectations. Services discussed include follow-up services, treatment plans, referrals for continued care following an inmate's transfer to another facilities, or referrals for continued community services due to release from custody. The necessity of each of these services is determined by the treating medical or mental health professional based on clinical judgement and assessment of the

inmate's need for services. The CDCR California Correctional Health Care Services Health Care Operations Manual adds to and reiterates the DOM noted CDCR expectations for services for medical and mental health to be provided to inmates reporting sexual abuse. During interviews with medical and mental health care staff it was affirmed that the practices of this provision are consistently performed at CIM. Additionally, staff reported that due to the ability to provide services it was felt that the services provided exceed community standards of care. Inmates who reported sexual abuse varied in reporting follow up services, though noted that they were seen right away. One inmate reported ongoing medical follow up, another reported ongoing mental health care, and one denied additional services. It was reported by one inmate that services are also available upon request. This varied follow up may be considered as evidence that follow up is determined by the medical/mental health provider and is provided as deemed necessary and appropriate.

115.83 (d) (e)

CIM is a designated male facility and does not house any biologically, assigned at birth female inmates. Transgender inmates who have completed gender affirmation surgery to become cosmetically anatomically female may be housed at CIM. However, affirmation surgeries do not provide the individual with the reproductive anatomy that would support pregnancy. As a result, at this time 115.83 (d) and 115.83 (e) are not applicable to CIM.

115.83 (f)

Within the PAQ, CIM reports that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The nature and scope of these services is based on policy and clinical judgment of appropriateness. DOM 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct - More than 72 Hours Post-Incident, DOM 54040.8.3 Medical Services Responsibilities, and DOM 54040.10 Mental Health Responsibilities discuss CDCR procedural expectations. Services discussed include follow-up services, treatment plans, referrals for continued care following an inmate's transfer to another facilities, or referrals for continued community services due to release from custody. The CDCR California Correctional Health Care Services Health Care Operations Manual specifically instructs that tests for STI's, STD's, HCV, HVB, and HIV as clinically indicated will be offered. Inmates who reported sexual abuse stated they were not offered such testing, though did indicated medical care was provided and follow ups occurred either by clinical recommendation or upon inmate request. A review of CIM investigation files note that based on reports of sexual abuse such testing may not have been supported. CIM is found to be compliant with this provision.

115.83 (g)

The CDCR California Correctional Health Care Services Health Care Operations Manual instructs that victims of sexual abuse are never to be charged for emergency or follow up medical services. The California Correctional Health Care Services Health Care memorandum dated 02/22/2019 states that, "Effective March 1, 2019, California Department of Corrections and Rehabilitation (CDCR) patients shall no longer be

	<p>charged a copayment for health care services....” At this time CIM is compliant with this provision.</p> <p>115.83 (h)</p> <p>CIM reported in the PAQ that mental health evaluations of all known inmate-on-inmate abusers are attempted within 60 days of learning of such abuse history and the mental health staff will offer treatment when deemed appropriate. Per CDCR DOM 54040.7 Detection, Notification, and Reporting, “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. Policy notes that whenever investigations of inmate on inmate sexual abuse result in substantiated findings the perpetrator of abuse is referred to mental health consistent with this policy for an evaluation. Instructions for the PREA risk assessment screening also note that mental health referrals are offered for known sexual abusers. An interview with mental health staff confirmed that when someone is found to be an inmate-on-inmate sexual abuser they are seen for a mental health evaluation to determine treatment needs and recommendations. Staff reported that such evaluations are typically conducted within 14 days of referral. CIM investigations did not include any substantiated inmate on inmate sexual abuse cases, thus there were no referrals generated due to investigation findings within the past 12 months. CIM is considered compliant with this provision based on analysis of available information.</p> <p>Corrective Action:</p> <p>None</p> <p>Recommendations:</p> <p>It is recommended that a referral for medical services be offered on the initial intake PREA risk assessment screening for inmates who report a history of sexual abuse in any confinement facility.</p>
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115.86 Sexual abuse incident reviews	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.17 Institutional PREA Review Committee

3. Department of Corrections and Rehabilitation (CDCR) Notice of Change to Department Operations Manual (NCDOM) Number: 22-11 Revision Date: 9/9/2022
4. Subsequent Institutional PREA Review Committee (IPRC) DOM Section 54040.17
5. CIM Sexual Abuse Investigations
6. Interview with the CIM Warden or Designee (Chief Deputy Warden)
7. Interview with the CIM PREA Compliance Manager (PCM)
8. Interview with a Member of the Incident Review Team
9. Tour of the Facility
10. Corrective Action period provided Institutional PREA Review Committee (IPRC) documentation provided March 19, 2024.

Reasoning and analysis (by provision):

115.86 (a) and (b)

CIM within the PAQ responded 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. CDCR DOM 54040.17 Institutional PREA Review Committee mirrors this provision's requirement for a sexual abuse incident review upon determining the finding of the investigation to be either substantiated or unsubstantiated. Per instruction, "The IPRC shall meet to review these PREA incidents on at least a monthly basis, or on a schedule to ensure all cases are reviewed within 60 days of the date of discovery." CDCR NCDOM 22-11 indicates that Institutional PREA Review Committee (IPRC) is tasked with completing the sexual abuse incident review is to be "conducted within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner." The NCDOM 22-11 also states that the IPRC is "to be conducted within 30 days of the conclusion of the investigation." This review is completed on the IPRC DOM Section 54040.17 form. This form adds the stresses the instructions for sexual incident review adding "Initial IPRC review shall be completed within 30 days of the conclusion of the investigation or 60days of the date of discovery, whichever is sooner. Whenever an initial IPRC was conducted prior to the completion of the investigation, a subsequent IPRC shall be completed within 30 days of the conclusion of the investigation."

In the PAQ CIM reported having 12 investigations of sexual abuse within the past year. During the onsite portion of the audit it was found that there were 16 allegations of inmate sexual abuse between July 2020 and September 18, 2023 (first day of the onsite portion of the audit). Of these allegations, 7 were found to be unsubstantiated, 2 were unfounded, and 7 were still under investigation. While reviewing investigations and conducting onsite inmate interviews, an additional sexual abuse allegation was discovered. This issue was found to have been reported, investigated, determined to be unfounded (bad faith report), and was erroneously categorized as non-PREA

investigation. In reviewing the 7 CIM unsubstantiated sexual abuse investigations, 4 (57%) had documented sexual incident reviews within 30 days subsequent to the completion of the investigation completion. The additional 3 (43%) had no documentation of sexual abuse incident reviews and the file marked "N/A" for the facility IPRC action. Each of these 3 investigations involved CIM investigating allegations of sexual abuse that were reported to have occurred at other facilities. When allegations of abuse occurred with staff or inmates at CIM all of the files included an IPRC or sexual incident review. Due to the CDCR's policy that all incidents of sexual abuse reported at a facility be investigated at the facility where the incident was reported regardless of if it is the same facility as the abuse it is expected that CIM will complete all elements of the investigation, including the sexual abuse incident review.

At this time CIM is found non-compliant with provision 115.86 (a). This finding is based on the evidence that nearly half of the unsubstantiated allegations did not involve completing a sexual incident review after the conclusion of the allegation.

115.86 (b)

According to CDCR NCDOM 22-11 sexual incident reviews are to be "conducted within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner." The NCDOM 22-11 also states that the IPRC is "to be conducted within 30 days of the conclusion of the investigation." The IPRC DOM Section 54040.17 form also instructs that "Whenever an initial IPRC was conducted prior to the completion of the investigation, a subsequent IPRC shall be completed within 30 days of the conclusion of the investigation." A review of CIM investigations of sexual abuse indicated that the 4 completed reviews of sexual abuse incidents occurring subsequent to the completion of the investigation all occurred within 30 days of the completion of the investigation. This timeframe is in alignment with the requirement of this provision. As a result, CIM is found compliant with this provision.

115.86 (c)

DOM 54040.17 Institutional PREA Review Committee designates the members of the sexual abuse incident review team. This team is to "normally be comprised of the following staff: (A) Hiring Authority or designee, as chairperson and final decision maker; (B) PREA Compliance Manager; (C) At least one other manager; (D) In-Service Training Manager; (E) Health Care Clinician; (F) Mental Health Clinician; (G) Incident Commander or Investigative Services Unit Supervisor." A review of the IPRC DOM Section 54040.17 form has allocated signature locations for each of these individuals. A review of CIM investigations of sexual abuse allegations indicates that completed IPRC documents contain signatures of the noted parties, including the facility PREA Compliance Manager and the Warden or Designee. The CIM Chief Deputy Warden affirmed that the after-incident review team is comprised of management level staff.

115.86 (d) and (e)

In the PAQ CIM reports that the after incident sexual abuse review includes each of the elements of this provision. DOM 54040.17 Institutional PREA Review Committee

directly mirrors the language of this provision and requires that each of the elements be reviewed as part of the IPRC process. A review of the DOM Section 54040.17 form for IPRC form notes designated spaces for each of the elements. The elements are separated into subcategories to allow for more information. Additionally, the form allows for narrative documentation not simply yes/no check boxes.

During interviews with the CIM Chief Deputy Warden, PCM, and a member of the incident review team it was reported that all of the areas discussed in this provision are covered during the IPRC process. If areas of deficiency are noted or specific concerns are brought forth corrective actions are discussed, documented and either implemented or requested (such as installing video monitoring). All of this information is reportedly documented and maintained with the investigation file. A review of the CIM investigation files in which IPRC actions were completed indicates that each element of this provision is addressed and, in several instances, specific recommendations were made, such as requesting and installing video monitoring technology. While not all solutions could be immediately implemented, CIM staff during the onsite phase of the audit discussed how these recommendations are leading to facility upgrades such as video monitoring. Interviews with the Chief Deputy Warden and PCM affirmed that the facility has altered staffing plans, increased staff rounds, added mirrors to address blind areas, and looked at housing options for victims based on the results of sexual abuse incident reviews.

Initial Corrective Action:

115.86 (a) The facility shall 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.

Initial Recommendation:

115.86 (a) If CIM investigates an allegation of sexual abuse that reportedly occurred at another facility, but was reported at CIM, then CIM must complete a sexual abuse incident review for investigations involving allegations that occurred.

Corrective Action Period:

Within the Corrective Action period (November 03, 2023 to May 03, 2024) the facility and agency representatives engaged in monthly meetings with this auditor to discussed and provided evidence of movement toward compliance with identified concerns with 115.86 (a). During corrective action it was found that sexual abuse incident reviews for reports of sexual abuse involving CIM that were reported at alternate facilities were not consistently available despite the agency policy which indicates that this review should occur. To address this issue, the facility, on March 19, 2024 provided the auditor with four additional Institutional PREA Review Committee (IPRC) documents to reflect the facility implanting and continuing to follow CDCR DOM and facility policies related to the conducting of sexual abuse incident reviews. These reviews were all completed within 30 days of the completion of the investigation. As this effort spanned several months and multiple investigations it is evidenced that the facility has demonstrated dedication to compliance with 115.86 (a). As a result, the

	<p>facility is determined to be compliant with all elements and provisions of standard 115.86.</p> <p>Final Corrective Action:</p> <p>None</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.87 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.20 Tracking Data Collection and Monitoring 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.3 Definitions 4. U.S. Department of Justice Survey of Sexual Victimization, 2021 Substantiated Incident Form (Adult) SSV-IA form (06/07/2022) 5. Review of CDCR Annual Agency reports located on the CDCR Website https://www.cdcr.ca.gov/ 6. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2021 7. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.87 (a) and (c)</p> <p>In the PAQ the facility 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. CDCR DOM 54040.3 Definitions provides standardized definitions that all facilities within the agency use to when discussing PREA terminology and are used in reporting of information. In accordance with CDCR DOM 54040.20 Tracking Data Collection and Monitoring, "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</p>

version of the Survey of Sexual Violence conducted by the Federal Department of Justice.” It is also instructed that the “PCM or the Parole Employee Relations Officer shall report investigations into allegations of sexual violence and staff sexual misconduct on the monthly update of the Yearly Tracking Report (YTR), including whether the perpetrator was a staff member or offender, disposition and current status.” This information must be reported to the CDCR PREA Coordinator by the fifth day of every month. Investigation data collection is documented on the US DOJ SSV-IA form. This document is located within all investigation CDCR sexual abuse investigation files. A review of agency annual reports located on the CDCR website confirms that CDCR is using a standardized method of data collection for sexual abuse and sexual harassment incidents, as well as a standardized set of definitions.

115.87 (b)

Within CDCR DOM 54040.20 Tracking Data Collection and Monitoring it is instructed that, “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.” Within the PAQ a CDCR Annual PREA 2021 report was included. This report and a review of agency annual reports, located on the CDCR website, confirms that CDCR compiles and analyzes this information annually for a report.

115.87 (d)

In response to the PAQ CIM notes that the CDCR, per DOM 54040.20 “shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews.” This policy-based instruction is a direct reflection of this provision. A review of the annual report information provided within the CDCR Annual PREA 2021 and a review of agency annual reports, located on the CDCR website substantiate compliance with this provision.

115.87 (e)

Within DOM 54040.20 Tracking Data Collection and Monitoring specific instructions are listed to ensure that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Additionally, within the discussion and evidence provided for 115.12 it is noted that CDCR contracts for the confinement of inmates requires that data be provided to the CDCR consistent with DOJ SSV reporting. A review of the CDCR annual reports confirms that this policy is implement in practice.

115.87 (f)

Within the PAQ the facility indicated that information would be provided to the DOJ upon request. Auditor inquiry during the post audit phase notes that CDCR PREA staff report that such a request has not been made. However, data is made available to the public and DOJ through the CDCR website containing the agency’s annual PREA reports.

	<p>Corrective Action:</p> <p>None</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.88 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.20 Tracking Data Collection and Monitoring 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.17 Institutional PREA Review Committee 4. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.21 PREA Data Storage and Destruction 5. Review of CDCR Annual Agency reports located on the CDCR Website https://www.cdcr.ca.gov/ 6. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2021 7. Interview with the Agency Head - Q: 9 8. Interview with the CDCR PREA Coordinator - Q: 6, 7 9. Interview with the CIM PREA Compliance Manager 10. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.88 (a)</p> <p>Within the PAQ CIM informed that the agency, pursuant to § 115.87, reviews collected data and both assess and attempts to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The agency indicates in DOM 54040.20 Tracking Data Collection and Monitoring that annual reports will include a comparison of the current years data and corrective actions with</p>

prior year information and will provide an assessment of the agency's progress in addressing inmate sexual abuse perpetrated by other inmates and by staff. Within DOM 54040.17 Institutional PREA Review Committee, the agency outlines its process of data collection and review. A review of the agency's PREA Annual Report - Calendar Year 2021 and previous years reports located on the CDCR website indicate that each report succeeds in identifying problem areas, documenting corrective actions that were taken to address concerns, taking corrective actions on an ongoing basis, and preparing and releasing to the public an agency wide report that provides facility specific information for each facility in the CDCR.

During interviews with the Agency Head, CDCR PREA Coordinator, and the CIM PREA Compliance Manager confirms the process of gathering sexual abuse incident data and recommending facility or policy changes starts at the facility with the PCM collecting information and making recommendations for changes. This information is sent to the PREA Coordinator and communicated to the Agency Head. A report is compiled and recommendations for changes are either implemented or proposed for implementation if they cannot be immediately enacted (for example requesting funding for implementing video monitoring). This report is published annually.

115.88 (b)

DOM 54040.20 Tracking Data Collection and Monitoring instructs that annual reports will include a comparison of the current years data and corrective actions with prior year information and will provide an assessment of the agency's progress in addressing inmate sexual abuse. A review of the agency's PREA Annual Report - Calendar Year 2021 and previous years reports located on the CDCR website confirm that the annual reports 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 abuse.

115.88 (c)

According to DOM 54040.17 Institutional PREA Review Committee, once the agency PREA Coordinator completes the annual report it will be "routed through the chain of command to the Agency Secretary [Agency Head] for review and approval. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website." DOM 54040.20 Tracking Data Collection and Monitoring also provides this instruction. DOM 54040.21 PREA Data Storage and Destruction also instructs that annual reports will be published on the agency website. An interview with the Agency Head affirms this process. A review of the CDCR website confirms that in accordance with this provision the annual report is published on the website.

115.88 (d)

Within DOM 54040.20 Tracking Data Collection and Monitoring "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." CDCR DOM 54040.21 PREA Data Storage and

	<p>Destruction also provides this instruction. An interview with the CDCR PREA Coordinator indicated that all inmate and staff specific identifying information is redacted from the annual report.</p> <p>Corrective Action:</p> <p>None</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.21 PREA Data Storage and Destruction 3. California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy (Revised May 19, 2020), Section 54040.20 Tracking Data Collection and Monitoring 4. Review of CDCR Annual Agency reports located on the CDCR Website https://www.cdcr.ca.gov/ 5. Interview with the Agency PREA Coordinator 6. Tour of the Facility <p>Reasoning and analysis (by provision):</p> <p>115.89 (a)</p> <p>According to CDCR DOM 54040.21 PREA Data Storage and Destruction “all PREA data collected are securely retained.” A tour of the facility notes that all PREA related investigation information is securely stored in locked cabinets and rooms within the CIM ISU. Additionally, all data that is electronically stored is placed into secure computer programs that are password protected and permissions are granted on a need to know access basis related to job specific duties. An interview with the Agency PREA Coordinator substantiates that PREA related data is securely stored in the aforementioned ways. Additionally, specific inmate or staff identifying information is redacted from published reports for safety purposes.</p>

115.89 (b)

Within the PAQ CIM affirms that the agency shall 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. DOM 54040.21 PREA Data Storage and Destruction and DOM 54040.20 Tracking Data Collection and Monitoring direct that this information is made available through the agency annual PREA report which is published on the agency website. A review of the CDCR Website <https://www.cdcr.ca.gov/> confirmed that the CDCR Annual Agency reports are published on the agency website.

115.89 (c)

CDCR DOM 54040.21 PREA Data Storage and Destruction specifically states, "Before making aggregated PREA data publicly available, all personal identifiers shall be removed." A review of CDCR Annual Agency reports located on the CDCR Website confirms that specific identifying information has been redacted from the reports.

115.89 (d)

In accordance with this provision, DOM 54040.21 PREA Data Storage and Destruction instructs that the agency shall maintain all PREA data "for 10 years after the date of the initial collection." A review of the annual PREA reports on the CDCR website indicate that reports available to the public date back to 2015. Based on available information the agency and facility are compliant with this provision.

Corrective Action:

None

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 Meets Standard Evidence Reviewed: <ol style="list-style-type: none">1. The Pre-Audit Questionnaire (PAQ)2. Review of the CDCR Website https://www.cdcr.ca.gov/3. Tour of the Facility4. Review of all documentation and evidence provide during the Corrective Action Phase

Reasoning and analysis (by provision):

115.401 (a)

In order to confirm the agency and facility compliance with this provision, the auditor reviewed the CDCR's public website. A review of PREA audits are denoted per facility and audit cycle. Each facility is listed with the year of audit and a hyperlink to the completed PREA audit report. Beginning in Audit Cycle II, pursuant to this provision during each three-year period thereafter, the agency ensured each facility operated by the agency was audited at least one. Additionally, the agency ensured that private organizations working on behalf of the agency, were audited at least once.

115.401 (b)

In assessing this provision, the CDCR public website was reviewed. Information provided on the CDCR website notes that the agency has 35 state correctional institutions operated by the state. The information available on the website indicated that the CDCR was unable to achieve the one third requirement in year two of Audit Cycle III. This was due to exigent circumstances caused by the COVID-19 pandemic resulting in auditing and travel complications rather than a deficiency by the agency. In order to address this inability to meet the one third requirement, the CDCR rescheduled each of their missed year II audits to occur within the final year of the audit cycle. This was confirmed in scheduling with the Western State Audit Consortium, which this auditor is a part of. Based on the rescheduling, one third of facilities were audited during Year 1 of Cycle IV. Additionally, the remaining CDCR facilities are scheduled for PREA audits within the final two years of the audit cycle.

115.401 (h)

While onsite at CIM the audit team had full access to all areas of the facility. It was reported that portions of the facility are not currently in use for inmate housing, work, programs, or other activities. The audit team was able to view these areas and was provided with a comprehensive escorted tour of the facility. The audit team was also invited to view any additional areas that were deemed necessary upon auditor request.

115.401 (i)

Throughout the duration of the audit process, to include pre-onsite, onsite, and post onsite stages of the audit the auditor was provided with a variety of requested documentation. It was noted that information pertaining to inmate grievances for 115.52 was not provided prior to the completion of the interim report due to facility difficulty obtaining the information and staff vacation schedules. Based on the receptiveness of the agency and facility to information requests and discussion of the reason for missing information this is not seen as deliberate refusal to provide information. However, as information necessary to verify compliance with 115.52 was unable to be provided prior to the completion of the interim at this time non-

compliance with this provision is noted. The facility is encouraged to provide the requested grievance information for 115.52 to meet compliance for this provision as well as addressing requirements of standard 115.52 as noted in the discussion of that standard.

115.401 (m)

In order to complete this audit several specialized management and above level staff interviews were conducted in the weeks preceding the onsite phase of the audit. These interviews were completed via TEAM or ZOOM meetings. Additionally, while onsite for the audit inmate and staff interviews were completed without obstruction to the audit process. The facility provided private interview rooms, called inmates and staff for requested interviews, and provided methods for staff to attend interviews without jeopardizing the staffing pattern or safety of the facility.

115.401 (n)

Prior to the onsite phase of the audit a ZOOM conference with the CIM Warden, Chief Deputy Warden, Associate Deputy Warden who is the facility PCM, and several other administrative staff. During this meeting several logistical items were discussed including allowing inmates to contact the auditor in writing. During this discussion the facility was instructed that all correspondence to the auditor from inmates must be treated as confidential consistent with the handling of legal mail. CIM agreed to this process. CIM was provided with audit notices in English and Spanish instructing inmates how to send confidential correspondence to the auditor. Prior the onsite portion of the audit CIM sent several pictures to the auditor confirming the posting of the audit notices, on colored paper, throughout the facility including in inmate housing, working, education, and general movement areas. During the onsite phase of the audit, the mail room was toured and the process of handling PREA audit and legal mail from inmates was discussed and determined to be a confidential process. While no correspondence was received prior to conducting the onsite portion of the audit, correspondence was received by the auditor during the post-onsite audit phase. The correspondence received was stamped for processing as legal mail and appears to have been handled in a confidential manner by CIM. This indicates compliance with this standard.

Initial Corrective Action:

115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Initial Recommendation:

It is recommended that grievance information requested for 115.52 be provided to address compliance for standard 115.52 and 115.401 (i).

Corrective Action Period:

During the facility's Corrective Action period (November 03, 2023 to May 03, 2024) the facility and agency representatives engaged in monthly meetings with this

	<p>auditor to discussed and provided evidence of movement toward compliance with identified concerns with all standards requiring additional actions to meet compliance with the PREA standards. During this timeframe the facility provided all requested information to the auditor either through e-mail or within the PREA Online Audit System (OAS) in a timely manner. This additional information along with all previously provided information results in the facility meeting compliance with 115.401 (i) and all provisions and elements of 115.401.</p> <p>Final Corrective Action:</p> <p>None</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.403 Meets Standard</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) 2. Review of the CDCR Website https://www.cdcr.ca.gov/ <p>Reasoning and analysis (by provision):</p> <p>115.403 (f)</p> <p>A review of the CDCR’s public website evidences that the agency has a dedicated link to agency PREA related information. This area of the website includes reports of annual PREA reports, lists of facilities with PREA audit dates and completed audit reports, agency PREA policies and procedures; methods of third-party reporting of inmate sexual abuse and/or sexual harassment. A review of CIM specific information evidences that the last facility audit, completed in 2021 has been posted to the agency website in accordance with this provision.</p> <p>Corrective Action:</p> <p>None</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

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

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

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

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

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

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes