

PREA Facility Audit Report: Final

Name of Facility: Mule Creek State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/14/2023

Date Final Report Submitted: 07/02/2024

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: Tejuana King	Date of Signature: 07/02/2024

AUDITOR INFORMATION	
Auditor name:	King, Tejuana
Email:	tejuanak@aol.com
Start Date of On-Site Audit:	10/23/2023
End Date of On-Site Audit:	10/26/2023

FACILITY INFORMATION	
Facility name:	Mule Creek State Prison
Facility physical address:	4001 California 104, Lone, California - 95640
Facility mailing address:	

Primary Contact

Name:	Landon Mercado
Email Address:	Landon.Mercado@cdcr.ca.gov
Telephone Number:	5304093296

Warden/Jail Administrator/Sheriff/Director	
Name:	Patrick Covello
Email Address:	Patrick.Covello@cdcr.ca.gov
Telephone Number:	2092745000

Facility PREA Compliance Manager	
Name:	Landon Mercado
Email Address:	landon.mercado@cdcr.ca.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	David Smiley
Email Address:	David.Smiley@cdcr.ca.gov
Telephone Number:	2092794911 ext. 5970

Facility Characteristics	
Designed facility capacity:	3284
Current population of facility:	3836
Average daily population for the past 12 months:	3867
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18-99
Facility security levels/inmate custody levels:	Level I, II, III, and IV (Minimum to Max)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1745
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1121
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	110

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

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

Summary of Audit Findings

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

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

Number of standards exceeded:

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:	2023-10-23
2. End date of the onsite portion of the audit:	2023-10-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>On October 3, 2023, this auditor conducted an interview with the Deputy Director of Operation Care regarding their victim advocacy services to inmates at Mule Creek State Prison. She confirmed that their organization does have a relationship with MCSP providing emotional support services. On October 5, 2023, this auditor conducted an interview with a Nurse Practitioner at Sutter Health. She confirmed that she and the B.E.A.R. (Bridging Evidence Assessment and Resources) team are responsible for conducting forensic medical examinations for MCSP.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3284
15. Average daily population for the past 12 months:	3867
16. Number of inmate/resident/detainee housing units:	24

<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>3830</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>818</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>76</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>41</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>295</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:	144
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	232
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:	43
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:	42
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility wasn't able to provide the number of LEP inmates in the facility as of the first day of onsite due to the time the auditor requested this information. The number provided is reflective of the number the facility provided for the number of inmates in the facility over the last 12 months. The facility does not track inmates who identify as gay, lesbian or bisexual. Although the facility did not provide the number of inmates who disclosed prior sexual victimization during risk screening over the last 12 months, they did provide the number as of the first day of the onsite portion of the audit.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>1745</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>110</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1121</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Due to the time the auditor requested the numbers for staff, volunteers and contractors as of the first day of onsite, the facility was unable to provide this information. The numbers provided represent the number of staff, volunteers and contractors who were in the facility over the past 12 months.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

68

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

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

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

This auditor ensured the sample of random inmate interviewees were geographically diverse by interviewing at least one inmate from every housing unit. The auditor received a roster for all housing units and randomly selected the 22nd person to be interviewed.

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

- Yes
- No

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

No text provided.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	26
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	4
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:	5
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:	7
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported in the PAQ that no inmates were placed in segregated housing/isolation due to risk of being sexually victimized. The interview conducted with the Warden corroborated this. The Warden reported that agency policy prohibits placing inmates at risk of sexual victimization in segregated housing involuntarily in lieu of other housing areas, unless an assessment has determined that there are no other alternative means of separation that can be arranged from a likely abuser. The Warden also reported that inmates at high risk of victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternate means of separation from likely abusers can be arranged; however, he did state that this hasn't happened in the past 12 months. The interview conducted with staff who supervise inmates in segregated housing revealed that inmates are placed in involuntary housing only until an alternate means of separation from likely abusers can be made. If this happens, the inmate is classified as non-disciplinary.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>22</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>When selecting random staff to interview, gender, race and ethnicity were taking into considering to ensure fair representation of staff.</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>No text provided.</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>30</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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:	Other specialized staff interviewed includes the Training Director and the Volunteer/ 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:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input 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:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>All Specialized interviews were identified and conducted using the Interview Guide for Specialized Staff developed by the US DOJ. A total of 29 specialized staff interviews were conducted during the pre-onsite, onsite, and post-onsite audit phases. Of the 22 random staff members interviewed, nine were interviewed as security staff and non-security staff who have acted as first responders. The audit team did not interview security staff who supervise youthful inmates, education and program staff who work with youthful inmates, or non-medical staff who conduct cross-gender strip searches. MCSP does not house youthful inmates nor does the facility perform non-medical cross-gender strip searches.</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.

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The facility provided uninhibited access to all areas, staff, inmates, and documentation. On October 23, 2023, the onsite audit phase commenced at 8:00 a.m. The audit team was welcomed in the morning by MCSP's administrative staff. After brief introductions, which included a review of the audit process, goals and expectations for the week, and logistics the audit team broke into two teams that included MCSP PREA audit members and staff from CDCR's headquarters. A plan was put into operation to conduct a walkthrough of the entire facility. The auditor team visited all housing units over the course of the onsite phase of the audit. Upon entry into each unit, staff made verbal announcements to alert inmates that a member of the opposite gender was present on the floor. Additionally, each housing unit exterior door maintains signage reminding opposite gender staff to announce their presence prior to entry. Audit notices were posted on each unit, as were English and Spanish posters describing the agency's zero tolerance policy and reporting options. Inmates are directed to report using any of the following methods: tell any staff member; call or write to CDCR Office of Internal Affairs; call or write to Office of Inspector General PREA Ombudsperson; or ask a family member or friend to notify the facility. For support services inmates may write to or call the local Rape Crisis Center, Operation Care, or Just Detention International (JDI). To test the third-party reporting system on September 27, 2023, at 10:27 a.m., the auditor sent a test PREA report email to the California Office of Inspector General at <https://www.oig.ca.gov/connect/prea-form>. The auditor received a response back at 6:53 p.m. confirming receipt of the test notification and an explanation of the process of how third-party reports are handled. On September 27, 2023, at 1:15 p.m., the auditor sent a test email to Just Detention International requesting information on any reports of sexual abuse or sexual harassment received from MCSP

between October 2022 and October 2023. The auditor received a response back on September 28, 2023, at 10:59 a.m. confirming receipt of the email and that any information would be provided by the end of the week. On September 29, 2023, an email was received from JDI indicating they received one report during the timeframe requested from MCSP. JDI also provided contact information for Operation Care. This information is also provided on the inmate's tablet. While onsite, the phone reporting system was also tested. Auditors left messages, indicating the reason for the call. Auditors also utilized the language line to interpret inmate interviews. The process was easily navigated and staff were familiar with the process. During the walkthrough, staff walked auditors through the work change process and the intake process which includes the PREA screening and education. Auditors engaged in informal conversations with staff and inmates.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
 No

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

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	42	42	42	42
Staff-on-inmate sexual abuse	8	8	8	8
Total	50	50	50	50

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	10	0	10	0
Staff-on-inmate sexual harassment	31	0	31	0
Total	41	0	41	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	6	x	x	x	x
Staff-on-inmate sexual abuse	2	0	0	0	0
Total	8	0	0	0	0

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

On June 18, 2024, the facility provided an updated PREA allegation tracking sheet that indicated three cases of inmate-on-inmate sexual abuse had been substantiated. At the time of the audit, these investigations were ongoing and had not been concluded. The auditor has not received any information indicating that these cases were referred for prosecution. The facility indicated in the PAQ that the agency collaborates with the District Attorney to make a determination on prosecution for substantiated cases.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	6	3	30	3
Staff-on-inmate sexual abuse	2	0	6	0
Total	8	3	36	3

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	12	0	0	0	0
Total	12	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	9	0
Staff-on-inmate sexual harassment	12	1	18	0
Total	12	2	27	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:

13

<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>7</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" 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>6</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>22</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	20
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	3

Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>2</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>Wisconsin Department of Corrections</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy • California Code of Regulations Title 15, Section 3401.5 Staff Sexual Misconduct • Operations Manual Supplement Mule Creek State Prison 3. Documents <ul style="list-style-type: none"> • Prison Rape Elimination Act Implementation correspondence: Memorandum dated August 13, 2015

- PREA Information for Orientation Handbook
- Institutional PREA Review Committee (Blank form)
- Email dated August 13, 2015
- CDCR Division of Adult Institutions Female Offender Programs and Services/ Special Housing Duty Statement
- FOPS Organizational Chart
- PREA Compliance Managers list

4. Interviews

- PREA Coordinator
- PREA Compliance Manager

5. Tour of the facility

Findings:

Subsection (a): California Department of Corrections and Rehabilitation (CDCR) Mule Creek State Prison, hereinafter referred to as MCSP, follows CDCR Department Operations Manual (DOM) Chapter 5, Article 44 - Prison Rape Elimination Act. DOM Articles are further broken down into Sections, with specific sections being identified throughout this report. Prison Rape Elimination Act (PREA) Standards were implemented in CDCR August 13, 2015, with amendments to the Department Operations Manual (DOM) and was revised August of 2023. DOM Chapter 5, Article 44 addresses CDCR zero tolerance for sexual violence by an offender, staff sexual misconduct, and sexual harassment in institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. Within DOM Chapter 5, Article 44, education, prevention, detection, and response protocols are outlined. This includes investigative and disciplinary processes.

DOM Chapter 5, Article 44, Section 54040.3 contains definitions of prohibited behavior and includes sexual violence by an offender, sexual harassment by an offender, staff sexual harassment towards an offender and staff sexual misconduct. The definition of staff sexual misconduct includes, "Any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders." The definition also references California Code of Regulations (CCR), Title 15 Section 3401.5 and Penal Code (PC) Section 289.6. Both codes define sexual activity as sexual intercourse, sodomy, oral copulation, any type of sexual penetration, rubbing or touching someone else's sexual organs, including their breasts, for sexual gratification, and rubbing or touching him or herself in the presence of another person for sexual gratification.

DOM Chapter 5, 54040.12 states that all allegations of sexual violence, staff, sexual misconduct, and sexual harassment will be investigated. Specifically, DOM Chapter 5, Article 44 addresses inmate Disciplinary Process in Section 54040.15 noting the potential for criminal prosecution and classification determinations. DOM Chapter 5,

	<p>Article 44 does not specifically address staff discipline, other than to note that staff misconduct is reported to the Hiring Authority. CCR Title 15 Section 3401.5 defines staff sexual misconduct and addresses and notes that the employee is subject to disciplinary action and/or criminal prosecution. In addition to the agency level documentation, MCSP submitted Chapter 5, Article 44 Prison Rape Elimination Policy Operations Manual Supplement which provides a facility level response to allegations of sexual assault.</p> <p>Subsection (b): CDCR employs a state-wide PREA Coordinator housed in the Female Offender Programs and Services/Special Housing. The PREA Coordinator is a Captain classification and reports directly to the Correctional Administrator. The PREA Coordinator reports having sufficient time to manage statewide PREA responsibilities. In addition to the PREA Coordinator, the PREA Compliance Unit employs two Lieutenants and a Staff Services Manager. The PREA Coordinator oversees 34 PREA Compliance Managers (PCM) for 33 prisons and all of California's Community Confinement Facilities. The PREA Coordinator reported that if any issues are identified with complying with the PREA standards, depending on if it's at the agency level or institution level will determine how it is handled to work towards compliance.</p> <p>Subsection (c): CDCR has identified 34 PREA Compliance Managers and additional backup PCMs supporting PREA initiatives within each institution and the Contract Beds Unit. The PCM position at MCSP is held by a facility Captain, who reports directly to the Chief Deputy Warden. The PCM at MCSP reports having sufficient time to manage all of his PREA related responsibilities.</p> <p>Corrective Action: None</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Policy and Procedures 3. Documents <ul style="list-style-type: none"> • Standard Agreement between CDCR and Epidaurus DBA Amity Foundation effective through June 30, 2024; 204 pages • Standard Agreement between CDCR and Mental Health Systems, Inc. effective July 1, 2020, through June 30, 2025; 201 pages • Standard Agreement between CDCR and Los Angeles Centers for Alcohol and Drug Abuse effective July 1, 2018, through June 30, 2023; 208 pages

- Standard Agreement between CDCR and WestCare California, Inc, effective through July 1, 2018, through June 30, 2023; 210 pages
- Standard Agreement between CDCR and St. John's Programs for Real Change effective July 1, 2021, through June 30, 2026; 202 pages
- Standard Agreement between CDCR and WestCare California, Inc. effective through July 1, 2020, through June 30, 2025; 200 pages
- Standard Agreement between CDCR and Los Angeles Centers for Alcohol and Drug Abuse effective through June 30, 2025; 183 pages
- Standard Agreement between CDCR and Epidaurus DBA Amity Foundation effective November 1, 2019, through June 30, 2024; 187 pages
- Standard Agreement between CDCR and Butte County Probation Department effective November 1, 2019, through June 30, 2024; 187 pages
- Standard Agreement between CDCR and Core Civic, Inc. effective through November 1, 2019, through June 30, 2024; 187 pages
- Standard agreement between CDCR and Community Education Centers, Inc effective November 1, 2019, through June 30, 2024; 187 pages
- Standard agreement between CDCR and Turning Point of Central California, Inc effective November 1, 2019, through June 30, 2024; 187 pages.
- Contract Compliance Review Report for Epidaurus DBA Amity Foundation
- Contract Compliance Review Report for Mental Health Systems, Inc.
- Contract Compliance Review Report for WestCare California, Inc.
- Contract Compliance Review Report for St. John's Programs for Real Change
- Contract Compliance Review Report for Los Angeles Centers for Alcohol and Drug Abuse
- Contract Compliance Review Report for Turning Point of Central California, Inc.
- Contract Compliance Review Report for Geo Group, Inc.
- Contract Compliance Review Report for Health Right 360
- Contract Compliance Review Report for Butte County Probation Department
- Exhibit D- CDCR Special Terms and Conditions
- Exhibit M- CDCR Prison Rape Elimination Policy-Volunteer/Contractor Information Sheet
- CDCR Division of Rehabilitation Programs, Memorandum dated December 30, 2022; Compliance to PREA
- Community Confinement Facilities Contract Monitoring Schedule

4. Interviews

- Agency Contract Administrator

Findings:

Subsection (a): Although the PAQ reported thirteen (13) contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies, only twelve (12) contracts were provided. All twelve contracts contained Exhibit D, which addresses CDCR's commitment to the PREA standards and the expectation that the contracted agency "adopt and comply with the PREA

	<p>standards, 28 Code of Federal Regulations (CFR) Part 115 and with the CDCR's Department Operations Manual, Chapter 5, Article 44." Exhibit D further addresses both CDCR staff and outside audit personnel conducting audits to ensure compliance with the PREA standards. Further, Contractors and Volunteers receive CDCR Prison Rape Elimination Policy - Volunteer/Contractor Information Sheet, Exhibit M, which details CDCR's PREA policy and expectations. Furthermore, a memorandum dated December 30, 2022, addressed to Male Community Re-entry Program (MCRP) and Custody to Community Re-Entry Program (CCTRP) providers states that all providers and their employees are to ensure compliance with PREA.</p> <p>Subsection (b): As indicated in the PAQ, all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. A Contract Compliance Review Report was submitted for the majority of contracts listed above within the last year. Three (Mental Health Services, West Care and Los Angeles Centers for Alcohol and Drug Abuse) review reports were from March of 2022. Two (Core Civic and Community Education Centers, Inc.) did not have a review report submitted. The monitoring schedule provided ended as of June 2022.</p> <p>The Agency Contract Administrator reported that their process for monitoring new and renewed contracts for confinement services to determine if the contractor complies with required PREA practices entails having the contracted facility complete the Contract Compliance Review Report. Site visits are also conducted to identify and address any areas of concern.</p> <p>Corrective Action: None</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR DOM Chapter 5 54040.18 Institutional Staffing Plan CDCR DOM Chapter 5 54040.17.1 Annual Review of Staffing CDCR DOM Chapter 5 54040.4 Education and Prevention 3. Documents <ul style="list-style-type: none"> TeleStaff/BIS Code Listing MCSP Standardized Staffing -OPRS FY 23-24 MCSP Staffing Plan Analysis

MCSP Operational Procedure Staff Vacancy Plan Institutional Rotational Schedule
Revised February 2023
MCSP Operational Procedure
4. Interviews

PREA Coordinator
PREA Compliance Manager
Warden
Intermediate or Higher-Level Facility Staff
5. Tour of the facility

Findings:

Subsection (a): DOM Chapter 5, 54040.18 addresses the Institutional Staffing Plan. Section 54040.18 states, "CDCR shall ensure that each facility it operates develops, documents and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect offenders against sexual abuse." Facilities are required to consider the 11 factors identified in section (a).

According to the Pre-Audit Questionnaire (PAQ) since the last audit the average daily population at MCSP is 3867. According to the Institutional Staffing Plan Analysis the facility is designed for the average daily population of 3970. MCSP staffing plan analysis indicates that they are currently authorized for 839 custody positions, 588 medical/mental health positions and 426 non-custody/support positions providing an overall position count of 1853. On day one of the audit, October 23, 2023, MCSP population was listed as 3830. When staffing levels are low modifications of programs are made to accommodate staffing. During the interview with the Warden, he confirmed that MCSP does have a staffing plan that considers the staffing level is adequate enough to protect inmates against sexual abuse. Video monitoring is a part of the plan. The staffing plan is approved by PSU and CDCR headquarters. The staffing plan submitted does indicate all 11 elements of this provision as being considered in its development.

Subsection (b): CDCR DOM Chapter 5, 54040.18 states, "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan." The facility reported that the most common reason that there would be deviations to the staffing plan would be for medical transports and mass searches. According to the Warden, if there are deviations to the staffing plan, it is documented and sent up to headquarters. Modifications are made in programming to ensure that every post is filled.

Subsection (c): DOM Chapter 5, 54040.17.1 requires at a minimum, an annual review of the staffing plan. During the annual review the PREA Coordinator, PCM, and the Program Support Unit assess the staffing plan, the facility's deployment of video monitoring technology, and resources assigned to ensure adherence to the staffing plan. The PREA Coordinator confirmed that he is consulted regarding any

	<p>assessments of or adjustments to the staffing plan. He further stated that assessments of the staffing plan are conducted annually.</p> <p>Subsection (d): DOM Chapter 5, 54040.4 Education and Prevention states, "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 Logbook in red pen. The Unit Logbook 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."</p> <p>During the tour of MCSP, logbooks on each housing unit were reviewed. They consistently showed security supervisors signature in red ink at various times and watches. Interviews with supervisory staff and informal conversations with housing unit staff confirmed unannounced supervisory rounds are completed and documented in the logbook in red ink. An interview with an intermediate or higher-level staff confirmed that unannounced rounds are conducted and documented in the logbooks using red ink.</p> <p>Corrective Action: None</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Based on the documentation provided, MCSP is an adult facility and does not house youthful inmates under the age of 18. This standard does not apply to MCSP.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <p>CDCR DOM Chapter 5, Section 54040.5 Searches CDCR DOM Chapter 5, Section 52050.16.5 Unclothed Body Searches of Inmates</p>

CDCR DOM Chapter 5, Section 54040.4 Preventative Measures
CDCR DOM Chapter 5, Section 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmate

3. Documents

CDCR On-the-Job Training (OJT) Module Inmate Body Searches

CDCR Overview of Senate Bill 132

CDCR Overview of Senate Bill 132 Training

CDCR In-Service Training (IST) Working Successfully with Transgender, Intersex, and Non-Binary Inmates

Memorandum Dated November 6, 2020, Overview of Senate Bill 132 Training

Memorandum Dated September 24, 2019, Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmate

4. Interviews

Random Sample of Staff

Random Sample of Inmates

Transgender/Intersex Inmates

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility indicated in their response to the PAQ that zero cross-gender strip or cross-gender visual body cavity searches of inmates were conducted in the past 12 months.

DOM Chapter 5, 54040.5 Searches states, "Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5 and shall document all cross-gender pat-down searches of female inmates in accordance with DOM Section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for audit purposes. If the search is incidental to an emergency or crime that constitutes a CDCR Form 837, Crime Incident Report, the search shall also be documented within the incident report."

DOM Chapter 5, 52050.16.5 Unclothed Body Search of Inmates 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. It further states routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex."

The memorandum dated February 8, 2019; Changes in the use of the Adani CONPASS Low Dose Scanner, states that during a recent PREA audit, it was determined that the use of the Adani CONPASS Low Dose Scanner by cross-gender staff (Staff opposite of

the gender of the inmate being scanned) was not compliant with Federal Standards. The memo further states that in order to bring the Department into compliance with PREA Federal Standard 115.15 (a), operators viewing the image produced by the low dose scanner system shall be the same gender as the inmate being scanned. If cross-gender staff use the Adani COMPASS Low Dose Scanner during exigent circumstances, the search must be documented in a Notice of Unusual Occurrence (NOU).

Subsection (b): The facility indicated in their response to the PAQ that the facility does not house female inmates; therefore, it does not permit cross-gender pat-down searches of female inmates, nor does it restrict female inmates' access to programming or out of cell opportunities.

Subsection (c): The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. As stated above, MCSP does not house female inmates. MCSP reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff have been conducted in the past 12 months.

Subsection (d): The facility indicated in the PAQ that they have implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The facility also indicated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

DOM Chapter 5, 54040.4 Preventative Measures states, "Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing. Per 28 CFR, Standard §115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. This policy shall be included in each institution's orientation handbook. This will allow the inmate to take into consideration that staff of the opposite gender may be present when performing bodily and bathing functions."

68 random inmates were interviewed and asked if female staff announce their presence when entering the housing units. The responses were mixed. Twenty-seven (27) responded, "Yes." Twelve (12) responded, "No." Twelve (12) responded, "sometimes, occasionally, usually not or very rarely." Seventeen (17) responded that they haven't heard it or wasn't really paying attention. When asked if they were ever naked in full view of female staff, 65 responded, "No or never." One responded that

the only time they are naked in front of male or female staff is during fights/tones. That staff make them strip out inside the cages. One responded yes, when they are leaving work for strip out. One responded, "During shower times. They are allowed to have a halfway sheet but a better curtain or door that you can't see into the shower is needed."

22 random staff were asked if they or other officers announce their presence when entering a housing unit that houses residents of the opposite gender. All indicated yes, an announcement is made. When asked if inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender, they all responded, "Yes."

Subsection (e): The facility indicated on the PAQ that it has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and the no such searches occurred in the last 12 months.

DOM Chapter 5, 52050.16.7, Unclothed and Clothed Body Searches of Transgender or Intersex Inmates states, "In the event that there is an individual going through Receiving and Release (R&R) who self-identifies as transgender or self-identifies with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. (i.e., paperwork indicates male, inmate will be searched by a male staff member). If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Once the information is collected and documented on the CDCR Form 128-C3, the Institution Classification Committee should determine appropriate classification and housing placement. Many inmates consider their sexual orientation and gender identity to be private information, and the widespread knowledge of this information could impact the safety and well-being of sexual minorities such as lesbian, gay, bisexual, transgender and intersex (LGBTI) inmates. This information is considered sensitive and should be handled in a confidential manner. The information should only be communicated to staff when there is a justified "Need to Know." This information should never be communicated to other offenders. This will protect the rights and safety of the involved inmate."

21 of 22 random staff interviewed indicated that they were aware that the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. One staff stated, "MCSP does not conduct this type of searching. No, I have not heard of this policy, but I am aware it's not permitted."

All 12 transgender or intersex inmates interviewed indicated that they have not been strip-searched for the sole purpose of determining their genital status.

Subsection (f): The facility reported on the PAQ that 92 % of all security staff received

training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor reviewed lesson plans and curriculums from the training academy as well as for in-service training. A review of these materials found that proper procedures for conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is thoroughly covered and consistent with national standards for conducting inmate searches, including cross-gender searches. The auditor reviewed current training records and noted annual training was cyclical based on their training calendar years. All security staff have completed the initial PREA training.

Corrective Action: 115.15 (d) limits to cross-gender viewing. During the onsite audit phase, the auditor observed several areas where inmates were not allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Specifically, when standing in the dayroom of housing units on facilities A, B, and C there is a clear view of the showers on the upper tier. Although the shower doors are designed with a metal plate in the middle to obscure the view, it isn't effective when looking directly up from the lower tier, as you are able to see directly into the showers.

It was also observed that the CALPIA kitchen bathroom windows on facility E, are clear without any type of covering or protective barrier to prevent opposite gender viewing. Metal partitions were noted in the bathroom however, they were used to separate the space in between toilets to create a wall between inmates and not as intended to prevent opposite gender viewing.

The outside recreation toilets on facilities D and E have a wall that is approximately three feet high. The wall does not provide sufficient coverage for inmates to toilet without be viewed by opposite gender staff. The toilets for outside recreation at the minimum-security facility are out in the open. There are metal partitions that can serve as protective barriers however, they are used to separate the space in between the toilets to create a wall between inmates leaving the front view exposed. If the partitions are placed in front of the toilets then the sides are exposed.

During the corrective action period the facility shall develop and implement a method of providing inmates on the housing units to shower privately without being viewed by opposite gender staff. The facility shall also develop and implement a method for inmates housed at the minimum-security facility, as well as facilities D and E to toilet in private. The bathroom in the CALPIA kitchen on Facility E shall have some type of barrier for the inmates to toilet in private. The auditor is requesting photo evidence of how these methods have been implemented.

During the corrective action period, MCSP extended the metal plate barriers on the upper tier shower doors of facilities A, B and C to create more privacy. On facilities D and E, MCSP raised the walls of the outside recreation toilets by adding metal plates to make the walls higher. They also added metal partitions to cover the sides. In regards to the bathroom in the CALPIA kitchen, the facility frosted the bottom half of the windows to create a barrier for privacy. MCSP also added metal plates to block the front and side views of the outside recreation toilets at the Minimum-Security facility

	and the Restrictive Housing yard. MCSP provided photos as evidence of these changes. Corrective action has been satisfied and MCSP is in compliance with this standard.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • CDCR DOM Chapter 5, 54040.4, Education and Prevention, Offender Education • CDCR DOM Chapter 5, 54040.7 Detection, Notification and Reporting • CDCR DOM Chapter 5, 54040.12 Investigation 3. Documents <ul style="list-style-type: none"> • CDCR Disability Code • Memorandum Dated October 6, 2017, Justification • I Speak Language Guide • Interpreters Unlimited Contract July 1, 2021-June 30, 2024 • MCSP Inmate Limited English Proficient (LEP) • MCSP Disability Roster 4. Interviews <ul style="list-style-type: none"> • Agency Head • Inmates (with disabilities or who are limited English proficient) • Random Sample of Staff 5. Tour of Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in the PAQ that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>According to the Justification memorandum dated October 6, 2017, Regarding</p>

Standard 115.16 (a)1, Inmates with disabilities and inmates who are limited English proficient, CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. In instances where an inmate's Test of Adultly Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made.

DOM Chapter 5, 54040.4 Education and Prevention, Offender Education states, "Verbal and written information shall be provided to offenders which will address: prevention/intervention, reporting, and treatment and counseling. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities."

Subsection (b): The agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

DOM Chapter 5, 54040.4 Education and Prevention, Offender Education states, "Verbal, and written information shall be provided to offenders which will address: prevention/intervention, reporting, and treatment and counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. The PREA brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities."

In order to be in compliance with Federal Executive Order 13166 which states people with limited English proficiency (LEP) should have meaningful access to federally funded programs and activities. This Order extends to programs, services, and activities provided by California Departments, including CDCR, CDCR has the language identification guide "I Speak" posters and "I Speak" cards. During the tour of the facility, these "I Speak" posters were noted throughout the facility on housing units, kitchen, library and various other areas within the facility.

CDCR has a contract agreement with Interpreters Unlimited, Inc., to provide non-

medical foreign language telephone interpreter services.

Of the nine interviews conducted with disabled or limited English proficient inmates, six stated, "Yes, the facility does provide information about sexual abuse and sexual harassment that they are able to understand." One stated that they normally have a pamphlet or information on the walls. He also reported that he speaks English as well as Spanish. One inmate stated that he really doesn't pay attention to it, but he does get it. One stated that the facility provides just the stuff on the walls.

Subsection (c): The facility indicated in their response in the PAQ that Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The facility also reported that it documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. The facility reported that there were zero instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

22 random staff members were interviewed and asked if the agency ever allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment?

- Nine reported no.
- Four reported, "No, they have interpreters through the LEP line, or they have a list of staff interpreters."
- One stated no, they would use a staff interpreter.
- One stated MCSP does not use inmate interpreters for other inmates. We have certified staff interpreters for mostly Spanish speaking. I'm a Spanish speaking interpreter, certified by the state. We're paid an extra \$200/month. There are interpreters on every shift. We do not use inmates to interpret for any PREA allegations.
- One reported they have both telephone lines, screens, sign languages all set up through our phones. Supervisors would contact them if needed.
- One staff reported, "I would assume if they do not speak English, we would use an inmate."
- One reported only in incidents where an employee interpreter could not be used.
- Two reported yes.
- One reported yes, but staff should be used first to interpret.
- One reported yes, if the person has any type of disability, hearing, speaking, language barrier.

	<p>Of the staff that responded yes, only one reported that to the best of their knowledge, no inmate interpreters have been used.</p> <p>Corrective action: None</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • CDCR DOM Chapter 3 31060.3 Power of Appointment • CDCR DOM Chapter 3 31060.16 Criminal Background Check • CDCR DOM Chapter 3 31060.17 Pre-employment Documentation 3. Documents <ul style="list-style-type: none"> • Hiring Guide for Managers Phase 6 • Memorandum Dated July 14, 2017, Completion of Background Checks under the Prison Rape Elimination Policy • CDCR Form 1951 • CDCR Form 1951 Supplemental Application for All CDCR Employees • CDCR Form 2164 Live Scan Response • Contract Attachment 4. Interviews <ul style="list-style-type: none"> • Administrative Human Resources Staff • Administrative Human Resources Staff 5. File Review <p>Findings:</p> <p>Subsection (a): DOM Chapter 3, Article 6, Appointments, Section 31060.3 Power of Appointments state 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</p>

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.

This language is mirrored on the CDCR 1951 Supplemental Application for All CDCR Employees, which all applicants seeking employment must complete and sign. The employee is informed that all of the information is considered during the selection process.

According to the Hiring Guide for Managers, Phase 6: Selecting Candidates, If the candidate previously worked at a prison, jail, lockup, community confinement facility, or other institution then contact all prior institutional employers and ask the following questions: 1. While this individual was employed by your institution or facility, were any allegations of sexual abuse investigated and substantiated against him/her? 2. Did this individual resign from his/her employment with your institution prior to completion of an investigation of sexual abuse allegations? If the answer is "yes" to either question, then stop the hiring process. The candidate is ineligible to hire.

Subsection (b): DOM Chapter 3, Article 6, Appointments, Section 31060.3 Power of Appointments states that the Hiring Authority shall consider substantiated incidents of sexual harassment in all hiring decisions. An interview with the Employee Relations Officer (ERO) confirmed that the facility considers prior 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. She stated that there is also a PREA check to see if the employee has any prior allegations of PREA and if they have been substantiated or unsubstantiated.

Subsection (c): DOM Chapter 3, Article 6, Appointments, Section 31060.16 Criminal Records Check states a criminal records check is a requirement for employment with California Department of Corrections and Rehabilitation (CDCR) and includes: (1) Consent to be fingerprinted (live scanned). (2) Request for and review of the Criminal Identification and Information - State Summary Criminal History (CI&I SSCH).

Prior to hiring new employees who may have contact with inmates, all prior institutional employers are contacted to learn if the candidate was involved in a substantiated incident of sexual abuse or if the candidate resigned during an investigation. If the candidate answers "Yes" to having been the subject of a substantiated allegation of sexual abuse or having resigned during a pending investigation of sexual abuse prior to the investigation conclusion, then according to The Hiring Guide for Managers and Supervisors, Phase 6, the hiring manager is to stop the hiring process as the candidate is no longer eligible for hire.

The CDCR 1951 Supplemental Application for All CDCR Employees is completed by all applicants, including candidates who transfer classification or are seeking promotion as noted in the Personnel Information Bulletin dated September 16, 2016. Section D of the CDCR 1951, includes a section for applicants to list all previous correctional

institution employers for whom they have previously worked. In 2017, CDCR issued a memo to CDCR Background Investigators outlining PREA standard requirements and how CDCR resolved to follow the standard. One such change included amending form 2025 Employment Reference Questionnaire to include questions about substantiated incidents of sexual abuse and resignation during an investigation.

The ERO confirmed that the facility performs criminal records background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employee, who may have contact with inmates, who are considered for promotions.

Subsection (d): DOM 31060.17 Pre-Employment Documentation states the following records shall be on file in the local personnel/payroll office prior to appointment of an applicant: CI&I SSCH.

- Live scan.
- USINS Form I-9.
- Physical examination report.
- CDCR Form 1951, Supplemental Application for all CDCR Employees

DOM Chapter 3, 31060.16.1 Individuals Mandated for Live Scanning states the following:

- (a) Non-Sworn Personnel (NSP) – Employees in Non-Peace Officer classifications: those who are paid by the state.
- (b) Peace Officer (PO) – Any Peace Officer classification including Retired Annuitants working in Peace Officer positions.
- (c) All Contractors and Volunteers must be live scanned pursuant to DOM Chapter 10, Article 9.
- (1) Contractors (CON) – Contractors, Sub-contractors.
- (2) Volunteer (CON) – Per DOM section 101090.6.3 all provisional and regular volunteers receiving Volunteer Identification Cards (VIC) shall be live scanned
- d) Retired Peace Officers (RPO)/Carry Concealed Weapon (CCW) Permit –Any employee retiring and requesting a CCW permit shall be live scanned.

CDCR Special Terms and Conditions states the following:

- Security Clearance/Fingerprinting- The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (Bell), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.
- Contractor Employee Misconduct- during the performance of this Agreement, it shall be the responsibility of the Contractor whenever there is an incident of

use of force or allegation(s) of employee misconduct associated with and directly impacting inmate and/or parolee rights, to immediately notify CDCR of the incident(s), to cause an investigation to be conducted, and to provide CDCR with all relevant information pertaining to the incident(s). All relevant information includes, but is not limited to a) investigative reports; b) access to inmates/parolees and the associated staff; c) access to employee personnel records; d) that information reasonably necessary to assure CDCR that inmates and/or parolees are not or have not been deprived of any legal rights as required by law, regulation, policy and procedures; and e) written evidence that the Contractor has taken such remedial action, in the event of unnecessary or excessive force, or employee misconduct with inmates and/or parolees, as will assure against a repetition of incident(s) or retaliation. To the extent that the information provided

by the Contractor fails to so assure CDCR, CDCR may require that any implicated Contractor staff be denied access to and the supervision of CDCR inmates and/or parolees at the facility and access to inmate and/or parolee records. Notwithstanding the foregoing, and without waiving any obligation of the Contractor, CDCR retains the power to conduct an independent investigation of any incident(s). Furthermore, it is the responsibility of the Contractor to include the foregoing terms within any and all subcontracts, requiring that subcontractor(s) agree to the jurisdiction of CDCR to conduct an investigation of their facility and staff, including review of subcontractor employee personnel records, as a condition of the Agreement.

- Prison Rape Elimination Policy-CDCR maintains a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited.

CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. As a Contractor with CDCR, you and your staff are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44 or as an entity which contracts for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff conducting audits to ensure compliance with the standards.

- As a Contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee has 1) 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); 2) 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) has been civilly or administratively adjudicated to have engaged in the activity described in this section.

- The contractor shall conduct a criminal background record check for each contract employee who will have contact with COCR inmates and provide a written certification that it was done and that items (1) and (2) above were not identified on the document. The contractor shall also require contract employees to sign a statement certifying "yes" or "no" to each of the 3 items in the previous paragraph and provide a written certification that this was done and that each of the 3 answers was "no." Material omissions, by the contract employee, regarding such misconduct or the provision of materially false information, shall be grounds for removal from institutional grounds. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies.

The facility indicated in the PAQ that in the past 12 months, criminal background record checks were conducted on 50 staff covered in the contract who might have contact with inmates.

Subsection (e): The facility indicated in the PAQ that Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees.

According to the Justification memorandum dated October 16, 2017, regarding Standard 115.17 (e) 1 and hiring and promotion decisions, 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 on an ongoing basis.

DOM Chapter 3, 31060.16 Criminal Records Check requires all employees to have a criminal records check completed prior to the start of employment. DOM Chapter 3, 31060.17 Pre-Employment Documentation states, "The following records shall be on file in the local personnel/payroll office prior to appointment of an applicant: Criminal Identification and Information -State Summary Criminal History CI&I SSCH; Live scan; USINS Form I-9; Physical examination report; CDCR Form 1951, Supplemental Application for all CDCR Employees." According to the memorandum dated February 26, 2016, Personnel Identification Card Issuance, employees, volunteers and contractors are required to carry an ID card. Employee ID cards expires after five years. The department is notified by the Department of Justice, of arrests as an

ongoing process of Live Scan. For contractors, the expiration date is upon completion of project, but no longer than five years. For volunteers, the ID cards expires on an annual basis. Prior to the issuance of new identification card for volunteers and contractors, a background check is completed in accordance with DOM 31060.16.

According to the ERO, the Institution Personnel Officer conducts background checks for employees and the Volunteer/ Contractor Coordinator completes background checks for volunteers and contractors.

During the onsite, this auditor reviewed several personnel files of employees. The files reviewed were noted to have a criminal history/ CDCR 2641 Live Scan Response form on file.

Subsection (f): CDCR form 1951 Supplemental Application for All CDCR Employees ask the following questions.

Have you ever:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42

U.S.C. 19971)? NO__ YES__ If YES, provide facility name: _____ Date of Incident: _____

2. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse? NO__ YES __ If YES, provide case number: _____ Date of Incident: _____

3. Been civilly or administratively found to have engaged in the activity described in question (2) listed above? NO__ YES__ If YES, provide case number: _____ Decision Date: _____

4. Received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution? NO__ YES __ If YES, provide case number: _____ Date of Incident: _____

The Hiring Authority is to consult with the PREA Coordinator via email, to address any responses marked YES in this section.

The ERO confirmed that the facility does ask all applicants and employees who may have contact with inmates about previous misconduct and does impose upon employees a continuing affirmative duty to disclose any such previous misconduct.

Subsection (g): The facility indicated in the PAQ that Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CDCR Form 1951 Supplemental Application for Employment states Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected on probation and/or disciplined,

	<p>up to and including dismissal from State service. The applicant is required to sign and date this form.</p> <p>Subsection (h): The ERO confirmed that when a former employee applies for work at another institution, upon request from that institution, the facility does provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.</p> <p>Corrective Action: None</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Interviews <p>Agency Head Warden Findings:</p> <p>Subsection (a): The facility indicated in the PAQ that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>According to the Agency Head, CDCR has a Design Standards Team. They are responsible for ensuring compliance with PREA standards. They use a line-of-sight concept, looking for any blind spots. He reported that CDCR is in the process of rolling out a new audio-visual surveillance system (AVSS).</p> <p>According to the Warden there hasn't been any expansion or modifications since the last audit.</p> <p>Subsection (b): The facility did not provide a response in this section as to whether the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later; however, under facility information in the PAQ, the facility indicated that the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months.</p> <p>According to the Agency Head, a new audio/visual surveillance system is being implemented Statewide. The system has recording capabilities that can be stored up</p>

	<p>to 90 days. It also has an intercom system where staff can listen in any area where inmates are present. He reported that this will be very helpful when investigating allegations of sexual abuse.</p> <p>According to the Warden, the facility considered how upgrading their video monitoring system would enhance the protection of inmates from sexual abuse by installing cameras in every area where inmates are housed, work or does programming. He clarified that cameras are not allowed inside the housing cells. For areas where inmates are unclothed, the cameras are pixilated to blur the image.</p> <p>The facility provided for review a memorandum dated November 20, 2023, stating how the facility took standards 115.15 Limits to Cross-Gender Viewing and Searches and 115.18 Upgrade to Facilities and Technologies into consideration when updating their video monitoring technology.</p> <p>Corrective Action: None</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> DOM Chapter 5, 54040.12 Investigations DOM Chapter 5, 54040.8 Response DOM Chapter 5, 54040.9 Forensic Medical Examination DOM Chapter 5, 54040.8.2 Victim Advocate and Victim Support DOM Chapter 5, 54040.8.1 Custody Supervisor Responsibilities DOM Chapter 5, 54040.1.9 Community Services DOM Chapter 5, 54040.3 Victim Advocate 3. Documents <ul style="list-style-type: none"> CDCR California Correctional Health Care Services (CCHCS), Health Operations Manual Health Care Memorandum Dated February 22, 2019 Justification Memorandum Dated October 6, 2017 Prison Rape Elimination Act Custody Supervisor Check List Prison Rape Elimination Act Initial Contact Guide Sexual Assault Processing Memorandum Dated October 17, 2018

Prison Rape Elimination Act Transportation Guide
National Protocol for Sexual Assault Medical Forensic Examinations
CDCR Specialized Training for Locally Designated PREA Investigators: Participant Workbook
CDCR Locally Designated Investigators Power Point
Operations Care Standard Agreement, Emotional Support Services
Operations Care Flyer in English, Spanish and Hmong
CDCR Watch Commander Notification

4 Interviews

Random Staff
SANE/SAFE Staff
PREA Compliance Manager
Inmates Who Reported Abuse

5. Tour of the facility

Findings

Subsection (a): The facility indicated in the PAQ the agency/facility is responsible for conducting administrative and criminal investigations for allegations of sexual abuse.

DOM Chapter 5, 54040.12 Investigations state, "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."

It further states that 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 a Locally Designated Investigator (LDI) to conduct an inquiry until sufficient information is obtained to warrant an Office of Internal Affairs (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 in a Confidential Memorandum. The investigator will make an effort to determine whether staff actions or failures to act contributed to the abuse.

Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary.

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.

The facility also indicated in the PAQ when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. The Justification

memorandum dated October 6, 2017, Evidence Protocol and Forensic Medical Examinations states, "When conducting sexual abuse investigations, CDCR ensures that any potential evidence is identified, preserved and collected. Examples of evidence include but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). Although all staff are trained in the collection of evidence based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure."

All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions.

DOM Chapter 5, 54040.8 Evidence state Care must be taken to ensure that any potential evidence is identified, preserved, and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit).

Based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure.

All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions. Refer to the institution's local MOU or DOM Supplement regarding processing of the clothing that the victim and suspect wore at the time of the incident. All other evidence such as clothing (from his/her bed area) and bedding will be collected per institutional procedure. Once the SANE has finished collecting the evidence, it will be processed following local protocols.

The facility provided the Initial Contact Guide, Custody Supervisor Checklist, Watch Commander Checklist and Transportation Guide that is used when addressing an allegation of sexual abuse. The guides instruct staff to request the victim, to the best of their ability, to not shower, brush teeth, remove clothing without custody supervision, use restroom facilities, or consume any liquids. It instructs staff to ensure

that the suspect does not shower, brush teeth, remove clothing without custody supervision, use restroom facilities, or consume any liquids. The custody supervisor checklist provides a time for when various actions related to the event took place. The transportation guide provides steps that the officer shall take when transporting the victim/suspect to the hospital in order to obtain and preserve evidence. It also provides direction on what actions to take upon arrival to the hospital.

The Sexual Assault Kit Processing memorandum dated October 17, 2018, state the purpose of the memorandum is to provide direction regarding the processing of evidence collected as a result of a possible sexual assault. Every allegation of sexual violence and staff sexual misconduct is investigated by an LDI. inmates are examined by a Sexual Assault Nurse Examiner when the collection of DNA-related evidence from the body of the victim or suspect is necessary.

Subsection (b):

MCSP does not house juvenile offenders as noted in the PAQ and 115.14.

CDCR Specialized PREA Training for Locally Designated Investigators Participant Workbook and corresponding Power Point was submitted for review. The training incorporates information from: The Peace Officers Standard and Training Guidelines on Adult/Adolescent Sexual Assault Investigations, PREA Resource Center, National Council on Crime and Delinquency, United States Department of Justice, and National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents Patient 2012. The Investigators training incorporates issues presented in the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents such as victim centered care, informed consent, and confidentiality.

Subsection (c): The facility indicated in the PAQ that all inmates who experience sexual abuse are offered access to forensic medical examinations. DOM Chapter 5, 54040.9 Forensic Medical Examination states, "The victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination."

DOM chapter 5, 54040.12.1 Investigation of Sexual Violence or Staff Sexual Misconduct states, "If less than 72 hours post incident if the alleged incident is reported or discovered less than 72 hours after the occurrence, in addition to the provisions discussed in DOM Section 54040.8, the custody supervisor shall secure the alleged crime scene (if feasible) and secure the alleged inmate suspect (if he/she can be identified) for potential forensic processing. For abusive sexual contact incidents, the SART/SANE shall be consulted to decide as to whether the inmate victim/inmate suspect should be taken for a forensic examination. The inmate victim may refuse the forensic examination and the refusal should be video recorded. Nonconsensual Sex Acts: The inmate victim/inmate suspect shall be transported for a forensic

examination. The inmate victim may refuse the forensic examination and the refusal should be video recorded. Staff Sexual Misconduct: The inmate victim shall be transported for a forensic examination when the allegation includes behavior identified in CCR 3401.5(a)(3)(A) through 3401.5(a)(3)(D). The inmate victim may refuse the forensic examination and the refusal should be video recorded."

The facility indicated that forensic examinations are offered at no cost to the victim. Per CDCR Health Care DOM 4.1.6 Prison Rape Elimination Act, all CCHCS patients, including those whose reported abuse occurred more than 72 hours prior to the time of reporting where a forensic medical examination may not be indicated. There is no cost to the alleged victim for medically necessary emergency and follow-up treatment services, regardless of whether they name the alleged abuser(s) or cooperate with any investigation arising from the incident. The facility submitted a memorandum from CCHCS dated February 22, 2019, stating, "Effective March 1, 2019, CDCR patients shall no longer be charged a copayment for health care services."

Per the interview with staff from the B.E.A.R. program at Sutter Medical Center, it was confirmed that the B.E.A.R. team is responsible for conducting all forensic medical examinations for MCSP. The medical center provides 24-hour coverage.

Subsection (d): The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. DOM 54040.8.2 Victim Advocate and Support Person states, "Victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.04, and/or 28 CFR, Standard §115.21 to a Victim Advocate and Victim Support Person for both forensic medical examination (where evidentiary or medically appropriate) and for the investigatory interview." DOM 54040.8.1 Custody Supervisor Responsibilities states, "A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed. At the time the victim is sent to the outside hospital or on-site location, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3."

DOM 54040.19 states, "Institutions shall provide victims of in-custody sexual violence, or staff sexual misconduct with access to mailing addresses and phone numbers of outside rape crisis organizations, victim advocacy groups and immigrant services agencies per 28 CFR, Part 115, Standard 115.53.

This PREA standard requires that inmates be allowed to correspond with staff at the rape crisis center/victim advocate in as a confidential manner as possible. To facilitate this correspondence, inmate mail that is being sent to the locally designated rape crisis center will be treated as confidential mail.

(a) The letter must be addressed to the Rape Crisis Center and may include a specific staff member's name.

(b) The inmate's full name, Department identification number, and the address of the institution shall be included in the return address appearing on the outside of the

envelope.

(c) The word "confidential" shall appear on the face of the envelope. Failure to do this will result in the letter being processed as regular mail or being returned to the inmate if for any reason the mail cannot be processed as regular mail.

(d) Inmates shall post confidential mail by presenting the mail unsealed to designated staff. In the presence of the inmate, the staff shall remove the contents of the envelope upside down to prevent reading of the contents. Staff shall remove the pages and shake them to ensure there is no prohibited material, consistent with the CCR. If no prohibited material is discovered, the contents shall be returned to the envelope and sealed. Staff shall place their signature, badge number, and date across the sealed area on the back of the envelope. Staff shall then deposit the confidential mail in the appropriate depository.

(e) If prohibited material is found in the confidential mail, the prohibited material shall be confiscated; however, the letter may be returned to the inmate or mailed following the process outlined above. If the prohibited material indicates a violation of the law or intent to violate the law, the matter may be referred to the appropriate authorities for possible prosecution. Administrative and/or disciplinary action shall also be taken against all parties involved. Mental Health Services shall be provided as directed under Mental Health Responsibility Section 54040.10.

If the victim is a parolee, the victim may be referred to the Parolee Outpatient Clinic, local mental health agencies, and Rape Crisis Intervention Centers, as the need arises."

MCSP submitted a Memorandum of Understanding (MOU) and contract between MCSP and Operation Care to provide emotional support services to any inmate at MCSP who has been a victim of sexual assault or abuse during or before incarceration. This contract is effective July 1, 2019, through June 30, 2024. A poster was submitted explaining these services in English, Spanish and Hmong.

The facility indicated in the PAQ that when a rape crisis center is not available to provide victim advocate services, the facility does not provide a qualified staff member from a community-based organization or a qualified agency staff member. However, DOM 54040.3 Victim Advocate states, "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."

The PCM affirmed that if requested by the victim, a victim advocate provides emotional support, crisis intervention, information, and referrals during the forensic

medical examination process and investigatory interviews. He reported that it is offered but typically declined.

Interviews with three inmates who reported abuse revealed when asked if the facility allowed them to contact anyone when they reported sexual abuse, one reported no, this was a year ago. One responded that he was never told he had the ability to call someone. He reported that later, he called his aunt. One responded he was allowed to contact Mental Health.

During a tour of the facility, the poster explaining how to contact emotional support services was posted on the housing units and throughout other areas of the facility that inmates had access to.

Subsection (e): The facility indicated in the PAQ if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

DOM 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination states, "In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination. The victim has the right to have a victim advocate present and a victim support person of the victim's choosing (see PC Sections 679.04 and PC 264.2 and/or 28 CFR, Standard §115.21) at the forensic medical examination. In most cases, the victim advocate will be from the local rape crisis center. The victim support person may be excluded from the examination if the watch commander/designee or medical provider determines that the presence of the victim support person would be detrimental to the purpose of the examination or poses a threat to the safety and security of the institution or outside hospital. If a victim support person is excluded, the watch commander/designee or medical provider who made the decision shall document the reason (i.e., if time for the support person to attend would result in a significant delay and/or the person requested would present a risk to the safety/security of the institution) on the CDCR Form 837 if the allegation is against another offender or on a confidential memorandum if the allegation is against staff. A Memorandum of Understanding (MOU) between the Institution and Local Rape Crisis Center (Victim Advocate) shall be established to ensure that both agencies understand their roles and responsibilities when responding to sexual violence or staff sexual misconduct.

Victim Advocate and Victim Support Person for Investigatory Process- 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. If the investigator or the district attorney determines that the presence of the victim

support person would be detrimental to the interview, the victim support person may be excluded from the interview. The victim must be notified verbally or in writing of this right by the attending investigator or the district attorney prior to the interview. Reasons for exclusion of the victim support person are the same as identified previously in the medical examination process and shall be documented as required above.

Victim Advocates for Emotional Support Services The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available. This information is available to the inmate population in the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention". It should also be included in each institution's offender orientation handbook. For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible."

Per the PCM Operations Care was vetted to be used by the State. In order for them to operate in California, they have to meet specific qualifications.

Subsection (f): The responsibility of investigating all administrative and criminal allegations of sexual abuse lies with CDCR. This was confirmed during the interview with the Investigator and PREA Compliance Manager. Additionally, a flow chart was submitted for review, indicating how staff-on-offender allegations are initially logged and investigated. This confirms that allegations of staff sexual misconduct are investigated by Office of Internal Affairs and Investigative Unit (AIU).

Subsection (g): The responsibility of investigating all administrative and criminal allegations of sexual abuse lies with CDCR. This was confirmed during the interview with the investigators and CDCR staff.

Subsection (h): MCSP does not utilize staff to conduct sexual assault examinations but utilizes qualified providers from B.E.A.R. Staff from B.E.A.R was contacted and affirmed that they conduct sexual assault examinations for MCSP.

Corrective Action: None

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

DOM Chapter 5, 54040.12 Investigations

DOM Chapter 1, 15080.2 Office of Internal Affairs

DOM Chapter 3, 31140.1 Policy

DOM Chapter 3, 31140.6 Authority to Conduct Investigations

3. Documents

MCSP PREA Log, Dated August 28, 2023

Justification Memorandum Dated October 6, 2017

CDCR Public Website, PREA Policy Dated May 19, 2020

CDCR PREA Annual Report 2020

CDCR PREA Annual Report 2021

CDCR PREA Annual Report 2022 (On CDCR's Website)

4. Interviews

Agency Head

Investigation Staff

Findings

Subsection (a): The facility indicated in the PAQ that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

DOM 54040.12 Investigations states, "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing."

The facility submitted a PREA log for 2023 with all allegations made through August 28, 2023, at the time of request. The log includes information such as the type of allegation, whether it involves staff or inmate, the date the incident occurred, the date it was reported, the date it was assigned to an LDI, the date the SSVIA was sent to headquarters and the date it was closed. The facility indicated in the PAQ that they received 97 reports of allegations of sexual abuse or sexual harassment in the last year. The log provided for the first eight months of 2023 reflected 47 allegations received.

The Agency Head affirmed that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. He reported that they have a no tolerance policy and that all allegations are investigated all the way up through internal affairs, if necessary. He reported that offender on offender and staff on offender are all investigated and documented in files.

He described the administrative or criminal investigative process for allegations of sexual abuse and sexual harassment as follows: When the allegation is received it is assigned to an LDI. If misconduct is present, it is forwarded to the Office of Internal

Affairs (OIA). OIA conducts an interview with staff. Once it is completed, the report is sent to the hiring authority and they handle any discipline. It is monitored by our attorneys and OIA. He stated that was staff on offender. For offender on offender the process is the same but it doesn't go to our hiring authority for discipline. A review of randomly selected files was conducted and found full investigative reports with findings.

Subsection (b): The facility indicated in the PAQ the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The facility indicated that the policy is on the public website and that referrals for criminal investigations are documented.

The facility submitted a justification memorandum, Policies to Ensure Referrals of Allegations for Investigations, dated October 6, 2017. All investigations of sexual abuse or sexual harassment are conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential memorandum and an SSV-IA form. If the allegations are found to be substantiated, ISU collaborates with the District Attorney to decide on prosecution.

Staff Sexual Conduct and Staff Sexual Harassment: The collection of preliminary information concerning an investigation of sexual abuse or sexual harassment is conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential memorandum and an SSVIA form. If the allegations are found to have potentially occurred, ISU then refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to decide on prosecuting the suspect.

DOM 15080.2 Office of Internal Affairs, the (OIA) is the departmental entity with authority to investigate allegations of employee misconduct when appropriate.

DOM 31140.6 Authority to Conduct Investigations-authorizes the Secretary of CDCR to delegate the authority to initiate and conduct investigations pursuant to government code section 11182.

DOM 31140.1 Policy, 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.

A screenshot of CDCR's website was provided showing that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the website. The facility also submitted the PREA Annual Reports from 2020 and 2021. A review of CDCR's website also shows the PREA Annual Report for 2022.

Interviews with staff from ISU and the Allegation Investigations Unit (AIU) affirmed that agency policy require that allegations of sexual harassment or sexual abuse be

	<p>referred for investigation to an agency with the legal authority to conduct criminal investigations.</p> <p>Subsection (c): Does not apply as CDCR has the authority to and does conduct administrative and criminal investigations.</p> <p>Subsection (d): Does not apply as CDCR has the authority to and does conduct administrative and criminal investigations.</p> <p>Corrective Action: None</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> DOM Chapter 5, 54040.1 DOM Chapter 5, 54040.4 Education 3. Documents <ul style="list-style-type: none"> CDCR In-Service Training (IST) Prison Rape Elimination Act Version 3.0 Course Code 11054378 CDCR On-the-Job Training (OJT) Module Prison Rape Elimination Act (PREA) Version 2.0 BET ID 11053499 CDCR In-Service Training Inmate/Staff Interactions Version 2.1 BET ID 11053211 CDCR In-Service Training Prison Rape Elimination Act (PREA) Version 2.1 Course Code 11054378 Division of Adult Institutions 2022 Annual Required In-Service Training Schedule Institution Custody Staff Division of Adult Institutions Institutional Custody Staff Off-Post Training Schedule January -December 2021 On-the Job (OJT) Mandated Training Division of Adult Institutions Annual Training Schedule January 1, 2020- December 31, 2020, In-Service Mandated Courses 4. Interviews <ul style="list-style-type: none"> Random Staff 5. Tour of Facility

Findings:

Subsection (a): DOM 54040.1 addresses CDCR's zero tolerance policy. The policy states, "CDCR is committed to providing a safe, humane, secure environment, free from offender-on-offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of these behaviors and to address successful community re-entry of the offender. 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. 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. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s)."

DOM 54040.4 addresses education and prevention. "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. Participation in the training will be documented CDCR 844, Training Participation Sign-in Sheet. Employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title15, Section 3287(b). Institutions shall train all staff on how to communicate professionally with inmates, including inmates who identify themselves as Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Gender Non-Conforming in accordance with Inmate/Staff Relations Training, on file with the Peace Office Selection and Employee Development (POSED)."

Interviews with 22 random staff indicated that they all had been trained on the agency's zero-tolerance policy on sexual abuse and harassment, how to full-fill their responsibilities regarding sexual abuse and sexual harassment, prevention detection, reporting and responding in accordance with agency policy. A sample of staff training records were reviewed. The training records show that staff received the initial PREA training and then an annual refresher.

	<p>Subsection (b): DOM Chapter 5, 54040.4 Education and Prevention states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution."</p> <p>Subsection (c): The facility indicated in the PAQ that staff receives training annually. DOM Chapter 5, 54040.4 Education and Prevention addresses new employee orientation and annual training.</p> <p>The 2020, 2021, and 2022 annual required trainings for custody and non-custody staff was submitted and reviewed. The training schedule reflect that all institution staff are required to complete 1-hour On-the-Job Prison Rape Elimination Act training.</p> <p>Subsection (d): Staff receive PREA training annually through their Learning Management System (LMS). Before the training can be logged as completed, staff have to acknowledge that they understood the training.</p> <p>Corrective Action: None</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> DOM Chapter 5, 54040.4 Education and Prevention DOM Chapter 1, 101090.7 Volunteer Orientation DOM Chapter 1, 101090.6.2 Volunteer Application Packet and Files 3. Documents <ul style="list-style-type: none"> CDCR On-the-Job Training (OJT) Module Prison Rape Elimination Act Version 2.0 BET ID 11053499 Memorandum dated October 6, 2017, Volunteer and Contractor Training CDCR 2301 PREA Policy for Volunteers and Contractors Part A 4. Interviews <ul style="list-style-type: none"> Volunteers/Contractors 5. Tour of Facility

Findings

Subsection (a): The facility indicated in the PAQ all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

DOM Chapter 5, 54040.4 Education and Prevention, Staff Training, includes volunteers and contractors.

DOM Chapter 1, 101090.7 Volunteer Orientation states that the Community Resources Manager shall provide the following on-the-job training courses for self-study: (A) The Prison Rape Elimination Act.

MCSP reported in the PAQ that they have 1231 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Interviews with one volunteer and one contractor affirmed that they have been trained in their responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response per policy and procedure.

A file review of randomly selected volunteers and contractors provided documentation indicating that they have been trained in their responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response per policy and procedure.

Subsection (b): According to a memorandum dated October 6, 2017, regarding volunteer and contractor training, all volunteer/contract staff is given 1 hour of mandatory training in regard to Inmate/Staff Interaction. The overall direction of the training is to aid staff in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. Although all volunteer/contract staff are required to complete the same training, specific staff such as nursing staff who work 8-hour shifts with little to no custody staff supervision at times, are mandated by the institutions to complete more extensive training based on their level of contact with inmates. Whereas other contract staff such as self-help group volunteers maintain the 1-hour mandatory training.

The facility submitted CDCR form 2301 PREA Policy Information for Volunteers and Contractors PART A, which states, "The CDCR policy is found in Department Operations Manual (DOM), Chapter 5, Article 44. PREA addresses five types of sexual offenses. Sexual violence committed by offenders against offenders encompasses abusive sexual contact, non-consensual sex acts, and sexual harassment by an offender. Other sections covered by PREA include staff sexual misconduct towards an offender and staff sexual harassment towards an offender. CDCR's policy provides for the following: • CDCR is committed to continuing to provide a safe, humane, secure environment, free from offender-on-offender sexual violence, staff sexual misconduct, and sexual harassment. • CDCR maintains zero tolerance for sexual violence, staff

	<p>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."</p> <p>Interviews with one volunteer and one contractor affirmed that they had been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents. They reported that the training consisted of the PREA policy.</p> <p>A file review of randomly selected volunteers and contractors provided documentation of CDCR form 2301.</p> <p>Subsection (c): DOM 101090.6.2 101090.6.2 Volunteer Application Packet and Files (a) 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.</p> <p>A file review of randomly selected volunteers and contractors provided documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Corrective Action: None</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures DOM Chapter 5, 54040.4 3. Documents Inmate Orientation Handbook; English and Spanish Sexual Abuse/Assault Prevention and Intervention; English and Spanish Senate Bill 132 Transgender Brochure; English and Spanish PREA Sexual Violence Awareness Brochure; English and Spanish

Shine the Light on Sexual Abuse posters, English and Spanish
CDCR 128-B Form, Inmate Education Acknowledgement
Interviews

Intake staff

Random Inmates

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in the PAQ that inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. DOM Chapter 5, 54040.4 Education and Prevention, Offender Education states, "Verbal, and written information shall be provided to offenders which will address: prevention/intervention; reporting; treatment and counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. The PREA brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. PREA offender education shall be documented on a CDC Form 128-B, General Chrono. The offender shall be asked to sign the CDC Form 128-B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128-B. The CDC Form 128-B shall be forwarded to Inmate Records for appropriate scanning into the Electronic Records Management System (ERMS)."

The facility submitted the PREA Information for Orientation Handbook in both English and Spanish, which informs the inmates of the following: PREA policy; opposite gender staff announcement; what you are entitled to if you identify as transgender, intersex or non-binary; how to report an allegation of sexual violence; victim advocate and victim support person; privacy and information about the PREA Compliance Manager.

The facility submitted in both English and Spanish the Sexual Abuse/Assault Prevention & Intervention brochure. The brochure is an overview for offenders to know their rights and responsibilities. It provides important addresses and telephone

numbers; information on how to report sexual misconduct, as well as information on recovering from a sexual assault.

The facility submitted in both English and Spanish the Shine the Light on Sexual Abuse poster which provides information on how to report sexual assault or harassment. It also provides information on CDCR's zero-tolerance policy.

The facility submitted in both English and Spanish Senate Bill 132, "The Transgender Respect, Agency, and Dignity Act" brochure discusses how the bill directly effects offenders in a confined setting, including frequently asked questions. There is also a PREA reporting section with contact information for the Office of Internal Affairs and OIG PREA Ombudsperson.

The facility indicated in the PAQ that 1965 inmates were admitted at MCSP during the past 12 months who were given this information at intake. Interviews with the Intake Sergeant and Officer affirmed that inmates are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They reported that inmates are educated on the agency's zero-tolerance policy through individual interviews with the inmates, PREA video "Know Your Rights", and various PREA pamphlets.

Interviews with 68 random inmates reflect that 34 indicated they received information about the facility's rules against sexual abuse and harassment when they first came to MCSP. Five inmates stated no, they did not receive it. Three stated they did not recall. Four indicated that they had been at MCSP for a number of years and they information wasn't given when they first came. The remaining 22 inmates indicated that the information is posted throughout the facility, so they are very much aware.

Subsection (b): The facility indicated in the PAQ that 1572 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. According to R&R staff, all inmates receive PREA Education while in R&R in the form of the DVD and other literature. Follow up comprehensive PREA education is not provided in R & R but is done when they meet with committee.

Subsection (c): According to the PAQ, all inmates at MCSP have received PREA education. This auditor conducted a random review of 29 inmate files. of the 29 files reviewed, 18 reflect that the PREA education was received, 9 shows no evidence of the education being received and 2 did not apply as the inmates were not held at MCSP longer than 72 hours.

Subsection (d): DOM Section 54040.4 states Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted

diseases.

Subsection (e): The facility indicated in the PAQ that documentation of the inmate's participation in PREA education sessions are maintained on for CDCR 128-B, Inmate PREA Education. A review of random inmate files reflected that the facility is not consistent with documenting that all inmates received PREA education.

Subsection (f): The facility indicated in the PAQ that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The facility submitted the Shine the light on Sexual Abuse poster, which provides information on how to report sexual assault or harassment. It also provides information on CDCR's zero-tolerance policy. the poster also provides contact information to CDCR Office of Internal Affairs as well as the Office of the inspector General PREA Ombudsperson Anonymous Reporting Information.

Corrective Action:

Standard 115.33 (b) states, "Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents." 115.33 (c) states, "Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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." A review of 29 random files reflected an inconsistency with inmates receiving PREA education within 30 days of intake, and for current inmates who have been at MCSP longer than one year. During the corrective action period the facility shall ensure that all inmates who are new to MCSP have documentation showing that PREA education was received within 30 days of intake. For those inmates currently at MCSP who are past the 30 days education requirement, the expectation is that they are educated, documented and signed. The auditor is requesting that on or by the 15th of every month, through June 8, 2024, that a report of all new intakes and documentation of their PREA education be submitted to this auditor.

During the corrective action period, on a monthly basis, MCSP provided this auditor with a roster of all new intakes to the facility. The auditor randomly selected names and requested signed documentation as evidence that the PREA education was received within 30 days of intake. MCSP provided this documentation. For inmates that were already housed at MCSP, the facility does not have a way to track if the education was received without reviewing each individual file. For inmates that were identified during the initial audit as not having the education, MCSP provided education to those individuals and provided documentation that the education was received. Corrective action has been satisfied and MCSP is in compliance with this standard.

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Chapter 5, 54040.3 Locally Designated Investigators (LDI) • DOM Chapter 5, 54040.4 Education and Training 3. Documents <ul style="list-style-type: none"> • CDCR Basic Investigators Course Specialized Training for Locally Designated Investigators Participant Workbook Version 1.0 BIC BET ID 11055853 LDI Stand Alone 11057915 • CDCR PowerPoint, Basic Investigators Course, Specialized Training for Locally Designated Investigators, Approved 5/2020 Version 1.0 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOM 54040.3, Definitions, defines a LDI as the Investigative Services Unit Investigator or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct.</p> <p>DOM 54040.4 Education and Prevention states, "Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. 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."</p> <p>The course training participant workbook for LDI was submitted and reviewed. The workbook contains the following topics related to PREA: policy and legal liability; definitions; staff responsibilities; Elements of the process; Foundations of an interview; formal interview of the victim; reporting to offenders; conclusion and knowledge review.</p>

	<p>The CDCR PowerPoint, Basic Investigators Course, Specialized Training for Locally Designated Investigators, Approved 5/2020 Version 1.0, provides the following overview, "The Investigative Services Unit (ISU) Investigator or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. DOM Section 54040.3. As an LDI, it is your responsibility to investigate all allegations of sexual violence and sexual harassment incidents when they are reported. You may also be assigned to conduct an inquiry on an allegation of staff sexual misconduct or staff sexual harassment."</p> <p>Staff interviews with Investigators affirm that they received training specific to conducting sexual abuse investigations in confinement settings and the training was specifically, specialized training for LDI. The training focused on conducting interviews, collecting and preserving evidence, how to interview victims with developmental disabilities and documentation.</p> <p>A review of the training records for investigators confirmed that investigators had been trained in the Specialized training for investigators in addition to the PREA training.</p> <p>Subsection (b): Interviews with investigators affirmed that training consisted of techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>Subsection (c): The facility indicated in the PAQ that the agency maintains documentation showing that investigators have completed the required training.</p> <p>DOM 54040.4 Education and Prevention states participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.</p> <p>The facility indicated in the PAQ that 34 currently employed investigators have completed this training.</p> <p>Corrective Action: None</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures

- DOM Chapter 5, 54040.4 Education and Training

3. Documents

- Memorandum dated August 9, 2017; Subject: Prison Rape Elimination Act - Specialized Training for Medical and Mental Health Staff
- CDCR On-The-Job Training Prison Rape Elimination Act Policy Specialized Training for Medical and Mental Health Staff Version 1.1 Course Code: 11057450; subject Matter Expert Signature Sheet

4. Interviews

- Medical Staff
- Mental Health Staff

5. Tour of the Facility

Findings:

Subsection (a): the facility indicated in the PAQ that the agency ensures 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; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility reported that there are 400 medical and mental health care practitioners who work regularly at this facility who have received the training required by agency policy.

One medical and one mental health staff interviewed indicated that they have received specialized training regarding sexual abuse and sexual harassment and that the training covered topics such as how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Subsection (b): Staff at MCSP do not conduct forensic medical examinations, as confirmed by onsite medical staff. These are completed at an outside medical facility.

Subsection (c): At the completion of the specialized Medical and Mental Health Staff On-The-Job Training, participants are required to complete a Training Acknowledgement Form. By signing the Training Acknowledgement Form, staff acknowledge they have received, read, understood and agreed to the policies and procedures as defined in the training.

	<p>Training records for medical and mental health staff was submitted and reviewed.</p> <p>Subsection (d): In addition to the CDCR 2301 completed by contracted staff, Medical and Mental Health Staff who are also contractors complete training required for all employees.</p> <p>Corrective Action: None</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Chapter 5, 54040.6 Offender Housing • DOM chapter 5, 54040.7.1 Screening for Appropriate Placement • Title 15, Article 1.6 Inmate Housing 3. Documents <ul style="list-style-type: none"> • Instructions for Completion of the PREA Screening Tool • California Penal Code Section 667.5(c) defines “violent felony”. • Memorandum dated August 28, 2017, Prison Rape Elimination Act Risk Screening • Memorandum dated April 3, 2023, Prison Rape Elimination Act Re-Screening- Correctional counselor Responsibilities. • Memorandum dated July 23, 2020, Changes to the Prison Rape Elimination Act Screening Form - standard 115.41 Compliance. • Memorandum date March 13, 2019, Prison Rape Elimination Act Reassessment at Reception Centers • PREA Screening Form • Screening Form Access (SOMS) • CDCR 128- MH5 Mental Health Referral Chrono 4. Interviews <ul style="list-style-type: none"> • Staff Responsible for Risk Screens • PREA Coordinator

- PREA Compliance Manager
- Random Inmates

5. Tour of the Facility

Findings

Subsection (a): The facility indicated in the PAQ that the agency has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

DOM Chapter 5, 54040.6 Offender Housing, speaks to screening for risk of high victimization as it pertains to housing. It does not address screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates in general terms. DOM 54040.6 states, "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. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing."

In a memorandum dated August 28, 2017, regarding Prison Rape Elimination Act Risk Screening, the Director of Adult Institutions advises the Associate Directors of Adult Institutions, Wardens and PREA Compliance Managers that during the Intake process, the custody supervisor conducting the initial housing review in Receiving and Release, shall be responsible for completing a PREA Screening form for every inmate. In addition, if the PREA Screening form identifies an inmate is at risk as a victim, or at risk as an abuser, the custody supervisor shall also enter an alert into the Inmate Precaution section in the Strategic Offender Management System (SOMS).

Included for review was the PREA Screening Instructions and California Penal Code Section 667.5(c) defining "violent felony", which may be referenced to answer questions on the PREA Screening tool.

An interview with staff who perform screening for risk of victimization and abusiveness affirmed that inmates are screened upon admission to the facility or transfer from another facility, for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Of the 68 random inmates interviewed, 44 were asked when they first came to MCSP, were they asked questions like whether they had been in jail or prison before, whether they had been sexually abused, whether they identify as being gay or bisexual, and whether they think they might be in danger of sexual abuse at MCSP. Nine of 44 said no. Two said they didn't remember. 23 answered yes. The remaining 10 responded they were asked a few years back or by the counselor.

Subsection (b): The facility indicated in their response to the PAQ that agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually

abusing other inmates within 72 hours of their intake. The auditor noted nothing in the documents submitted for review that specifically states that risk screens shall be completed within 72 hours of intake however, during the site review, this auditor observed the intake process and noted that inmates are screened during this time for risk of sexual victimization or risk for sexually abusing others.

The facility indicated in the PAQ that 1764 inmates entered the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The facility submitted for review a memorandum dated August 28, 2017, Prison Rape Elimination Act Risk Screening, which directs all CDCR institutions to begin using the new PREA Screening form effective Monday, August 28, 2017. Also submitted for review were the PREA Screening Instructions, as well as the snapshot of the PREA Screening tool in SOMS.

A review of 29 randomly selected inmate files shows that 20 were screened within 72 hours, 7 were screened after 72 hours and 2 were held at MCSP temporarily for less than 72 hours.

Subsection (c): The facility indicated in the PAQ that their risk assessments are conducted using an objective screening instrument. The facility submitted their screening form which consists of 15 standardized "yes" or "no" questions broken into two parts. Part A Risk of Victimization questions 1-10. When five or more answers are "yes" to questions 2 through 10, or "yes" was answered to question 1A and/or 1B the scoring routine will suggest the inmate is at risk as a victim. Part B- Risk of Sexual Abusiveness questions 1-4, when all three answers are "ye" to questions 2,3, and 4 or "yes" was answered to question 1, the scoring routine will suggest that the inmate is at risk as an abuser.

Subsection (d): The agency's screening instrument is comprised of 15 questions which considers the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The screening tool does not consider whether the inmate is detained solely for civil immigration purposes.

Subsection (e): The initial screening does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

An interview with staff who perform screening for risk indicated that the initial

screening considers the height and weight of the inmate, prior sexual assaults, commitment offense, mental health disability, developmental disability and first incarceration. Staff reported that a meeting is conducted with the inmate in person and the questions on the questionnaire are asked.

Subsection (f): The facility indicated in the PAQ that agency policy requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The facility reported that 1572 inmates entered the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

The facility submitted a memorandum dated March 13, 2019, regarding Prison Rape Elimination Act-Reassessments at Reception Centers. The memorandum states that the form was developed to meet the mandates of the PREA Standards and is consistent with an already approved process noted in the September 29, 2017, memorandum, Prison Rape Elimination Act Risk Screening- Correctional Counselor Responsibilities. If the response to all four questions on the form is "no" the "No New Information, Interview Not Required " box will automatically be checked, and the CC can select the "Submit to ERMS" button.

In the documents submitted for review, this auditor did not find any policy language that would require the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility.

When asked how long after arrival are inmates' risk level reassessed, the staff who perform screening for risk of victimization and abusiveness stated that inmates have to be seen by Committee within 14 days and that they get re-screened at that time.

A review of 29 random inmate files shows that 26 of the 29 files reviewed, a reassessment was conducted within 30 days of intake. 2 inmates were layovers and were at MCSP less than 30 days, and one file shows that the re-assessment was completed after 30 days.

Subsection (g): The facility indicated in the PAQ that agency policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

DOM 54040.7 Screening for Appropriate Placement states an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

An interview with staff who perform screening for risk of victimization and abusiveness was asked if they reassess an inmate's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The response was, "When we get notification of any alleged PREA assaults, the assessment that was done when they got here, we look to see if it was done correctly."

Of the 68 inmates interviewed, 45 were asked if staff had been asked again questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, or bisexual, and whether you think you might be in danger of sexual abuse here. Of the 45, 11 responded, "Yes", one stated, " This was his first time hearing these questions." one stated, "He had only been here three days." 21 stated no. One stated," In my counselor's office." Five stated," I don't remember." One stated," During mental health." Three stated, "Annually" and one stated "Seven to eight weeks ago."

Subsection (h): The facility indicated in the PAQ that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

DOM chapter 5, 54040.6, Single Cell Status states, "Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability."

Staff who perform screening for risk of victimization and abusiveness affirmed that inmates are not disciplined in any way for refusing to respond.

Subsection (i): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for risk screening indicated that the risk assessment is kept in SOMS and that access is given according to positions. Information is shared on a need-to-know basis, typically by the Watch Commander or other supervisors. All custody staff would have access to these records.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- DOM Chapter 5, 54040.6 Offender Housing
- DOM Chapter 5, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming
- DOM Chapter 6, 62080.14 Transgender and Intersex Inmates
- Title 15, 3377 Facility Security Levels
- California Penal Code Section 667.5

3. Documents

- Memorandum dated October 24, 2018, Changes to the Prison Rape Elimination Act Screening Form-Mental Health Referral process.
- Memorandum dated April 3, 2023, Prison Rape Elimination Act Re-Screening-Correctional counselor Responsibilities.
- Memorandum dated October 6, 2017, Regarding Standard 115.42 Use of Screening Information
- Memorandum dated November 6, 2020, Overview of Senate Bill 132- Training
- Memorandum dated August 25, 2017, Transgender Biannual Reassessment for safety in Placement and Programming
- SB 132 Transgender Brochure
- CDCR 1128-B Transgender Biannual Assessment Chrono
- CDCR's compliance with 115.42
- PREA Screening- Instructions
- PREA SCREENING JOB AID and INSTRUCTIONS

4. Interviews

- PREA Compliance Manager
- Staff Responsible for Risk Screening
- PREA Coordinator
- Transgender/Intersex/Gay/Inmates

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those

inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

DOM Chapter 5, 54040.6 Offender Housing states, "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. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. 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."

DOM Chapter 5, 54040.6 Single Cell Status states, "The process of review and evaluation for single cell status shall be initiated during RC processing as part of initial screening. This process will include completion of the PREA Screening Form, which includes questions related to sexual violence and victimization. Upon the offender's arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary. Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. The offender shall be referred to a classification committee for determination of single cell status in accordance with CCR Section 3377.1(c), based on documented evidence that the offender may not be safely housed in a double cell or dormitory situation. An offender's need for single cell status shall be reviewed as part of initial/annual classification, or any time an offender is referred for transfer or placement consideration."

The facility submitted a document CDCR's compliance with 115.42, which states, "The PREA Risk Screening Form is reassessed within 14 days of arrival at an institution for all inmates by the Initial Unit Classification Committee. During this 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 facility submitted a document dated October 6, 2017, regarding Standard 115.42, Use of Screening Information. The PREA Screening Form is completed by a Supervisor in Receiving and Releasing upon each inmate's arrival at the Institution. The assessment/review of the PREA Screening Form is conducted within 14 days of arrival

at an institution for all inmates by the Initial Unit Classification Committee. During this committee the PREA Screening form and the actions taken are documented on a Classification Chrono.

The facility submitted a memorandum dated April 3, 2023, Prison Rape Elimination Act Risk -Rescreening -Correctional Counselor Responsibilities. This memorandum reference a memorandum dated September 29, 2017, Prison Rape Elimination Act Risk Screening-Correctional Counselor Responsibilities, which states, "PREA Review: As part of (Incarcerated Persons) initial Unit Classification Committee, the chairperson reviewed the completed PREA Screening tool with (Incarcerated Person name) and asked the incarcerated person if (he/she) had any additional relevant information that should be considered for future housing and/or program/work assignments."

The facility submitted for review form CDC128-B, which is the Transgender Biannual Assessment- PREA General Chrono, that indicates that the inmate was interviewed regarding placement and programming.

The facility also submitted the California Penal Code Section 667.5(c) defines "violent felony", the PREA Screening Instructions, as well as the PREA Screening Form for review.

The PREA Compliance Manager stated, "The Watch Commander does risk screening when inmates come through R and R. They make sure they do not house inmates with potential abusers. If the inmate is at risk, he is put in single cell. We have officers do more rounds. Staff really care about doing their job, making sure that inmates are safe."

Subsection (b): The facility indicated in their response in the PAQ that the agency/facility makes individualized determinations about how to ensure the safety of each inmate.

Title 15 3377 Facility Security Levels states, "Each camp, facility, or area of a facility complex shall be designated at a security level based on its physical security and housing capability. Reception centers are not facilities of assignment and are exempt from the security level designations except for the assignment of permanent work crew inmates. The security levels are: (a) Level I facilities and camps consist primarily of open dormitories with a low security perimeter. (b) Level II facilities consist primarily of open dormitories with a secure perimeter, which may include armed coverage. (c) Level III facilities primarily have a secure perimeter with armed coverage and housing units with cells adjacent to exterior walls. (d) Level IV facilities have a secure perimeter with internal and external armed coverage and housing units described in section 3377(c), or cell block housing with cells non-adjacent to exterior walls. A Level IV 180-design facility utilizes housing units comprised of two wings; each wing is partitioned into three self-contained "pods", each "pod" has its own dayroom and control room. Each wing is linked by a dining facility and ancillary functions. The design of the housing unit allows a 180- degree view of all cells and dayrooms from the control room. A Level IV 270-design facility utilizes housing units comprised of three connected sections and one dayroom. Portions of first and third sections extend back behind the blind side of the control room. The design of the

housing unit places cells within a 270-degree circumference of a circle with the control room in the center of the circle."

Staff who perform risk screens stated that this information is used when inmates first come in to make sure they are housed correctly. Whether they are single celled or double celled. Staff ask if they are ok with current housing, how are they with cellmate, or if they have any safety/enemy concerns.

Subsection (c): The facility indicated in their response in the PAQ that the agency takes into consideration on a case-by-case basis whether a placement would ensure the inmate's health and safety, when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates.

DOM Chapter 5, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming states, "If the inmate is not scheduled to be seen for his/her annual classification review during the identified review period (August through January or February through July), the assigned caseworker shall conduct a Transgender Biannual Assessment-PREA and complete a pre-formatted CDC Form 128-B, General Chrono. This form includes information to be asked of the inmate during a face-to-face interview to assess any threats to their safety. In addition to interviewing the inmate, the assigned caseworker shall review the inmate's case factors in SOMS and ERMS for any additional information, which may indicate the inmate, has any placement or programming concerns. If, during the interview for either the annual review or the Transgender Biannual Assessment-PREA, the inmate discloses threats to safety, the assigned caseworker shall immediately notify a Custody Supervisor. Any information related to a PREA allegation shall be documented and forwarded to the institution's Locally Designated Investigator according to the DOM, Article 44, Prison Rape Elimination Policy."

DOM Chapter 6, 62080.14 Transgender or Intersex Inmates states, "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 housed at the following institutions: · California Medical Facility (CMF) · Richard J. Donovan (RJD) · San Quentin State Prison (SQ) · Mule Creek State Prison (MCSP) · California Substance Abuse Treatment Facility (SATF) · California State Prison – Sacramento (SAC) · Salinas Valley State Prison (SVSP) · Correctional Institution for Men (CIM) · Kern Valley State Prison (KVSP) · California Men's Colony · California Health Care Facility · Central California Women's Facility (CCWF) · California Institution for Women (CIW) · Folsom Women's Facility.

In cases where an inmate-patient has multiple case factors which make it difficult to house them in one of the above listed institutions, a case conference consisting of Health Care Placement Oversight Program, Classification Services Unit, California Correctional Health Care Services, and Population Management Unit staff, shall be conducted to determine the most appropriate level of care/institution suitable for

housing consistent with the inmate patient's case factors."

A brochure on Senate Bill (SB)132 was submitted and reviewed. SB 132 states, "CDCR shall not deny a housing or search preference based on any discriminatory reason, including but not limited to the following: anatomy, genitalia or other physical characteristics, and sexual orientation. If your housing or search preference is denied you will receive a written copy of the denial and the opportunity to verbally raise objections, file a grievance, or file an appeal.

You 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."

A memorandum dated November 6, 2020, Overview of Senate Bill 132- Training, states that SB 132, also referred to as the Transgender Respect, Agency and Dignity Act, will be effective January 1, 2021. SB 132 will be implemented with CDCR. SB 132 requires CDCR to search an inmate who identifies as transgender, non-binary, or intersex, consistent with their gender identity or gender designation of the facility where they are housed, based on an approved search preference and to house the transgender, intersex, or non-binary inmate in a facility designated for men or women based on individual preference, after review and approval.

The PREA Compliance Manager stated that housing and program assignments are based on inmate classification scores. Transgender or intersex inmates don't get treated any different. They can have all of the same housing and programs as other inmates. It is all based on individual case factors. He affirmed that the agency considers whether the placement would ensure the inmate's health and safety. He also affirmed that consideration is given to whether the placement would present management or security problems.

Nine transgender inmates were interviewed. eight reported that they were asked questions about their safety. One reported they were not. All nine stated that they were not put in a housing area only for transgender or intersex inmates.

Subsection (d): The PCM reported that placement and programming assignments for each transgender or intersex inmate is reassessed every six months to review any threats to safety experienced by the inmate.

Interview with staff who perform risk screens indicated that placement and programming assignments for each transgender and intersex inmate is reassessed at least twice a year to review any threats to safety.

Subsection (e): The PCM and staff who perform risk screens affirmed that a transgender or intersex inmate's own views with respect to his or her own safety is taken into consideration.

Subsection (f): The PCM and staff who perform risk screens affirmed that transgender and intersex inmates are given the opportunity to shower separately from other inmates. The PCM further stated that it is part of the plant design. The showers are designed for a single person with an extended middle section for a modesty cover. If a really tall person is in the shower, they are allowed to put up an additional cover for privacy.

Of the nine transgender inmates interviewed, four reported that they are able to shower separately from others. One stated they could shower alone but not privately, as the barrier had been removed or doesn't go high enough. They have privacy for the bottom half but not the top. Three stated, "No". One stated, "No, not in Ad Seg. If you are in Ad Seg they make you shower with your cellmate, no matter their sexual orientation. in regular housing you are."

A tour of the facility did reflect that the showers are designed for single use. It was noted that a solid metal plate covers the mid-section of the shower door. Portable metal stands were also noted and seen being used as an additional barrier. It was also noted that place coverings and towels were also used as barriers.

Subsection (g): The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

The PCM reported that the facility was not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. The PREA Coordinator stated that the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity through their classification process that look at case factors prior to, and during incarceration. He reported that they look at things such as offense, custody behavior, gang affiliation, history prior to incarceration and mental health. They use a Gender Identity Questionnaire. If someone request to be approved for gender affirming housing, or housing based on gender identity, we have a committee that reviews it and approves or deny the request. Currently, CDCR have 35 inmates who have been moved from male facilities to female facilities and 4 that have been moved from female to male facilities. This has been done in part due to SB 132.

Five inmates who identify as gay or bisexual was interviewed. All five stated that they were not put in housing only for gay, lesbian, bisexual, transgender, or intersex inmates.

Again, nine transgender or intersex inmates were interviewed and all nine stated that they were not put in a housing area only for transgender or intersex inmates.

Corrective Action: None

115.43	Protective Custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1374 374">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="256 412 632 808" style="list-style-type: none"> <li data-bbox="256 412 632 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 632 517">2. Policy and Procedures <ul data-bbox="331 584 954 663" style="list-style-type: none"> <li data-bbox="331 584 954 618">• Title 15 3335. Administrative Segregation <li data-bbox="331 622 954 656">• DOM 54040.6 Offender Housing <li data-bbox="256 701 440 734">3. Interviews <li data-bbox="256 772 552 806">4. Tour of the Facility <p data-bbox="256 844 384 878">Findings:</p> <p data-bbox="256 916 1477 1117">Subsection (a): The facility indicated in their response in the PAQ That the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p data-bbox="256 1155 1437 1267">The facility indicated that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="256 1305 1477 2056">DOM Chapter 5, 54040.6 Offender Housing states, " 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. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. 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."</p>

Title 15 3335 Administrative Segregation states, "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.... the inmate shall be immediately removed from the GP and placed in administrative segregation.

(a) Non-Disciplinary Segregation.

(1) Non-Disciplinary Segregation (NDS) means temporary segregated housing placement for administrative reasons to include but are not limited to: (D) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident.

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. 2. 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. 3. 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."

The Warden at MCSP affirmed that agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

Subsection (b): the facility indicated in their response in the PAQ that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

Staff who supervise inmates in segregated housing reported that when inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they do not have access to programs, privileges, education or work opportunities. He reported that they wouldn't be able to do these things until they got released from Ad Seg. He further stated that the facility does not document when access to programs, privileges, education or work opportunities are restricted. He stated that he believed that this was all done through committee and that the counselor document all of their information in classification. The auditor clarified this statement with the PCM. The PCM stated that no inmates have been placed in

segregated housing for protection from sexual abuse. If they are placed there, it is because they voluntarily requested to be placed there. They would then be held under the same rules as any other inmate in segregated housing.

Subsection (c): The facility reported in the response in the PAQ that in the past 12 months, no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

According to staff who supervise inmates in segregated housing, inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He reported that they are also marked as non-disciplinary. He reported that it depends on the investigation as to how long an inmate will be placed in involuntary segregated housing as a means of separation from likely abusers.

According to the Warden, inmates at high risk of sexual victimization or who have alleged sexual abuse placed in involuntary segregated housing as a last resort if no other housing is available. He reported that this hasn't happened in the last 12 months. He reported that they are kept there only until safe housing is available and they can get them moved out.

Subsection (d): The facility reported zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.

Subsection (e): The facility indicated in their response in the PAQ if an involuntary segregated housing assignment is made, the facility does afford each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

According to Title 15, 3335 administrative Segregation, "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."

According to staff who supervise inmates in segregated housing, once an inmate is assigned to involuntary segregated housing, they will go to committee for the facility to review the inmates circumstances every 30 days to determine if continued placement is needed.

Corrective Action: None

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- CDCR DOM, Chapter 5, 54040.4 Offender Education
- CDCR DOM, Chapter 5, 54040.7 Detection, Notification and Reporting
- CCR, Title 15, 3401.5 Staff Sexual Misconduct
- CCR, Title 15, 3401.6 Staff Sexual Harassment

3. Documents

- CDCR 128B Chrono, Receipt of Inmate PREA Education (Blank Form)
- Sexual Violence Awareness Brochure (English and Spanish)
- PREA Orientation Handbook (English and Spanish)
- Shine the Light on Sexual Abuse (English and Spanish)
- Sexual Abuse/Assault Prevention and Intervention Know your Rights and Responsibilities (English and Spanish)
- Mailroom Correspondence
- CDCR On-the-Job Training Module Prison Rape Elimination Act Version 2, BET ID: 11053499

4. Interviews

- Random Sample of Staff
- Random Sample of Inmates
- PREA Compliance Manager

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. According to DOM, Chapter 5, 54040.4 Education and Prevention, Offender Education, " Verbal and written information shall be provided to offenders which will address: prevention/intervention, reporting, treatment and Counseling. Initial offender orientation on PREA will be provided to the offender

population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. The PREA brochure entitled "Sexual Violence Awareness" and the PREA

booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. PREA offender education shall be documented on a CDC Form 128-B, General Chrono. The offender shall be asked to sign the CDC Form 128-B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128-B. The CDC Form 128-B shall be forwarded to Inmate Records for appropriate scanning into the Electronic Records Management System (ERMS)."

The facility submitted for review the following documents: Sexual Violence Awareness Brochure (English and Spanish); PREA Orientation Handbook (English and Spanish); Shine the Light on Sexual Abuse (English and Spanish); Sexual Abuse/Assault Prevention and Intervention Know your Rights and Responsibilities (English and Spanish), which all provide contact information on how to report sexual abuse and sexual harassment.

MCSP provided a blank copy of CDCR 128B, Receipt of Inmate PREA Education, which inmates sign acknowledging receipt of the PREA education information which includes information for reporting sexual abuse and sexual harassment.

Of the 22 random staff members who were interviewed, all were aware of how inmates could privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment.

Of the 68 random inmates interviewed, 63 reported that they would either notify staff, call the numbers on the posters, write about it in a 602 (Grievance form) or use their tablets to report sexual abuse or sexual harassment that happened to them or someone else. Five reported they did not know. When asked if there was someone who does not work at MCSP that they could report sexual abuse or sexual harassment to, 48 of the 68 responded that there was someone outside the facility that they could talk to. 20 reported that they did not know if there was someone outside the facility that they could talk to.

Subsection (b): The facility reported in their response in the PAQ the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The facility submitted the Shine the Light on Sexual Abuse poster, which was noted on the housing units and throughout the facility during the site review. The poster provides the telephone number and address for the Office of Internal Affairs (OIA). The telephone numbers provided accepts collect calls from Inmate phones. The numbers are to an answering machine which messages are checked once a day except weekends. The poster also includes the anonymous reporting number and mailing address for the Office of Inspector General PREA Ombudsperson. The facility also submitted for review the PREA Correspondence with Rape Crisis Centers. Inmates are instructed to write "EVID. CODE 1035.4" on the outside of the envelope. This code indicates that this is confidential/privileged communication. Letters with this code are not supposed to be read by CDCR staff and should only be opened in the presence of the addressee.

According to the PREA Compliance Manager, inmates can report abuse or harassment to a public or private entity or office that is not part of the agency calling the numbers on the posters that are on the housing units, work and chapel area. The inmates can report anonymously. The inmates also have access to this information on their tablets. When calls are made to the numbers on the posters, the Investigative Services Unit is made aware. An investigator will begin the investigative process by conducting interviews within 24 hours of becoming aware of the allegations, but no longer than 72 hours.

Of the 68 inmates interviewed, the majority were aware of how they could report sexual abuse or sexual harassment that happened to them or someone else; however, there was a mixed response of "yes" and "no" when asked if there was someone who does not work at the facility they could report to about sexual abuse or sexual harassment. The responses were also mixed when asked if they were allowed to make a report without having to give your name.

The facility reported they do not detain inmates solely for civil immigration purposes; however, the agency does have a policy in regard to this. According to DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting, "In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security."

Subsection (c): The facility indicated in their response in the PAQ the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties and that staff are required to document verbal reports. According to DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting, " 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.... 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.... An offender may report

sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member. If the staff who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. Each employee who observes the incident or is provided a report by the victim must complete required reports." Of the 22 random staff interviewed, all 22 reported that when an inmate alleges sexual abuse and sexual harassment, they can do so verbally, in writing, anonymously, and from third parties. All 22 staff members reported that verbal reports are documented immediately. Of the 68 random inmates interviewed, 67 reported that they could make reports of sexual abuse or sexual harassment either in person or in writing. One stated, "No". When asked if someone else could make the report for them so they didn't have to be named, 56 said yes, one said maybe and 11 said no.

Subsection (d): The facility indicated in their response in the PAQ the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates and that staff are informed of these procedures. According to CCR, Title 15 3401.5 Staff Sexual Misconduct and 3401.6 Staff Sexual Harassment, Reporting Requirements, "Any employee who observes, or who receives information from any source concerning staff sexual misconduct or sexual harassment 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 or sexual harassment has occurred may subject the employee who failed to report it to disciplinary action."

DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting states, ". All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment...Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner."

The facility submitted for review the CDCR On-the Job Training Module, Prison Rape Elimination Act, Version 2.0 BET ID: 11053499 Staff Responsibilities, which states, " All staff are responsible for reporting immediately and confidentially, to the appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to this reporting, you have a responsibility to assist the offender and refer them to medical/mental health for evaluation. Of the 22 staff members interviewed, 19 reported that they would notify their supervisor, one reported they would call the EEO and make a complaint, one stated they would call the PREA line and do an incident report and one reported he would call the phone numbers on the poster or send an email.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- CCR Title 15, Article 8. Inmate Sexual Safety
- CCR Title 15, Article 8, 3483. Grievance Review
- CCR Title 15, Article 8, 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates.
- CDCR DOM, Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer
- CDCR DOM, Chapter 5, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender
- CDCR DOM, Chapter 5, 54040.15.1 Alleged Victim – False Allegations

3. Documents

4. Interviews

- Inmates Who Reported Abuse

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. The facility submitted for review CCR Title 15, Article 8, 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates which addresses allegations of sexual violence or staff sexual misconduct. It addresses how grievances related to sexual violence, staff sexual misconduct and sexual harassment shall be processed.

Subsection (b): The facility indicated in their response in the PAQ that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred and that agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. According to CCR Title 15, 3084. Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates, "There shall be no time limit for allegations of staff-on-inmate sexual misconduct....There shall be no time limit for allegations of inmate-on-inmate sexual violence." 3084 also states that, "The inmate shall not be required to use any informal grievance process, or otherwise attempt to

resolve with staff, an alleged incident of inmate-on-inmate sexual violence or staff-on-inmate sexual misconduct."

Subsection (c): The facility indicated in their response in the PAQ that the agency's policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. CCR Title 15, 3483, Grievance Review states, "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."

Subsection (d): The facility indicated in their response in the PAQ that the agency's policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. According to CCR title 15, 3483, Grievance Review, "The grievance Coordinator shall ensure that a written grievance decision is completed no later than 60 calendar days after receipt of the grievance, unless other statutory or regulatory authority requires a response in less than 60 calendar days." The facility indicates that in the past 12 months, 48 grievances were filed that alleged sexual abuse, and that 5 grievances reached final decision within 90 days of being filed. The facility reported that in the past 12 months, there have been no allegations alleging sexual abuse that involved extensions because the final decision was not reached in 90 days.

The facility indicated in their response in the PAQ that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. CCR Title 15, 3483, Grievance Review states, "The written grievance decision shall be sent to the claimant within two business days of completing the written grievance decision letter."

Of the three inmates interviewed who reported abuse, two stated that they were not told in writing of any decisions made about their report. One stated there where notified approximately two weeks later. When asked if they are aware if the facility is supposed to tell them of any decisions within 90 days of making a report about sexual abuse, all three responded, "No."

Subsection (e): The facility indicated in their response in the PAQ that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates, and that policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. DOM Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer and 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender addresses the process for

third party reporting. The facility indicated that in the past 12 months there were 46 grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance.

Subsection (f): The facility indicated in their response in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, and that an initial response is required within 48 hours. CCR Title 15, 3084, Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates states, "When the grievance alleges or indicates that the inmate may be in substantial risk of imminent inmate-on-inmate sexual violence, or imminent staff-on-inmate sexual misconduct, or imminent sexual harassment, then a risk assessment shall be immediately undertaken." The facility indicated that in the past 12 months, there were 115 emergency grievances alleging substantial risk of imminent sexual abuse that were filed and that had an initial response within 48 hours.

The facility also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. According to CCR, Title 15, Article 8 Inmate Sexual Safety, "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."

Subsection (g): The facility indicated in their response in the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. According to DOM, Chapter 5, 54040.15.1 Alleged Victim - False Allegations, "Following the investigation into sexual violence or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of "making a false report of a crime," a Division "E" offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. "The facility indicated that in the past 12 months, two (2) inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- CDCR DOM Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person

3. Documents

- PREA Information for Orientation Handbook; English and Spanish
- Sexual Abuse/Assault prevention and Intervention pamphlet; English and Spanish
- PREA Poster Operation Care; English, Spanish and Hmong
- PREA Confidential Correspondence with Rape Crisis Centers Mailroom Notice
- Standard Agreement between CDCR MCSP and Operation Care Effective November 14, 2019, through June 30, 2024

4. Interviews

- Random Sample of Inmates
- Inmates who Reported Sexual Abuse
- Victim Advocate

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers for local, state, or national victim advocacy or rape crisis organizations. The facility indicated that for inmates detained solely for civil immigration purposes, information for immigrant services agencies would be provided if needed, and that inmates are provided with access to such services by enabling reasonable communication between the inmates and these organizations in as confidential a manner as possible. DOM Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person states, "The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available. This information is available to the inmate population in the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/ Assault - Prevention and Intervention". It should also be included in each institution's offender orientation handbook. For persons detained solely for civil immigration

purposes, information for the appropriate immigrant services agency shall be provided by staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.”

MCSP has partnered with Operation Care to provide advocacy and support services.

Inmates at MCSP are provided the address and phone number for Operation Care, via the Sexual Violence Awareness and the Sexual Abuse/Assault Prevention and Intervention pamphlets. Inmates may call the hotline phone number utilizing the inmate phones, or they may write to them at the address provided. The Help is Available poster is posted throughout the institution in English, Spanish, and Hmong and provides contact information.

Inmates were inconsistent with the knowledge of available support services. Of the 68 inmates interviewed, 28 reported that they were aware of outside support services, 25 responded no, they were not aware of outside services, five reporting they didn't know, seven stated they were unsure, and one stated only through the Ombudsman. Two referenced the posters on the wall. None knew exactly what the services were for. Of the three inmates interviewed who reported abuse, two reported that the facility did not give them mailing addresses or telephone numbers for outside services. One reported that when asked, Just Detention international (JDI) provided the information.

Subsection (b): The facility indicated in their response in the PAQ that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored, and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

According to the Inmate Orientation Handbook, under the section titled Privacy, “Written correspondence between an inmate and a rape crisis center advocate or OIG/OIA is confidential pursuant to CAL. EVID. CODE § 1035.4. The outside of envelope must state “Evid. Code 1035.4 Confidential/Privileged Communication” to be processed in this manner. 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. You may remain anonymous upon request when reporting to OIA/OIG. 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. When a report of sexual abuse or sexual harassment is received in any format, it will be handled with an appropriate degree of confidentiality and referred to the applicable staff member(s) for inquiry or investigation. Reports of abuse that involve a child, elder, or dependent adult will be forwarded to the authorities in accordance with mandatory reporting laws.”

Subsection (c): The facility indicated in their response in the PAQ that the agency or facility maintains memorandum of understanding (MOUs) or other agreements with

	<p>community service providers that are able to provide inmates with emotional support services related to sexual abuse and that the facility maintains a copy of the agreement. MCSP submitted for review a standard agreement between CDCR MCSP and Operation Care, effective November 14, 2019, through June 30, 2024, for emotional support services. The agreement defines the roles and responsibilities of each entity regarding CDCR’s duty to provide Emotional Support Services related to sexual abuse, and victim advocate services.</p> <p>Corrective Action: None</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer • 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender • 54040.8.2 Victim Advocate and Victim Support Person • CCR Title 15, 3391. Employee Conduct 3. Documents <ul style="list-style-type: none"> • CDCR’s Agency Website Page 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ that the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. DOM Chapter 5, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer and 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender outlines the process of third-party reporting. CCR Title 15, 3391. Employee Conduct states, “An allegation by a non-inmate of misconduct by a departmental peace officer as defined in section 3291(b) is a citizen’s complaint</p>

	<p>pursuant to Penal Code section 832.5. Citizen’s complaints alleging misconduct of a departmental peace officer shall be filed within twelve months of the alleged misconduct. (c) Persons other than an inmate, parolee or staff who allege misconduct of a departmental peace officer shall submit a written complaint to the institution head or parole administrator of the area in which the peace officer is employed.”</p> <p>The facility also indicated that the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The facility provided the following link to the agency’s website for review and a copy of the webpage with reporting information: https://www.cdcr.ca.gov/prea/prea/reporting</p> <p>Corrective Action: None</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> DOM Chapter 5, 54040.7 Detection, Notification and Reporting DOM Chapter 5, 54040.13 Allegation Follow-Up DOM Chapter 5, 54040. 8 Response 3. Documents <ul style="list-style-type: none"> CDCR On-the-Job Training Module Prison Rape Elimination Act Version 2.0 BET ID: 11053499 In-service Training Prison Rape Elimination Act Power Point (Specific) In-service Training Prison Rape Elimination Act Power Point (All) CDCR 2305 Form-Protection Against Retaliation, Staff CDCR 2304 Form Protection Against Retaliation, Inmate 4. Interviews <ul style="list-style-type: none"> Random Sample of Staff Medical and Mental Health Staff Warden or Designee PREA Coordinator Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ that the agency does require all staff to report immediately, and according to agency policy any</p>

knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, any retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

According to DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting states, "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. It further states, "Any staff member, with significant concern that an offender may be subject to sexual victimization, shall immediately notify a custody supervisor who will refer that offender for a mental health evaluation per existing policy regarding mental health referrals. This referral will be completed using the CDCR Form 128-MH5, Mental Health Referral Chrono."

According to DOM, Chapter 5, 54040.7.4, Notification from/to Other Confinement Facilities, "Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form."

DOM, Chapter 5, 54040.13 Allegation Follow-up, for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation.

The facility submitted for review CDCR On-the-Job Training Module Prison Rape Elimination Act Version 2.0 BET ID:11053499. Section V. Staff Responsibilities state, "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. In addition to this reporting, you have a responsibility to assist the offender and refer them to medical/mental health for evaluation." It also states, "When an offender reports that sexual violence or staff sexual misconduct allegedly occurred at another institution, the hiring authority at the institution where the report is made shall notify the hiring authority of the institution or appropriate office of the agency where the sexual violence or staff sexual misconduct allegedly occurred." It further states, "Any employee who observes, or who receives information indicating staff sexual misconduct or staff sexual harassment, past or present, shall immediately report the

information or incident to the hiring authority via the watch commander."

Forms CDCR 2305 and CDCR 2304 Protection Against Retaliation was also submitted and reviewed.

Subsection (b): The facility indicated in their response in the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy does prohibit staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

According to DOM Chapter 5, 54040.1 Policy, defines "Need to Know" basis as "when the information is relevant and necessary in the ordinary performance of that employer or contractor's official duties."

DOM, Chapter 5, 54040.8 Response, states, "It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and to other persons and entities as permitted or required by law."

Twenty-two random staff were interviewed. All twenty-two reported that the agency requires all staff to report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

subsection (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Interviews with one medical staff and one Mental Health staff revealed that at the initiation of services to an inmate, the limitations of confidentiality and the duty to report are disclosed. They both acknowledged that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. Medical staff reported that they were not aware of any such incidents. Mental Health staff reported that she was aware of such incidents, as they field the referrals that come through custody. She also reported that she does report any incidents that she becomes aware of.

Subsection (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

	<p>Interviews with the Warden of MCSP and the agency PREA Coordinator revealed that there or no minors at MCSP. All sexual abuse and sexual harassment allegations are investigated. For adults who are considered to be vulnerable, the Crisis Center and Victim Advocate is contacted to make sure that their needs are being addressed.</p> <p>Subsection (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>According to the Warden, the Investigations Services Unit (ISU) is notified immediately, and proper notifications are forwarded.</p> <p>Corrective Action: None</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Chapter 5, 54040.7 Detection, Notification and Reporting 3. Interviews <ul style="list-style-type: none"> • Random Sample of Staff • Warden or Designee • Agency Head 4. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. The facility reported in the past 12 months, there were no times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The facility reported that if they were to become aware of such determinations, they would take action immediately.</p>

	<p>Interviews with the Agency Head, Warden and random staff revealed the following: According to the Agency Head, when an inmate is subject to a substantial risk of imminent sexual abuse, staff are responsible for reporting it immediately and confidentially to a supervisor. They have the responsibility to assist the offender with a Medical/Mental Health evaluation. the supervisor conducting the screen will ensure safe housing. According to the Warden, the Watch Commander would not house the inmate with anyone deemed predatory. The inmate would be placed in a single cell and additional checks would be conducted. Staff reported that they would interview and remove the inmate, and immediately notify a supervisor.</p> <p>Corrective Action: None</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities 3. Interviews <ul style="list-style-type: none"> • Warden or Designee • Agency Head 4. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ the agency does have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>The facility reported that in the past 12 months, they received five allegations that an inmate was abused while confined at another facility. The facility reported that Warden to Warden notifications were made and PREA protocols were initiated.</p> <p>DOM Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities states, "Upon receiving an allegation that an offender was the victim of sexual violence or</p>

staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred."

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

DOM Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities states, "This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."

Subsection (c): The facility indicated in their response in the PAQ the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

DOM Chapter 5, 54040.7.4 Notification from/to Other Confinement Facilities states, "The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form."

Subsection (d): The facility indicated in their response in the PAQ the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The facility reported that they received six allegations of sexual abuse from other facilities in the past 12 months.

According to the Agency Head, there is a designated point of contact for referrals of allegations of sexual abuse or sexual harassment that occurred within one of CDCR's facilities. He reported that when a facility within the agency receives such allegations, the hiring authority from where the allegation was received contacts the hiring authority where the allegation occurred. The hiring authority will make notification by telephone followed up by an email, followed up by written documentation. This is done within 24 hours although it is mandated that it occurs within 72 hours, but they usually do it within 24. He reported that the agency does notify the appropriate investigative agency. He reported that this happens quite frequently because inmates transfer between facilities.

According to the Warden, when MCSP receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in his facility, he notifies the Investigations Services Unit (ISU). All PREA protocols are followed. MCSP would assist the other facility with whatever is needed. He reported that there are examples of other facilities reporting such allegations. He reported that he receives an email from the Warden at other institutions.

Corrective Action: None

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-audit Questionnaire
2. Policy and Procedures
 - DOM Chapter 5, 54040.8 Response
3. Documents
 - Prison Rape Elimination Act: Initial Contact Guide
 - Prison Rape Elimination Act: Custody Supervisor Checklist
4. Interviews
 - Random sample of Staff
 - Inmates Who Reported Abuse
5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The first security staff member to respond to the report 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.

DOM chapter 5, 54040.8 Response, states, "Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact. The employee shall request the victim does not: shower; remove clothing without custody supervision use the restroom facilities and/

or consume any liquids."

The facility submitted for review the Initial Contact Guide which staff are to utilize during a PREA incident and the Checklist for Supervisors. The guide instructs staff to take the victim to a secure location and seek assistance to secure the crime scene. Staff should request the victim to not shower, brush teeth, remove clothing without custody supervision, use restroom facilities or consume liquids. Upon initial contact with the suspect, staff are to activate alarm and apply restraints. The suspect is placed in a holding cell to ensure no contact with the victim. Staff has to ensure the suspect does not shower, brush teeth, remove clothing without custody supervision, use restroom facilities, or consume any liquids.

The facility indicated in their response to the PAQ that in the past 12 months, 56 allegations were made that an inmate was sexually abused and that 56 times the first security staff member to respond to the report separated the alleged victim and abuser.

The facility reported in their response to the PAQ that in the past 12 months, there were 10 allegations where staff were notified within a time period that still allowed for the collection of physical evidence. There were 10 times first responder staff preserved and protected the crime scene until appropriate steps could be taken to collect any evidence. The victim was requested, and the alleged abuser was ensured to not shower, brush teeth, remove clothing without custody supervision, use restrooms or consume any liquids.

According to staff who have acted as a first responder, the actions they would take as a first responder to an allegation of sexual abuse is, "Take control of inmates involved; separate, write a report if we have to. Preserve protect the crime scene. Would not allow the changing of clothes, showering. Notify medical right away as well along with psych being notified by medical as well."

Three inmates who reported a sexual abuse were interviewed. When asked, "How soon after you were sexually abused did a staff person come help you?" The responses were as follows:

- "This was years ago before PREA in 1993. I informed the Sgt. and officer about the abuse, and they told me to deal with it. Since then, I have notified my counselor."
- "There was no help. The threat was being handcuffed. I talked to IGI, and allegations were unsubstantiated. April of 2020 was when I reported."
- "Immediately, I made the phone call 2 days later ISU was investigating."

Subsection (b): The facility indicated in their response in the PAQ that agency policy does require that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and to notify security staff.

DOM, Chapter 5, 54040.8 Response, states, "Upon the initial contact with an

employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact."

The Initial Contact Guide was submitted for review. The contact guide states, "If you are a non-custody staff member, notify the custody supervisor of the area for assistance in responding to this situation." Again, the contact guide instructs staff to request the victim to not shower, brush teeth, remove clothing without custody supervision, use restroom facilities or consume any liquids.

The facility indicated in their response in the PAQ that in the past 12 months, non-security staff was the first responder to 10 allegations of an inmate that was sexually abused. The facility reported that the allegations were coming through Clinicians and Mental Health staff. The facility reported that Custody staff was immediately made aware and responded appropriately; therefore, the non-security staff member did not request that the alleged victim not take any actions that could destroy physical evidence. the facility indicated in the PAQ that Mental Health staff is trained in evidence preservation.

22 random staff members were interviewed. When asked, "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" The responses were as follows:

- Activate alarm, assess immediate custody, take victim to secure location, secure crime scene, listen to the victim and take notes.
- Not let them shower, clean cell, report to supervisor immediately make sure the inmate in a confined area by themselves.
- Separate them from the individuals and report to Sgt. and supervisor.
- Place both in restraints and separate. Notify my supervisor, request the suspect not to shower or clean up. Secure cell to preserve evidence.
- Separate the victim and suspect. Get a medical evaluation for both and treatment.
- Notify supervisor and escort them to secure setting. Wait for LDI and advise them not to shower.
- Cuff them up, separate them and secure cell.
- Separate both, victim can shower but are advised not to. Preserve scene secure suspect in cuffs.
- Take persons to confidential room, call code, if necessary secure scene preserve evidence.
- Take control of the inmate. Isolate the cell, holding cell, notify my supervisor. I would not tell other inmates. Other staff that is not involved.
- In cell, separate from cell to preserve evidence, separate suspect and victim, secure cell, notify a supervisor. I would only tell those on a as needed basis.
- Make sure, separate victim from suspect, take to a private location, conduct interview. CDCR has a 0-tolerance policy, give breakdown of what's going to happen, what steps will be taken, collect evidence. The victim does not go to RH, if safety is jeopardy, place for safety.

	<ul style="list-style-type: none"> • Immediately separate, notify supervisor and start preservation of evidence. Other inmates. Anyone who doesn't need to know. • Notify supervisor. Separate victim and suspect. Make medical notifications. Preservation of evidence, notify SAFE or SANE, team transport, provide Support. • Notify Sgt. Escort inmate to office. Keep visual. Protect evidence. • Bring to office, tell Sgt. Interview the inmate. When/where/who/time and go from there. • Separate victim from suspect. Use the evidence collection kit, interview victim or suspect. Advise them to not use restroom and not eat or drink. send to hospital. Collect clothes for evidence. • Remove from general area. Separate and notify supervisor. • Separate victim and suspect. Contact supervisor and medical. Preserve evidence. Keep from showering. Get statements from both sides. Investigation initiated. • Immediately isolate, take to secure location, notify supervisor, identify suspect. • Quarantine the cell to preserve evidence. SAFE/SANE, ISU notifications. Isolate the inmates involved. <p>Corrective Action: None</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire 2. Documents <ul style="list-style-type: none"> • CDCR MCSP Department Operations Manual supplement: Revised August 2023 3. Interview <ul style="list-style-type: none"> • Warden or Designee <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ that the facility has developed a written institutional plan to coordinate actions taken in response to an</p>

	<p>incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility submitted for review CDCR MCSP DOM Supplement, Revised August 2023. This supplement is specific to MCSP and includes a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders.</p> <p>The Warden affirmed that the facility does have a plan to coordinate actions among staff responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p>Corrective Action: None</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire 2. Documents <ul style="list-style-type: none"> • Agreement Between the State of California and Professional Engineers in California Government (PECG), Covering Bargaining Unit 9, Professional Engineers Effective July 1, 2020, through July 1, 2022 • Agreement Between the State of California and California Correctional Peace Officers Association, Covering Bargaining Unit 6 Corrections, July 3, 2020, through July 2, 2023 • Agreement Between the State of California and Cal Fire Local 2881 Covering Bargaining Unit 8 Firefighters, Effective January 1, 2017, through July 1, 2021 • 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 • Agreement Between the State of California and Union of America Physicians and Dentists (UAPD) Covering Bargaining Unit 16 Physicians, Dentist and Podiatrist Effective July 1, 2020, through July 1, 2022 • 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 3. Interview

- Agency Head

Findings:

Subsection (a): The Agency Head affirmed that his agency has entered into or renewed collective bargaining agreements or other agreements since August 20,2012. He affirmed that the agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or determination of whether and to what extent discipline is warranted in accordance with DOM 54040.

The Agreements between the State of California and the Professional Engineers in California Government Covering Bargaining Unit 9 Professional Engineers; California Peace Officers Association; CAL Fire Local 2881; Bargaining Unit 18 Psychiatric Technicians; Union of American Physicians and Dentist (UAPD); and International Union of Operating Engineers (IUOE) covering Bargaining Unit 12 Craft and Maintenance were submitted for review. General language is included in the agreements acknowledging the rights of management or the State. There is no language noted in the agreements that limits the agency’s ability to remove alleged staff sexual abusers from contact with inmates.

Subsection (b): Auditors are not required to audit this provision.

Corrective Action: None

115.67 Agency protection against retaliation	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> DOM Chapter 5, 54040.1 Policy DOM Chapter 5, 54040.13 Allegation Follow-up Title 15 3401.5 Staff Sexual Misconduct Title 15 3401.6 Staff Sexual Harassment 3. Documents <ul style="list-style-type: none"> CDCR 2304 Protection Against Retaliation (PAR) Inmate CDCR 2305 Protection Against Retaliation (PAR) Staff 4. Interviews

Agency Head

Warden or Designee

Designated Staff Member Charged with Monitoring Retaliation

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

Inmates who Reported a Sexual Abuse

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and that the agency designates staff members from the Investigative Services Unit (ISU) with monitoring for possible retaliation.

DOM Chapter 5, 54040.1 Policy states, "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. 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. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s)."

Title 15 3401.5 Staff Sexual Misconduct- (e) "Retaliation Against Employees. Retaliatory measures against employees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.

(f) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.

(g) Protection Measures. Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperate with staff sexual misconduct investigations including but 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."

Title 15 3401.6 Staff Sexual Harassment states, "(d) Retaliation Against Inmates/ Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual harassment shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual harassment.

(e) Protection Measures. Multiple protection measures may be considered to protect inmate victims who report staff sexual harassment or cooperate with staff sexual harassment investigations including but 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 harassment or for cooperating with investigations."

DOM Chapter 5, 54040.13 Allegation Follow-up states, "

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

The obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false.

When the inmate is transferred to another institution within the 90-day monitoring period, the CDCR Form 2304 shall be forwarded to the receiving institution. The PCM/designee at the sending institution shall contact the PCM/designee at the receiving institution to provide an overview of the case, noting the remaining monitoring timeframes. Upon completion of the monitoring period, the PCM/designee at the receiving institution shall return the completed CDCR Form 2304 to the PCM/designee at the sending institution for retention in the file and audit purposes."

The facility also submitted for review forms CDCR 2304 Protection Against Retaliation (PAR) -Inmate and CDCR 2305 Protection Against Retaliation (PAR) - Staff.

Subsection (b): The agency shall 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.

According to the Agency Head, facilities use the PAR form to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations. He stated that they will follow up for 90 days. Managers document on the PAR form to suggest no changes were made to suggest retaliation. He reported there are additional measures in the PAR form to check this. If a housing change is made, it is to protect them. He reiterated their zero-tolerance policy for retaliation and stated that staff can face penalties up to termination.

According to the Warden, the different measures taken to protect inmates and staff from retaliation includes completing the PAR form. Staff monitor and document every 15 days for a period of 90 days. Look for transfer of inmates that are potentially related to retaliation and staff redirects.

According to staff who is in charge of monitoring retaliation, the role they play in preventing the retaliation against inmates and staff who reported sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations includes, using the PAR form for monitoring retaliation. They look into bed moves, what type of move it was, transfers, etc. They monitor activity in the Electronic Records Management system to see if anything in there could be considered retaliation. They stated that they conduct interviews with inmates. To protect inmates and staff, they use the "Tell-a-staff" form to keep staff separated from the inmate. The hiring staff will check and note if there is some reason that the staff can't be on a housing unit with the inmate. The form doesn't give a reason but notes that the staff member should not be assigned on the unit where the inmate is.

Staff reported that they initiate contact with an inmate who reported sexual abuse as soon as they get the allegations of abuse, they will call for the inmate to be interviewed or will go to the clinic to interview them. They stated that priority is given to those allegations made sooner versus those that happened later but try to get all allegations addressed the same day, as soon as they (ISU) are made aware of the allegations.

Three inmates who reported sexual abuse were interviewed. Two were asked if they felt protected enough against possible revenge from staff or other inmates because they reported what happened to them. One stated yes, and the other replied yes, they never seen that officer again.

Subsection (c): The facility indicated in their response in the PAQ the agency/facility does monitor for at least 90 days the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The agency/facility acts promptly to remedy any such retaliation and if necessary, will continue to monitor beyond 90 days.

	<p>The facility reported that there were no incidents of retaliation that occurred in the past 12 months.</p> <p>According to the Warden, when retaliation is suspected, a separate investigation is conducted. The disciplinary process will be followed accordingly, whether it is a staff or inmate.</p> <p>According to staff, they look for a variety of things to detect possible retaliation, such as bed moves, rule violation reports, transfers, post reassignments etc... They reported that they monitor phone calls, tablets, text messages, mail, incident reports, suicide attempts etc... They reported that they monitor at a minimum 90 days, and if a concern that potential retaliation might occur, it will be monitored as long as necessary.</p> <p>Subsection (d): In the case of inmates, such monitoring shall also include periodic status checks. Again, staff stated they looks for bed moves, rule violation reports or transfers to detect possible retaliation.</p> <p>Subsection (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>According to the Agency Head, the agency has a zero-tolerance policy. Any evidence that retaliation is occurring, they would act against that employee up to criminal action if necessary or termination.</p> <p>According to the Warden, again, when retaliation is suspected, a separate investigation is conducted. The disciplinary process will be followed accordingly, whether it is a staff or inmate.</p> <p>Subsection (f): Auditor is not required to audit this provision.</p> <p>Corrective Action: None</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Chapter 5, 54040.6 Offender Housing • Title 15 333

3. Interviews

- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing
- Inmates in Segregated Housing (for risk of sexual victimization)

4. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

According to CDCR Title 15 3333, "Investigation related to being the victim of a Prison Rape Elimination Act (PREA), 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. 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 incident."

The facility reported that there were no inmates who allege to have suffered sexual abuse held in involuntary segregated housing in the past 12 months.

According to the Warden, agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. If inmates are placed in segregated housing, it is as a last resort if no other safe housing is available, and only until safe housing becomes available. He reported there were no cases in the last 12 months where inmates were placed in segregated housing to

	<p>protect an inmate who was alleged to have suffered sexual abuse.</p> <p>Corrective Action: None</p>
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115.71 Criminal and administrative agency investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following was analyzed to make a determination of compliance:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Article 14, Internal Affairs Investigations • DOM Chapter 5, 54040.7.2 Notification Via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer • DOM Chapter 5, 54040.8.1 Custody Supervisor Responsibilities • DOM Chapter 5, 54040.12 Investigations • DOM Chapter 5, 54040.17 Institution PREA Review Committee • DOM Chapter 5, 54040.21 PREA Data Storage and Destruction • Title 15, 3316 Referral for Criminal Prosecution 3. Documents <ul style="list-style-type: none"> • CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Participant Workbook, Version 1.0 BIC BET ID: 11055853, LDI Standalone 110579915 • PREA Instructions for Record Retention Schedule (RRS) Update • Investigation Files • Investigation Tracking Sheet 4. Interviews <ul style="list-style-type: none"> • Investigative Staff • Warden • PREA Coordinator • PREA Compliance Manager • Inmates Who Reported Sexual Abuse 5. Tour of the Facility <p>Findings:</p>

Subsection (a): The facility indicated in their response in the PAQ that the agency/facility does have a policy related to criminal and administrative agency investigations.

DOM Chapter 3, 31140.20 Criminal Investigations state, "A criminal investigation should be conducted for an allegation of employee misconduct when there is reason to believe the employee has committed a violation of criminal law and an outside law enforcement agency is not conducting an investigation. The CIU shall identify and document the potential criminal violation and the facts and evidence represented in support of the complaint. The CIU shall refer the case to a SAC for the respective region who will assign the criminal investigation to a Senior Special Agent for supervision. Upon case initiation, the Senior Special Agent or the Special Agent shall confer with the Vertical Advocate, for designated cases, and the SAIG for cases monitored by the BIR. 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. Criminal investigations shall be conducted in compliance with all laws, regulations, and departmental policies."

DOM Chapter 3, 31140.21 Administrative Investigations State, "An administrative investigation shall be conducted into allegations of staff misconduct that are violations of policy, procedure, or law. Administrative investigations may be conducted concurrently or subsequent to a criminal investigation. The determination of whether to conduct the administrative investigation concurrently with the criminal investigation shall be made by the Senior Special Agent in consultation with the Vertical Advocate and BIR in conjunction with the prosecuting agency. In addition, the prosecuting agency shall be consulted prior to any compelled subject interview when criminal charges or court proceedings are pending. If the prosecuting agency requests the Internal Affairs investigation be delayed pending criminal prosecution, that request shall be documented in the case file and in CMS. An administrative investigation, adverse action, or both, shall not be delayed unless it clearly would jeopardize the criminal prosecution. In an administrative investigation, an employee does not have a right to refuse to answer questions likely to lead to the discovery of relevant evidence as determined by the investigating entity. When the employee is compelled to answer these questions, the answers cannot be used against the employee in a criminal or state court civil proceeding subject to certain exceptions. In an administrative investigation of a peace officer involving possible criminal conduct, the peace officer shall be advised of his/her constitutional rights before questioning, followed by the "Lybarger warning" if he/she refuses to answer the questions on the grounds the answer may be self-incriminating. [Refer to Government Code Section 3303 (f) and (h).]"

According to the ISU Investigator, when asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, they stated "As soon as possible. Right then depending on the time of day. Time constraints can get a little funky. The inmates will fill out a 602 Grievance form. The grievance officer will pass it to us if it is PREA related."

When asked how anonymous or third-party reports of sexual abuse or sexual harassment are handled, the ISU Investigator stated, "The same as any other allegation, we follow the same protocol. We take the person to a confidential setting and interview them and then reach out to victim. We would still submit a MH-5 to give them the opportunity to talk to somebody about it."

Subsection (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

The facility submitted for review the CDCR's Basic investigator Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook Version 1.0, BIC BET ID: 11055853 LDI Standalone 11057915. The workbook covers topics such as the different types of investigations and factors to consider when interviewing different victims of sexual abuse.

According to the ISU Investigator, they did receive training specific to conducting sexual abuse investigations in a confinement setting. They reported that when they were in the academy, they received training on the PREA policy and has received yearly in-service training where policy is reviewed. They also reported that they received specialized training for investigators. The investigator stated that the training consists of the knowing the criteria for abuse and harassment; different forms used, MH-5, so they can talk to someone and the 7219 medical document; getting them over to triage; conducting interviews; collecting evidence; talking to witnesses; using audio/visual; talking to staff; documentation and follow up. They reported that the training covered the Miranda and Garrity warnings, although they don't use Garrity much, as staff investigations are outsourced to the Allegation Investigation Unit (AIU).

Subsection (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

According to the Investigator, the first steps in initiating an investigation would be to separate the suspect and victim. The Sexual Assault Review Team (SART) is then contacted as they decide if someone needs to go out for a medical evaluation. The complete the MH- 5 for so the Victim Advocate can do an initial interview that day, depending on timeframe. If the suspect is at institution, he will be re-housed. We review tablets, SOMS, ERMS, to see if there is any prior documentation of past PREA history. We will then schedule an interview for suspect and any possible witnesses. Sometimes we can wrap up in a week or it take 2-3 weeks. Clothing would be collected; the use of audio/visual surveillance and phone calls would be reviewed to collect evidence.

Subsection (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

According to DOM Article 14, Internal Affairs Investigations, 31140.21 Administrative Investigations state, "In addition, the prosecuting agency shall be consulted prior to any compelled subject interview when criminal charges or court proceedings are pending."

According to the Investigator, prosecutors are consulted only when the case has been substantiated.

Subsection (e): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

According to DOM 54040.12 Investigations, "Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status.

According to the Investigator, when asked on what basis do you judge the credibility of an alleged victim, suspect, or witness, they replied, "The same standard applies to everyone. I maintain an unbiased opinion." The AIU Investigator responded, "Based on my training with AIU, it is not my job to judge their credibility based on their status as a victim, suspect, or witness. My judgement doesn't matter. I'm just a fact finder."

Interviews with three inmates who reported sexual abuse revealed that none of them were required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

Subsection (f): According to DOM, Chapter 5, 54040.12, when conducting administrative investigations, 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.

When conducting administrative investigations, investigative staff indicated that they look at the officer's training transcripts to see if yearly training has been completed, DOM sections regarding PREA, CCR Title 15 and Code of Conduct. A thorough investigation is completed. They look for history between the staff member and inmate that may be documented on a Rule Violations Report. Video footage is also reviewed, although MCSP doesn't have body worn cameras. Appointments are checked to see if there would be any reason that the officer is escorting the inmate somewhere.

Information that would be included in a written report entails synopsis of what happened, date allegations were made and received, when the investigation was assigned and to whom. We document the request for audio/video surveillance,

possible witnesses and the subject to be interviewed.

Subsection (g): According to DOM, Chapter 3, 31140.20, a criminal investigation shall be conducted for allegations of employee misconduct when it is believed that the employee committed a violation of criminal law. The Central Intake Unit (CIU) shall identify and document the potential criminal violation and the facts and evidence represented in support of the complaint.

Investigative staff indicated that criminal investigations are documented the same as administrative investigations, with the same content appearing in reports.

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

DOM Chapter 3, 31140.20 Criminal Investigations require that 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.

CCR, Title 15, 3316. Referral for Criminal Prosecution states, "(a) Except as provided in subsection (b), 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."

The facility reported that since their last audit, there have been zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

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

According to the PREA- Instructions for Records Retention Schedule (RRS) Update, 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.

DOM, Chapter 5, 54040.17 Records Retention states, "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."

The LDI training workbook covers PREA data storage and destruction and states, "CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control. The Federal PREA Standard Section 115.71 requires specific retention schedules for inmate and personnel records which relate to a PREA incident. All records are retained for the entire period of time

that the suspect is incarcerated or employed by the agency, plus an additional five years."

Subsection (j): According to DOM, Chapter 5, 54040.12, the departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation. In the events that the alleged suspect terminated employment or if the victim left the facility, Investigative staff reported that they would continue the investigation until completion.

Subsection (k): Auditor is not required to audit this provision.

Subsection (l): MCSP conducts both administrative and criminal investigations therefore, this provision does not apply. The Warden indicated that all PREA investigations whether internal or external are tracked by ISU. The PREA Coordinator stated their investigations are handled internally, as all of their staff are Peace Officers. The PREA Compliance Manager stated that their investigations are handled internally. If an investigation goes outside of MCSP, it is handled by CDCR- AIM. Investigative staff reported that they would support whatever is needed.

Corrective Action: Standard 115.71 (a) requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. On November 16, 2023, the auditor received an updated PREA Allegation Report which dates from October 3, 2022, through October 31, 2023. The report contained 90 allegations of sexual abuse and sexual harassment. Of the 90 allegations, nine involved investigations stemming from other facilities other than MCSP. Of the remaining 81, 38 involved staff on inmate allegations and 43 involved inmate on inmate allegations. Of the 38 staff involved allegations, 30 involved staff sexual harassment. Of these, seven investigations have been concluded, leaving 23 remaining open. Eight allegations involved staff sexual misconduct, of which two have been concluded and 6 remaining open. Of the inmate on inmate allegations, 33 involved allegations of sexual contact or nonconsensual sex acts. All but two have been concluded. 10 allegations involved sexual harassment. All but 2 have been concluded. Allegations of staff sexual misconduct or sexual harassment are not completed promptly. 22 investigations have been open for six months to a year, or longer. Failure to close investigations and failure to subsequently provide inmates with updates, diminishes the faith of the investigative process. Inmate victims may not report with the notion that nothing will happen. During the corrective action period the facility shall provide an update on all open investigations from October 3, 2022, through October 31, 2023.

During the corrective action period the request was revised to provide an update all open investigations during the period of October 3, 2022, through July 7, 2023. The auditor reviewed 16 additional files during this time period. All 16 files have been closed. Four additional files that had

	<p>been requested, was not provided as these investigations remained open. The facility provided an update to the inmate victim informing them that the investigation was still ongoing. Corrective action has been satisfied and the facility is in compliance with this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM Chapter 5, 54040.12 Investigations • DOM Chapter 3, 33030.13.1 Investigations 3. Documents <ul style="list-style-type: none"> • CDCR Basic Investigator Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook, Version 1.0, BIC BET ID:11055853 LDI Standalone: 11057915 4. Interview <ul style="list-style-type: none"> • Investigative Staff 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The agency indicated in their response in the PAQ that the agency does impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>DOM Chapter 5, 54040.12 Investigation state, "No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained."</p> <p>DOM Chapter 3, 33030.13.1 Investigative Findings state, "</p> <p>The findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG for cases</p>

the BIR is monitoring. The findings and their explanations are as follows:

- NO FINDING: The complainant failed to disclose promised information to further the investigation; the investigation revealed that another agency was involved, and the complainant has been referred to that agency; the complainant wishes to withdraw the complaint; the complainant refuses to cooperate with the investigation; or the complainant is no longer available for clarification of facts/issues.
- NOT SUSTAINED: The investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint.
- UNFOUNDED: The investigation conclusively proved that the act(s) alleged did not occur, or the act(s) may have, or in fact, occurred but the individual employee(s) named in the complaint(s) was not involved.
- EXONERATED: The facts, which provided the basis for the complaint or allegation, did in fact occur; however, the investigation revealed that the actions were justified, lawful, and proper.
- SUSTAINED: The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint."

According to CDCR Specialized PREA Training for Locally Designated Investigators, Participant Workbook, EVIDENTIARY STANDARD Administrative Investigations, " The Agency shall impose no standard higher than a preponderance of the evidence in determining allegations of sexual abuse or sexual harassment are substantiated.

Preponderance of Evidence - 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."

According to the ISU Investigator, more than 50% is the standard of evidence used to substantiate allegations of sexual abuse or sexual harassment. According to the AIU Investigator, stated the hiring authority makes the determination if the case is substantiated or not. He conducts the investigation and submit his report. He stated that he isn't allowed to make any recommendations or use any buzz words.

Corrective Action: None

115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedure

- DOM, Chapter 5, 54040.12.5

3. Documents

- CDCR Basic Investigator Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook, Version 1.0, BIC BET ID:11055853 LDI Standalone: 11057915
- CDC-128 (Blank Form)

4. Interviews

- Warden
- Investigative Staff
- Inmates Who Reported a Sexual Abuse

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the agency does have a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

According to DOM, Chapter 5, 54040.12.5 Reporting to Offenders state, "Following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been:

- The staff member is no longer posted within the inmate's unit.
- The staff member is no longer employed at facility.
- Indicted on the alleged sexual misconduct; or
- Convicted of the alleged sexual misconduct.

Offender on Offender

Following an investigation into an offender's allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been:

- Indicted on the alleged sexual violence; or
- Convicted of the charge.

The agency's obligation to report/inform the offender of changes shall terminate if the offender is released from the agency's custody."

The specialized training workbook for Locally Designated Investigators reference DOM, Chapter 5, 54040.12.5 Reporting to Offenders, as noted above. The facility submitted for review a blank CDC-128, General Chrono, which is given to inmates upon the conclusion of an investigation with the reported findings. There is a space provided for the inmate's signature.

The facility reported that 46 criminal and/or administrative investigations of alleged inmate sexual abuse were completed in the past 12 months and that all 46 inmates who were notified, verbally or in writing, of the results of the investigation.

The Warden and Investigative staff affirmed that inmates are notified via the 128 counseling chrono, whether an allegation of sexual abuse has been substantiated, unsubstantiated or unfounded. The three inmates who reported a sexual abuse stated when asked if they were aware of if the agency/ facility was required to notify them when their sexual abuse allegation had been substantiated, unsubstantiated, or unfounded, one replied, yes, one stated that IGI spoke with them after they talked with their counselor, and one stated that they were not given anything.

Subsection (b): The facility indicated in their response in the PAQ that their investigations are not completed by outside agencies.

Subsection (c): The facility indicated in their response in the PAQ following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the inmate's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The facility indicated that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months; however indicated in the comments section "N/A" in regards to, "If YES in each case the agency subsequently informed the inmate whenever: The staff member was no longer posted within the inmate's unit; The staff member was no longer employed at the facility; The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or; The agency learned that the staff member has been convicted on a charge related to sexual abuse within the within the facility.

Of the three inmates who reported a sexual abuse, when asked if they were informed if and when (a) The staff member was no longer posted within your unit (b) The staff

member was no longer employed at the facility; (c). The agency learned that the staff member had been indicted on a charge related to sexual abuse within the facility; or (d). The agency learned that the staff member had been convicted on a charge related to sexual abuse within the facility. One responded, "Yes, they moved him, and he never came back to the unit. The incident happens like 2 years ago and I was notified that he was terminated like 3 months ago. The ISU LT told me." The other two inmates didn't provide a response.

Subsection (d): The facility indicated in their response in the PAQ that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

DOM, Chapter 5, 54040.12.5 Offender Reporting states, "Following an investigation into an offender's allegation that he or she suffered.

from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been indicted on the alleged sexual violence; or convicted of the charge."

The specialized training workbook for Locally Designated Investigators reference DOM, Chapter 5, 54040.12.5 Reporting to Offenders, as noted above. The facility submitted for review a blank CDC-128, General Chrono, which is given to inmates upon the conclusion of an investigation with the reported findings, as well as the status of the suspect.

Subsection (e): The facility indicated in their response in the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented. The facility submitted for review a blank CDC-128, General Chrono, which is given to inmates upon the conclusion of an investigation with the reported findings, as well as the status of the suspect. The facility indicated that in the past 12 months, there were 46 notifications to inmates that were provided pursuant to this standard and were documented.

Subsection (f): Auditor is not required to audit this provision.

Recommendation: As noted in 115.71 (a) MCSP has lingering investigations of six months or longer. For investigations that take an extended amount of time to conclude, updates to inmates should be provided and documented to indicate that the investigation is still active. This will provide transparency.

Corrective Action: None

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1374 374">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="256 412 632 1086" style="list-style-type: none"> <li data-bbox="256 412 632 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 632 517">2. Policy and Procedure <ul data-bbox="331 584 1299 869" style="list-style-type: none"> <li data-bbox="331 584 994 618">• DOM, Chapter 3, 33030 Employee Discipline <li data-bbox="331 629 1246 663">• DOM, Chapter 3, 33030.18 Mitigating and Aggravating Factors <li data-bbox="331 674 1299 707">• DOM, Chapter 3, 33030.20 Imposition of Penalty and Consultation <li data-bbox="331 719 1075 752">• DOM, Chapter 3, 31140.20 Criminal Investigations <li data-bbox="331 763 1209 797">• DOM, Chapter 5, 54040.12.3 Reporting to Outside Agencies <li data-bbox="331 808 911 842">• CCR, Title 15, 3401.5 Staff Misconduct <li data-bbox="331 853 1023 887">• CCR, Title 15, 3401.6 Staff Sexual Harassment <li data-bbox="256 909 632 943">3. Documentation <li data-bbox="256 981 632 1014">4. Interviews <li data-bbox="256 1048 632 1081">5. Tour of the Facility <p data-bbox="256 1124 384 1158">Findings:</p> <p data-bbox="256 1196 1469 1816">Subsection (a): The facility indicated in their response to the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. According to CCR, Title 15, 3401.5, Staff Sexual Misconduct, "Staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. All allegations of staff sexual harassment shall be subject to review and investigation, and when appropriate, to disciplinary action and/or criminal prosecution." DOM 33030, Employee Discipline provides a matrix of the adverse action penalties that staff may be faced with including letter of reprimand, reduction of salary, demotion, suspension without pay or termination.</p> <p data-bbox="256 1854 1445 2011">Subsection (b): the facility indicated in their response in the PAQ that in the past 12 months, no staff from the facility have violated agency sexual abuse or sexual harassment policies and that no staff have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="256 2049 1461 2083">Subsection (c): the facility indicated in their response in the PAQ that the disciplinary</p>

sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility indicated that in the past 12 months, no staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

DOM Chapter 3, 33030.18 Mitigating and Aggravating Factors states, "Aggravating and mitigating factors shall be considered and may increase or decrease the penalty within the penalty range. Aggravating or mitigating factors may not pertain directly to the circumstances of the misconduct but shall be relevant. Rarely will mitigating circumstances exonerate employees; however, mitigating circumstances may be used to reduce the penalty that might otherwise be imposed. Aggravating circumstances may increase a penalty to dismissal, for misconduct where dismissal is not included in the penalty range. Mitigating circumstances may decrease a penalty to corrective action for misconduct only when penalty level number 1 (Letter of Reprimand) is the expected penalty within the penalty range."

DOM Chapter 3, 33030.20 Imposition of Penalty and Consultation states, " After determining the investigative findings, or in cases where direct adverse action is taken without an investigation, the Hiring Authority shall consult with the Vertical Advocate, for all designated cases, and the SAIG, for all cases monitored by the BIR when determining a penalty. The following shall be considered: · The seriousness of the misconduct; · Harm or potential harm to the public service; · The circumstances surrounding the misconduct; · The likelihood of recurrence; · Whether or not progressive discipline has been taken in the past; · Other mitigating or aggravating circumstances."

Subsection (d): The facility indicated in their response in the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, no staff have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

DOM Chapter 3, 31140.20 Criminal Investigations states, "A criminal investigation should be conducted for an allegation of employee misconduct when there is reason to believe the employee has committed a violation of criminal law and an outside law enforcement agency is not conducting an investigation. Criminal investigations shall be conducted in compliance with all laws, regulations, and departmental policies."

DOM Chapter 5, 54040.12.3 Reporting to Outside Agencies States, "Written allegations of sexual misconduct by a patient against licensed health care staff shall be reported to the relevant licensing body by the hiring authority or designee within 15 days. All terminations for violations of agency sexual misconduct or harassment

	<p>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.”</p> <p>Corrective Action: None</p>
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115.77 Corrective action for contractors and volunteers	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure <ul style="list-style-type: none"> • DOM Chapter 3, 31140.20 Criminal Investigations • DOM Chapter 5, 54040.12.4 Reporting to Outside Agencies for Contractors • DOM Chapter 10, 101090.9 Rejection and Termination 3. Documents 4. Interview <ul style="list-style-type: none"> • Warden 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ that agency policy does require that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. The facility reported that in the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>DOM Chapter 3, 31140.20 Criminal Investigations states, “A criminal investigation should be conducted for an allegation of employee misconduct when there is reason to believe the employee has committed a violation of criminal law and an outside law enforcement agency is not conducting an investigation.... 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. Criminal investigations shall be conducted in compliance with all laws, regulations, and</p>

	<p>departmental policies.”</p> <p>DOM Chapter 5, 54040.12.4 Reporting to Outside Agencies for Contractors states, “Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee.”</p> <p>Subsection (b): The facility indicated in their response in the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>DOM Chapter 10, 101090.9 Rejection and Termination states, “The Hiring Authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security or orderly operation of the institution or region. A report explaining the occurrence and outcome shall be routed to the Hiring Authority with a copy to the Community Resources Manager or designated manager.”</p> <p>The Warden stated in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would discontinue any services with the volunteer or contractor. they facility would no longer allow them to come in or have access to the inmate population.</p> <p>Corrective Action: None</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM, Chapter 5, 54040.7 • DOM, Chapter 5, 54040.15 Disciplinary Process • DOM, Chapter 5, 54040.15.1 Alleged Victim-False Allegations • Title 15, 3315 Serious Rules Violations • Title 15, 3323 Disciplinary Credit Forfeiture Schedule • Title 15, 3317 Mental Health Assessments and Disciplinary Hearings • Title 15, 3007 Sexual Behavior 3. Documents

4. Interviews

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse.

DOM Chapter 5, 54040.15 Disciplinary Process states, "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. 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."

According to Title 15, 3315 Serious Rules Violations, "Inmate misconduct reported on a RVR shall be classified serious if: (1) It is a serious disciplinary offense not specified as administrative in section 3314(a) (3), an offense punishable as a misdemeanor, whether or not prosecution is undertaken, or is a felony, whether or not prosecution is undertaken. Serious rule violations include but are not limited to:

(A) Misconduct reportable to the inmate's releasing authority.

(B) Suspension of privileges specified by the hearing official for no more than a 90-day period starting the date the rule violation report was adjudicated. The suspension of privileges for violations of subsections 3016(a), 3016(b), 3016(d), and 3290(d) shall be assessed as follows:

1. Thirty days for the first offense.
2. Sixty days for the second offense.
3. Ninety days for the third offense.

(C) Placement into privilege group B or C for no more than a 90-day period starting from the date the rule violation report was adjudicated. Inmates placed into Privilege Group C as a result of a disciplinary action who are participating in the Mental Health Services Delivery System at the Enhanced Outpatient Program level of care or higher shall be referred to the Interdisciplinary Treatment Team by the hearing official by documenting the information on a CDCR Form 128-MH5 (Rev. 05/14), Mental Health Referral Chrono, as a routine referral for program review.

(D) Disciplinary detention or confinement to quarters as provided in sections 3330 and 3333 for not more than a ten-day period. If facility security will not be jeopardized, the inmate shall be released to attend work and program assignments.

1. Second offense violations of subsections 3016(a), 3016(b), 3016(d), and 3290(d)

shall result in confinement to quarters for five days.

2. Third and all subsequent offense violations of subsections 3016(a), 3016(b), 3016(d), and 3290(d) shall result in confinement to quarters for 10 days.

(E) Referral to a classification committee for consideration of placement in Work Group C.

(F) Suspension of all or part of dispositions other than credit forfeitures, ordered random drug testing and classification committee referrals, for up to six months based on the inmate's compliance with the conditions specified for suspension.

(G) Imposition of all or part of an existing suspended disposition when the current rule violation is a violation of conditions specified in a suspended disposition. Imposition of a suspended disposition shall not include confinement to quarters or disciplinary detention for a period exceeding ten days except as provided in section 3322.

(K) Violation of Indecent Exposure or Sexual Disorderly Conduct of sections 3007, 3323(d)(9), 3323(f)(4), and 3323(g)(7) shall result in:

1. First offense violation shall result in loss of any or all of the following for up to 90 days: canteen, appliances, inmate packages, telephone privileges, and personal property.

2. Second offense and subsequent offense violation(s) shall result in loss of any or all of the following for up to 180 days: canteen, appliances, inmate packages, telephone privileges, and personal property."

The facility reported that in the past 12 months, there have been three administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse.

Subsection (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. According to the Warden, subject to following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, they would receive a Rule Violation Report and possible formal charges with the DA. The sanctions are proportionate to the nature and circumstances of the abuse committed, the inmate's disciplinary histories and sanctions imposed for similar offenses by other inmates with similar histories.

Subsection (c): The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. According to the Warden, mental illness and other disabilities are considered when determining sanctions.

Subsection (d): The facility indicated in their response in the PAQ that they facility offers therapy, counseling, or other interventions designed to address and correct the

underlying reasons or motivations for abuse and considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

According to CCR, Title 15, 3317 Mental Health Assessments and Disciplinary Hearings, mental health assessments shall be considered by the hearing officer or senior hearing officer during disciplinary proceedings when determining whether an inmate shall be disciplined and when determining the appropriate method of discipline. Inmates who are alleged to have committed a Rules Violation shall receive a Mental Health Assessment, via completion of CDCR Form 115-MH-A (12/15), Rules Violation Report: Mental Health Assessment, which is incorporated by reference, for any of the following reasons:

(1) Inmate is a participant in the Mental Health Services Delivery System (MHSDDS) at the Enhanced Outpatient Program (EOP) level of care.

(2) Inmate is a participant in the MHSDDS at the Mental Health Crisis Bed (MHCB) level of care.

(3) Inmate is a participant in the MHSDDS at the Psychiatric Inpatient Program, Acute Psychiatric Program or Intermediate Care Facility level of care.

(4) Inmate is a participant in the MHSDDS at the Correctional Clinical Case Management System (CCCMS) level of care and has been charged with a Division A, B or C offense or any other rules violation which may result in the assessment of a Security Housing Unit term as defined in Section 3341.9, subsection (e).

(5) Inmate is a participant in the Developmental Disability Program (DDP) designated as DD1, DD2 or DD3.

(6) Inmate engaged in Indecent Exposure or Sexual Disorderly Conduct.

(7) Inmate displayed behavior that was bizarre or unusual for any inmate or uncharacteristic for the particular inmate at the time of the offense.

(g) 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. 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."

According to DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting, Substantiated Perpetrator, mental health shall conduct a mental health evaluation of all known inmate on-inmate abusers within sixty (60) calendar days of the facility

having learned of such abuse history. Investigative staff shall ensure the inmate abuser is referred to mental health as soon as an allegation of inmate-on-inmate sexual abuse has been substantiated and/or knowledge of previous inmate-on inmate sexual abuse arises, which has not previously been addressed utilizing the CDCR Form 128 MH5: Mental Health Referral Chrono, to request a PREA Perpetrator Routine mental health contact. The mental health evaluation shall be conducted as a face-to-face contact in a confidential environment. The clinician shall determine if a Suicide Risk and Self-Harm Evaluation (SRASHE) is clinically indicated, as well as what, if any, additional follow-up care is deemed appropriate for the referred inmate." It further states, "If it is reported by an inmate during the initial custody intake screening or at any other occasion during their confinement within the CDCR; that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with mental health staff. If the inmate accepts the offer to meet with mental health, custodial staff shall ensure the inmate is referred to mental health by utilizing the CDCR 128 MH5: Mental Health Referral Chrono to request a PREA Routine mental health contact."

Subsection (e): The facility indicated in their response in the PAQ that the agency does discipline inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. According to CCR, Title 15, 3007 Sexual Behavior, "Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts."

Subsection (f): The facility indicated in their response in the PAQ that the agency does prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. According to DOM, chapter 5, 54040.15.1 Alleged Victim False Allegations, "Following the investigation into sexual violence or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting."

Subsection (g): The facility indicated in their response in the PAQ that sexual activity between inmates is prohibited and deems such activity to constitute sexual abuse only if it determines that the activity is coerced. As stated above, CCR, Title 15, 3007 Sexual Behavior, "Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts."

Corrective Action: None

115.81

Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- DOM, Chapter 5, 54040.7, Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse
- DOM, Chapter 5, 54040.7 Detection, Notification, and Reporting
- DOM, Chapter 5, 54040.8 Response
- CDCR, CCHCS, Health Care Department Operations Manual (HC DOM)

3. Documents

- CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information
- CDCR MH-7448 Informed Consent for Mental Health Care

4. Interviews

- Medical and Mental Health Staff
- Staff Responsible for Risk Screens
- Inmates who Disclose Sexual Victimization at Risk Screening

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that all inmates at MCSP who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the Intake Screening. The facility reported that in the past 12 months, that 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. The facility also indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

According to DOM Chapter 5, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse, "If it is reported by an inmate during the initial custody intake screening or at

any other occasion during their confinement within the CDCR; that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with mental health staff. If the inmate accepts the offer to meet with mental health, custodial staff shall ensure the inmate is referred to mental health by utilizing the CDCR 128 MH5: Mental Health Referral Chrono to request a PREA Routine mental health contact. This referral shall be completed by mental health staff by conducting a face-to-face contact with the inmate in a confidential environment within fourteen (14) calendar days of the referral."

According to the HC DOM, Initial Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual abuse-Mental Health Routine Referrals, "If the patient reports to staff during the intake screening or at any other time during their confinement within the CDCR that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the patient is offered a follow-up meeting with mental-health and medical staff.....Within 14 calendar days of the referral, the assigned mental health staff shall review the CDCR MH-7448, Informed Consent for Mental Health Care with the patient and obtain the patient's consent for mental health treatment."

Staff affirmed that if a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting with a medical and/ or mental health practitioner is offered.

According to an inmate who disclosed sexual victimization at risk screen, he was offered medical and mental health services. He indicated that he met with someone two days after speaking to ISU staff.

Subsection (b): The facility indicated in their response in the PAQ that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner within 14 days of the Intake Screening. The facility reported that in the past 12 months, that 100% of the inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. The facility also indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

According to DOM Chapter 5, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse, "If it is reported by an inmate during the initial custody intake screening or at any other occasion during their confinement within the CDCR; that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with mental health staff. If the inmate accepts the offer to meet with mental health, custodial staff shall ensure the inmate

is referred to mental health by utilizing the CDCR 128 MH5: Mental Health Referral Chrono to request a PREA Routine mental health contact. This referral shall be completed by mental health staff by conducting a face-to-face contact with the inmate in a confidential environment within fourteen (14) calendar days of the referral."

According to the HC DOM, Initial Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual abuse-Mental Health Routine Referrals, "If the patient reports to staff during the intake screening or at any other time during their confinement within the CDCR that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the patient is offered a follow-up meeting with mental-health and medical staff.....Within 14 calendar days of the referral, the assigned mental health staff shall review the CDCR MH-7448, Informed Consent for Mental Health Care with the patient and obtain the patient's consent for mental health treatment."

Staff affirmed that if a screening indicates that an inmate previously perpetrated sexual abuse, a follow-up meeting with a mental health practitioner is offered within 24-48 hours.

Subsection (c): N/A MCSP is not a jail.

Subsection (d): The facility indicated in their response in the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but on a need to know basis, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

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

DOM, Chapter 5, 54040.8 Response states, "It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only permitted or required by law."

Subsection (e): The facility indicated in their response in the PAQ that medical and mental health practitioners do 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.

	<p>The facility submitted for review CDCR form 7752 PREA Authorization for Release of Information which shall be completed if a patient over the age of 18, has alleged to CCHCS staff to be a victim of sexual violence or misconduct that occurred outside of an institutional setting for the purposes of reporting the incident to the appropriate law enforcement agency, prosecutor's office and any other appropriate agency and CDCR form MH-7448 Informed Consent for Mental Health Care.</p> <p>Interviews with medical and mental health staff revealed that informed consent from inmates are obtained before they report about any prior sexual victimization that did not occur in an institutional setting. MCSP is an adult facility and does not house anyone under the age of 18.</p> <p>Corrective Action: None</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person • DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities • CDCR California Correctional Health Care Services (CCHCS), Health Care Department Operations Manual (HC DOM) • CDCR CCHCS HC DOM Appendix 1 3. Documents <ul style="list-style-type: none"> • CCHCS Memorandum dated February 22, 2019 4. Interviews <ul style="list-style-type: none"> • Medical and Mental Health Staff • Inmates who Reported a Sexual Abuse • Security Staff and Non-Security Staff First Responders 5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services; The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment; and that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

According to DOM, Chapter 5, 54040.8.1 Victim Advocate, The Victim Advocate will be summoned to assist the alleged victim of an in-custody sexual assault including rape, sodomy, oral copulation, or forcible acts of sexual penetration for the SANE exam and interview process. The victim advocate will also be summoned for in-custody abusive sexual contact allegations when appropriate."

According to DOM, Chapter 5, 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination, "In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination."

Interviews with medical and mental health staff revealed that inmate victims receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately upon notification or within four hours. The nature and scope of services are determined according to their professional judgement.

Of the three inmates who reported abuse, two stated that they did not have a chance to see medical or mental health in a timely fashion and one reported that he was able to see mental health.

Subsection (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Of the nine staff interviewed as first responders, eight were able to articulate the actions they would take as first responders which includes separating the alleged victim and abuser and securing the scene. During the tour of the facility, informal conversations with staff who are first responders revealed that they are aware of their responsibilities as first responders. There appeared to be some uncertainty regarding if victims should be "requested" versus "ensured" to not take any action that could destroy evidence.

Subsection (c): The facility indicated in their response in the PAQ Inmate victims of

sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

According to DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities, "CCHCS medical staff will conduct follow-up testing for sexually transmitted infections/ diseases, HIV, Hepatitis B and/or C, and pregnancy (if appropriate) as indicated. As required in Penal Code Section 2638, immediate HIV/AIDS, and sexually transmitted infections prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and suspect."

CDCR, CCHCS, HC DOM 4.1.6 Prison Rape Elimination Act Policy states, "CCHCS shall provide medically necessary emergency and follow-up treatment; follow-up care plans; and necessary referrals including testing for pregnancy, sexually transmitted infections/diseases (STIs/STDs), Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV), to CCHCS patients who are identified as alleged victims or alleged abusers of inmate or staff sexual abuse, and/or inmate or staff sexual harassment.

CDCR, CCHCS, HC DOM, Follow-up Care, states that treatment for STIs and STDs and other test will occur, including testing for HIV, Hepatitis B and C, and for female patients, a pregnancy test. The facility also submitted for review Appendix 1, Treatment Recommendation for Evaluation and follow-Up for Sexual Abuse.

According to the Medical staff, victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. A recommendation from the forensic team is made in regard to what prophylaxis should be used.

Of the three inmates who reported abuse, two stated that they were not provided with information about access to emergency contraception and/or sexually transmitted infection prophylaxis. The other inmate did not provide a response.

Subsection (d): The facility indicated in their response in the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CDCR, CCHCS, HC DOM 4.1.6 Prison Rape Elimination Act Policy states, "There is no cost to the alleged victim for medically necessary emergency and follow-up treatment services, regardless of whether they name the alleged abuser(s) or cooperate with any investigation arising from the incident."

According to a memorandum dated February 22, 2019, "Effective March 1, 2019, CDCR patients shall no longer be charged a copayment for health care services or be required to purchase Dental Prosthetic Appliances."

	Corrective Action: None
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> • DOM, Chapter 5, 54040.7 Mental Health Referrals • DOM, Chapter 5, 54040.8.3 Medical Services Responsibilities • CDCR California Correctional Health Care Services (CCHCS), Health Care Department Operations Manual (HC DOM) 3. Documents <ul style="list-style-type: none"> • CCHCS Memorandum dated February 22, 2019 4. Interviews <ul style="list-style-type: none"> • Medical and Mental Health Staff • Inmates who Reported a Sexual Abuse 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a): The facility indicated in their response in the PAQ that the facility does 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.</p> <p>DOM Chapter 5, 54040.7 Mental Health Referrals states, "Inmates reporting sexual assault and who were referred to a contracted SANE forensic medical examination, even if the inmate refused the examination, shall be referred for an emergency mental health evaluation."</p> <p>According to the HC DOM, "If the patient reports to staff during the initial screening or at any other time during their confinement within the CDCR that they have</p>

experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the patient is offered a follow-up meeting with mental health and medical staff."

Subsection (b): The evaluation and treatment of such victims shall 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.

According to medical and mental health staff, the evaluation and treatment of inmates who have been victimized entails an examination for injuries, recommendations for treatment, counseling to process what occurred, and referrals for follow-up care.

According to the three inmates who reported abuse, when asked if the medical or mental health doctor/ nurse discuss with you follow-up services, treatment plans, or any, if necessary, referrals for continued care, the responses were as follow:

"My counselor reported it to ICS. I have been trying to be single celled due to some PTSD due to that incident."

"No, they talked to you like a month later during COVID."

"Yes, mental health"

Subsection (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care. According to medical and mental health staff, services offered are consistent with community level of care.

Subsections (d) and (e): Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. N/A MCSP is an all-male facility although CCHCS HC DOM states, "The SANE at the outside contracted county SART facility is responsible for offering pregnancy tests for patients who are alleged victims of sexually abusive vaginal penetration....If a pregnancy results from sexual abuse, victims shall receive comprehensive information, without unreasonable delay and timely access to all lawful pregnancy-related services."

DOM Chapter 5, 54040.8.3 Medical Services Responsibilities state, "CCHCS medical staff will conduct follow-up testing for sexually transmitted infections/diseases, HIV, Hepatitis B and/or C, and pregnancy (if appropriate) as indicated."

Subsection (f): The facility indicated in their response in the PAQ that Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. According to CCHCS HC DOM, "The SANE at the outside contracted county SART facility is responsible to offer tests for STIs/STDs, HCV, HBV, and HIV as indicated."

Subsection (g): The facility indicated in their response in the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the

	<p>incident.</p> <p>CDCR, CCHCS, HC DOM 4.1.6 Prison Rape Elimination Act Policy states, "There is no cost to the alleged victim for medically necessary emergency and follow-up treatment services, regardless of whether they name the alleged abuser(s) or cooperate with any investigation arising from the incident."</p> <p>According to a memorandum dated February 22, 2019, "Effective March 1, 2019, CDCR patients shall no longer be charged a copayment for health care services or be required to purchase Dental Prosthetic Appliances."</p> <p>According to the three inmates who reported abuse, they did not have to pay for any treatment related to the incident involving sexual abuse.</p> <p>Subsection (h): The facility indicated in their response in the PAQ that they do attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. According to DOM, Chapter 5, 54040.7 Substantiated, Perpetrator, "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."</p> <p>Mental Health staff affirmed that mental health evaluations of all known inmate-on-inmate abusers are conducted within 60 days of learning of the abuse history.</p> <p>Corrective Action: None</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Document <ul style="list-style-type: none"> • CDCR Notice of Change to Department Operations Manual (DOM) Revision Date 9/9/2022. • Institution PREA Review Committee (IPRC) DOM Section 54040.17 (Blank

Form)

- Subsequent Institutional PREA Review Committee (IPRC) DOM Section 54040.17 (Blank Form)

4. Interviews

- Warden or Designee
- PREA Compliance Manager
Incident Review Team

5. Tour of the Facility

Findings:

Subsection (a) and (b): The facility indicated in their response in the PAQ that MCSP conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, 10 administrative investigations of alleged sexual abuse were completed at MCSP, excluding on "unfounded" incidents.

The facility indicated in their response in the PAQ that MCSP ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, 46 criminal and/or administrative investigations of alleged sexual abuse were completed at MCSP that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

The facility submitted for review CDCR Notice of Change to Department Operations Manual (DOM) Revision Date 9/9/2022. This document states, " the proposed DOM revisions bring the IPRC timeframe into compliance with 28 Code of Federal Regulation, Standard §115.86, which requires the IPRC to be conducted within 30 days of the conclusion of the investigation. The new language requires the IPRC to be conducted within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner."

A blank copy of the IPRC DOM section 54040.17 form was submitted for review. The form states, "Initial IPRC review shall be completed within 30 days of the conclusion of the investigation or 60 days of the date of discovery, whichever is sooner."

A blank copy of the Subsequent IPRC DOM section 54040.17 form was submitted for review. The form states, "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."

Subsection (c): The facility indicated in their response in the PAQ that the sexual abuse incident review team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility submitted for review the IPRC and Subsequent IPRC forms

which includes a space for committee members present, which includes the Chairperson (Institution Head or Designee), PREA Compliance Manager, Designated Managerial Employee, In-Service Training Manager, Health Care Clinician, Mental Health Clinician, Incident Commander or ISU Supervisor.

The Warden affirmed that MCSP has an Incident Review Team and that the team includes upper-level management and allows for input from line supervisors, investigators, and medical and mental health practitioners.

Subsection (d): The facility indicated in their response in the PAQ that MCSP does prepare a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager (PCM).

According to the Warden and PCM, the information from the sexual abuse incident is used to identify any policy related trainings or if there needs to be a change in the policy or practices. The review team does consider whether the incident or allegation was motivated by race; ethnicity; gender identity status, or perceived status; gang affiliation; and/or endocrine systems that do not seem to fit typical definitions of male or female. The review team examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

According to the PREA Compliance Manager (PCM) the facility does conduct sexual abuse incident reviews and prepares a report of its findings from the reviews, including any determinations per Standard 115.86 (d) -1 through (d) 5 and any recommendations for improvement. The reports are forwarded to him for his review. The PCM stated that he makes sure all policies are adhered to, to follow up with discipline or inmate placement.

Subsection (e): The facility indicated in their response in the PAQ that MCSP implements the recommendations for improvement or documents its reasons for not doing so.

Recommendation: 115.86 (d) requires the review team to examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. According to the PCM, an area may not be examined because staff may be familiar with the area already. If an area is not examined, it should be document as to why it wasn't examined in the report.

Corrective Action: None

115.87	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- DOM, Chapter 5, 54040.20 Tracking- Data Collection and Monitoring
- DOM, Chapter 5, 54040.3 Definitions

3. Documents

- Department of Justice, Survey of Sexual Victimization 2021, OMB No. 1121-0292: Approval Expires 08/31/2024 (SSV-IA)
- CDCR Annual Report, Calendar Year 2021
- 2022 CDCR PREA Incident Log (Blank)

4. Interviews

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the agency does collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. According to DOM, Chapter 5, 54040.20, Tracking-Data Collection and Monitoring, "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.... Additionally, the ISU Lieutenant or Locally Designated Investigator shall be responsible for completing the Survey of Sexual Violence-Incident Adult (SSV-IA)." DOM, Chapter 5, 54040.3 Definitions, provides a list of definitions that are associated with PREA. The facility submitted for review a blank copy of form SSV-IA, as the standardized form used when investigating sexual abuse and sexual harassment allegations. During the review of investigation files, this form was noted in each file.

Subsection (b): The facility indicated in their response in the PAQ that the agency does aggregate the incident-based sexual abuse data at least annually. The facility submitted for review the CDCR PREA Annual Report for calendar year 2021. The report provided the statistics of reported allegations for 2016-2021. On CDCR's website the annual report for 2022 is posted with statistics for 2017-2022. Data collected includes each year total of substantiated, unsubstantiated, unfounded, and ongoing investigations for inmate-on-inmate non-consensual sexual acts, inmate on inmate abusive sexual contact, inmate on inmate sexual harassment, staff on inmate sexual misconduct, and staff on inmate sexual harassment.

	<p>Subsection (c): The facility indicated in their response in the PAQ that the standardized instrument does include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Again, the facility submitted for review Department of Justice, Survey of Sexual Victimization 2021, OMB No. 1121-0292: Approval Expires 08/31/2024 (SSV-IA), which appears to be the most recent form.</p> <p>Subsection (d): The facility indicated in their response in the PAQ that the agency does maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DOM, Chapter 5, 54040.20 Tracking-Data Collection and Monitoring states, "CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews." MCSP also submitted for review a blank copy of the 2022 CDCR PREA Incident Log which appears to be a tracking log for allegations which includes pertinent information related to the incident.</p> <p>Subsection (e): The facility indicated in their response in the PAQ that the agency does obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data complies with SSV reporting regarding content. DOM, Chapter 5, 54040.20 Tracking-Data Collection and Monitoring states, "CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates." Again, MCSP submitted for review a blank copy of the 2022 CDCR PREA Incident Log which appears to be a tracking log for allegations which includes pertinent information related to the incident.</p> <p>Subsection (f): The facility indicated in their response in the PAQ that the agency has provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Per DOM, Chapter 5, 54040.20 Tracking-Data Collection and Monitoring, "Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30."</p> <p>Corrective Action: None</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures

- DOM, Chapter 5, 54040.20 Tracking- Data Collection and Monitoring
- DOM, Chapter 5, 54040.17 Department PREA Coordinator

3. Documents

- CDCR PREA Annual Report -Calendar Year 2021

4. Interviews

- Agency Head
- PREA Coordinator
- PREA Compliance Manager

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the agency does review data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

According to DOM, chapter 5, 54040.17 Departmental PREA Coordinator, “28 CFR, Standard §115.88, requires the agency to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training... The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole.”

According to the Agency Head, the data from sexual abuse incidents is used to assess and improve sexual abuse prevention, detection, and response policies, practices and training. The Institution PREA Review Committee (IPRC) reviews the data to see what changes are needed in policy or plant structure. The data is used to determine what if staffing patterns or factors, such as race, ethnicity and gender identity played a role in the incident.

The PREA Coordinator affirmed that the data is reviewed in order to assess and improve the effectiveness of sexual abuse prevention, detection and response. He reported that the data from the SSV-IA is collected from each institution. The data is securely retained by the IPRC. If there is a need for corrective action, it is elevated up to the institution level and stored on the server, which only the PREA headquarters staff have access to. He affirmed that the agency does prepare an annual report of the findings from the data, and any corrective action for each facility and the agency as a whole.

The PREA Compliance Manager reported that the facility will provide headquarters

with data from their investigations and the SSV-IA in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and trainings.

Subsection (b): The facility indicated in their response in the PAQ that the annual report does include a comparison of the current year's data and corrective actions with those from prior years, as well as an assessment of the agency's progress in addressing sexual abuse. According to DOM, Chapter 5, 54040.20 Tracking-Data Collection and Monitoring, "Reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The facility submitted for review the CDCR Annual Report for calendar year 2021. the auditor pulled from CDCR's website the annual report for calendar year 2022. Both reports include a comparison of the current's year data and corrective actions with those from prior years, as well as an assessment of the agency's progress in addressing sexual abuse.

Subsection (c): The facility indicated in their response in the PAQ that the agency does make its annual reports readily available to the public at least annually through its website and that the annual reports are approved by the agency head. The Agency Head affirmed that he approves the annual reports written pursuant to this standard.

A review of the agency's website by this auditor noted this information listed on the website, available to the public.

Subsection (d): The facility indicated in their response in the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and the nature of the materials redacted are indicated. According to DOM, Chapter 5, 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."

According to the PREA Coordinator, all personal identifying information is redacted from the annual report. He affirmed that the agency does indicate the nature of the redacted.

Corrective Action: None

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

The following evidence was analyzed in making the compliance determination:

1. Pre-Audit Questionnaire

2. Policy and Procedures

- DOM, Chapter 5, 54040.20 Tracking Data Collection and Monitoring
- DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction

3. Documents

4. Interview

- PREA Coordinator

5. Tour of the Facility

Findings:

Subsection (a): The facility indicated in their response in the PAQ that the agency does ensure that incident-based and aggregate data are securely retained. According to DOM, 54040.21 PREA Data Storage and Destruction, "CDCR shall ensure that all PREA data collected are securely retained." According to the PREA Coordinator, the agency ensures that the data is securely retained by, "Institution PREA Review Committee (IPRC). Any corrective action is elevated up the institution level, stored on server. PREA headquarters staff is the only one that have access to server. No identifying information is stored."

Subsection (b): The facility indicated in their response in the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. According to DOM, 54040.20 Tracking-Data Collection and Monitoring, "The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website. DOM, Chapter 5, 54040.21 PREA Data Storage and Destruction states, "CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website."

The auditor reviewed CDCR's public website. The Annual reports are provided which includes aggregated sexual abuse data for all agency facilities.

Subsection (c) and (d): The facility indicated in their response in the PAQ that before making aggregated sexual abuse data publicly available, the agency does remove all personal identifiers and that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. DOM Chapter 5, 54040.21 PREA Data storage and Destruction states, "Before making aggregated PREA data publicly

	<p>available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection." A review of the PREA Annual Report -Calendar YEAR 2021, revealed that no personally identifiable information was listed within the report.</p> <p>Corrective Action: None</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <ul style="list-style-type: none"> • CDCR Public Website 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a): In a review of the CDCR public website, it is confirmed that CDCR ensures the majority of its facilities it operates was audited at least once during a three-year audit cycle. MCSP, which is currently being audited by this auditor was last audited in 2018. (It should be noted that the three-year cycle for MCSP occurred during the height of COVID, where most facilities were closed to the public.) Deuel Vocational Institution (DVI) was last audited in 2019, however, according to the website it was deactivated on September 30, 2021.</p> <p>Subsection (b): This audit falls in Audit Cycle 4, Year 2. According to CDCR's website, MCSP was last audited in 2018.</p> <p>Subsection (h): During the onsite phase, the audit team had access to all areas of the institution. A comprehensive tour was completed of areas. Due to the size and layout of MCSP, during the tour, the audit team split into two teams with CDCR staff from headquarters and MCSP. Staff were accommodating of all requests during the tour and answered questions to assist in better understanding the layout and practices of MCSP.</p> <p>Subsection (i): Additional documentation was requested onsite and during the post</p>

	<p>audit. All documentation that was requested, was received.</p> <p>Subsection (m): The auditor was permitted to conduct private interviews with inmates for each housing unit.</p> <p>Subsection (n): On August 24, 2023, an introductory email was sent to the PREA Compliance Manager of MCSP, with audit notices for posting six weeks prior to the audit on-site, October 23, 2023. On September 11, 2023, the PREA Compliance Manger emailed 18 photos of the audit notice posted on various housing units and throughout the facility. During the tour of the facility, audit notices were posted on most of the housing units, common areas, and staff only areas. For units or common areas that did not have postings, staff posted the notices in that moment. Staff reported that the notices were posted, however had be removed and used as scrap paper. Two letters were received during the pre-audit phase and one letter during the post-audit. One letter was marked legal mail however, "Does not meet criteria" was written on the envelop and it appeared to have been opened. Staff explained that this may have occurred prior to mailroom staff being aware of the name of the auditor and didn't realize that it was to be processed the same as legal mail.</p> <p>Corrective Action: None</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <ul style="list-style-type: none"> • CDCR Public Website 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (f): The CDCR's agency website maintains a link dedicated to PREA-related information, including policies and procedures; reporting an allegation; audit schedules; and final reports. This will be MCSP's second audit since 2016. MCSP doesn't appear to have been audited since 2018. A search of CDCR's website confirmed that final audit reports are posted to the agency's public website.</p>

	Corrective Action: None
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

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

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

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

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

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

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

	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.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

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

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

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

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

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

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

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

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

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

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

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

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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

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

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

(f)		
	<p>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.)</p>	na