

PREA Facility Audit Report: Final

Name of Facility: Central California Women's Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/11/2025

Date Final Report Submitted: 01/16/2026

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: Cheyenne Evans	Date of Signature: 01/16/2026

AUDITOR INFORMATION	
Auditor name:	Evans, Cheyenne
Email:	cheyenne.l.evans@hawaii.gov
Start Date of On-Site Audit:	06/01/2025
End Date of On-Site Audit:	06/06/2025

FACILITY INFORMATION	
Facility name:	Central California Women's Facility
Facility physical address:	23370 Road 22, Chowchilla, California - 93610
Facility mailing address:	

Primary Contact

Name:	Stephanie Torres
Email Address:	Stephanie.Torres3@cdcr.ca.gov
Telephone Number:	559-665-5531 ext. 55

Warden/Jail Administrator/Sheriff/Director	
Name:	Anissa De La Cruz
Email Address:	Anissa.DeLaCruz@cdcr.ca.gov
Telephone Number:	559-665-5531 ;5000

Facility PREA Compliance Manager	
Name:	Stephanie Torres
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Name:	Adam Vogel
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Name:	Cora Munoz
Email Address:	cora.munoz@cdcr.ca.gov
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Facility Health Service Administrator On-site	
Name:	Rojirio De La Cerda
Email Address:	Rojirio.DeLaCerde@cdcr.ca.gov
Telephone Number:	559-665-5531 ;7000

Facility Characteristics

Designed facility capacity:	3020
Current population of facility:	2057
Average daily population for the past 12 months:	2182
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
Age range of population:	18-99
Facility security levels/inmate custody levels:	Levels I through VI
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1421
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	32
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	93

AGENCY INFORMATION

Name of agency:	California Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	9272 Laguna Springs Drive, Building G, Suite 302, Elk Grove, California - 95758
Mailing Address:	
Telephone number:	2792233818

Agency Chief Executive Officer Information:	
Name:	Gena Jones
Email Address:	Gena.Jones@cdcr.ca.gov
Telephone Number:	(279) 223-3719

Agency-Wide PREA Coordinator Information			
Name:	Paul Farnsworth	Email Address:	paul.farnsworth@cdcr.ca.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-01
2. End date of the onsite portion of the audit:	2025-06-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor conducted outreach to Just Detention International (JDI) and the Community Action Partnership of Madera County, Inc. to assess sexual safety at the facility. While JDI, a human rights organization dedicated to ending sexual abuse in detention did not respond to the auditor's inquiries, successful engagement was made with the Community Action Partnership of Madera County, Inc. This organization provides a continuum of culturally responsive advocacy and support services for survivors of sexual violence. During a formal interview, an advocate confirmed that their services are consistently available and actively provided to the population at CCWF, fulfilling a critical role in advocacy and sexual violence prevention.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3020
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15. Average daily population for the past 12 months:	2182
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2032
25. 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:	306
26. 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:	51
27. 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:	35

28. 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:	159
29. 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:	52
30. 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:	238
31. 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:	591
32. 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:	317
33. 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:	112
34. 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>35. 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 audit team received offender population reports from CDCR/CCWF on the first day of the onsite inspection. The scope of these reports is limited to currently housed individuals and includes several key variables listed below. Specifically, the reports capture identifying information including race and ethnicity, custody levels, and specific program or housing assignments. Additionally, the data includes current job assignments.</p> <ul style="list-style-type: none"> • Offenders with physical mobility disabilities • Hearing and vision impairments • Cognitive disabilities and their level of comprehension • Limited English Proficient • Lesbian, gay, and bi-sexual • Offenders who have reported prior sexual victimization during screening
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. 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>1421</p>
<p>37. 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>159</p>
<p>38. 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>32</p>

<p>39. 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>CCWF utilizes a workforce of 1,452 staff, 159 volunteers, and 32 contractors. Uniformed custody staff, ranging from Officers to Captains, operate on three eight-hour shifts. Each shift is managed by a Watch Commander (Captain) and an Assignment Supervisor (Lieutenant) who oversee the Sergeants and Officers on duty. To meet PREA auditing standards, the team conducted 15 random security staff interviews, exceeding the required 12. These interviews spanned all three watches to ensure 24-hour coverage. Additionally, because volunteers and contractors operate on varying schedules and were not onsite during the inspection, the audit team conducted those interviews telephonically.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>34</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>On the first day of the audit, the auditor requested and received a current inmate roster categorized by housing unit. To ensure a random and representative sample, 35 individuals were selected for interviews. This sample accounted for diversity across all four yards, as well as variations in age, ethnicity, and length of incarceration. The selection was geographically diverse across all housing units. Following the selection, the audit team reviewed the case files of these identified inmates to evaluate screening and intake procedures, documentation of inmate education, and any required medical or mental health referrals.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Inmate interviews commenced on the second day of the onsite audit. To maximize efficiency, interviews were conducted in both private offices and within the respective yards. Given the size of the population at CCWF, the auditor performed oversampling to ensure a comprehensive understanding of the facility's culture, environment, and procedural implementation. No barriers were encountered during the selection or interviewing of the inmate population.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>34</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>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>5</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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 checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

50. 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:	4
51. 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:	3
52. 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:	3
53. 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:	8
54. 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:	4
55. 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:	5

<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor made all reasonable efforts to conduct the required number of specialized inmate interviews. According to the pre-audit questionnaire, onsite observations, and staff/inmate interviews, no individuals at CCWF were identified as being placed in segregated housing for risk of sexual victimization. To compensate for the absence of this specific demographic, the auditor increased the sample size of other targeted populations and random inmate interviews. This adjustment ensured a comprehensive and appropriate screening of the overall population.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>While the audit team could not meet the minimum interview requirements for every specific specialized category, a significant volume of interviews in other specialized and random categories was conducted to compensate for the shortfall. This demographic landscape was corroborated through facility tours, staff consultations including the PREA Compliance Manager and intake personnel and a review of specialized inmate listings. There were no notable barriers to completing interviews.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of **RANDOM STAFF** who were interviewed:

15

59. Select which characteristics you considered when you selected **RANDOM STAFF** interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "**Other**," describe:

Given that the facility houses an all-female population, staff gender was a primary factor in the auditor's selection process. The audit team ensured that interviews were conducted with both male and female personnel across all ranks and shifts to gain a balanced perspective on institutional culture and safety.

60. Were you able to conduct the minimum number of **RANDOM STAFF** interviews?

- Yes
- No

<p>61. 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>The audit team selected a diverse sample of staff by conducting interviews across all three eight-hour shifts at various post locations throughout CCWF. The selection criteria included gender, job title, and length of service with both CDCR and the facility. In total, the audit team conducted 65 interviews, including random, specialized, contractor, and volunteer personnel. Because staff members often fulfill multiple roles—such as being both mandated reporters and first responders—specialized interviews frequently utilized multiple questionnaires to cover all applicable duties. While the March 2021 PREA Auditor Handbook requires a minimum of 12 random security staff interviews, the team exceeded this by conducting 15. Furthermore, the auditor performed additional interviews with key staff members beyond the mandatory protocols to ensure a comprehensive review. There were no barriers to completing these sessions; CCWF staff and administration remained accommodating and cordial throughout the process.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>51</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	<p>Beyond the mandatory specialized interviews, the audit team conducted additional sessions with the Grievance Coordinator, Mailroom staff, a Victim Advocate, and the Community Resource Manager (who serves as the Volunteer Coordinator). These interviews were guided by supplemental draft questionnaire protocols developed by the PREA Resource Center (PRC). Including these key personnel allowed for a more holistic assessment of the facility's communication channels, grievance processing, and external advocacy partnerships.</p>
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"><input type="checkbox"/> Security/detention<input checked="" type="checkbox"/> Education/programming<input type="checkbox"/> Medical/dental<input type="checkbox"/> Food service<input type="checkbox"/> Maintenance/construction<input type="checkbox"/> Other
<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>All employees at CCWF serve as mandated reporters, and the majority are designated as first responders. Because many specialized staff members are responsible for multiple duties, the audit team frequently utilized multiple interview questionnaires during a single session to ensure all applicable roles were documented. Beyond the mandatory protocols, the auditor conducted additional interviews with key personnel to broaden the scope of the review. The team selected a diverse sample of staff from various locations and housing units across all three shifts, factoring in gender, job titles, and length of service with both CDCR and the facility. This comprehensive approach included interviews with volunteers and contractors, which were conducted both in person during the onsite visit and telephonically to accommodate varying schedules.</p>

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.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. 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
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

76. 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 audit team was granted unrestricted access to all areas of the institution throughout the onsite visit. The auditor verified the presence of required signage, inspected facility logbooks, and observed search areas, as well as the execution of cross-gender announcements. To evaluate privacy and security, the team assessed potential cross-gender viewing via officer stations, surveillance cameras, mirrors, and common areas within the housing units. Throughout the tour, the team engaged in informal conversations with both staff and inmates to gauge the institutional climate. During formal inmate interviews, contracted interpretation services were utilized to ensure clear communication, and inmate telephones were tested for functionality. While the audit team did not directly observe a live risk-screening session, staff members responsible for the process provided a detailed, step-by-step description of the procedures to verify compliance.

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.

77. 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

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

The auditor requested and examined mandatory documentation for staff, volunteers, and contractors, including applications, background clearances, and training verifications. Staff files were selected based on job functions, shift assignments, and supervisory rank, while volunteer and contractor files were prioritized based on program type and frequency of facility access. Medical and mental health record reviews focused on inmates identified during PREA screenings as having a history of sexual victimization or predatory behavior. Furthermore, the audit team examined incident files for both alleged victims and predators, verifying that they contained the initial allegation, final investigative reports, medical/mental health referrals, and evidence of required sexual assault incident reviews and inmate notifications. Inmate grievances related to PREA were also analyzed for proper handling and resolution. Finally, the auditor reviewed 72-hour intake screenings, 30-day reassessments, comprehensive education documentation, and biannual assessments for transgender and intersex inmates. While the primary record sample was drawn from the group of interviewed inmates, the auditor expanded the scope to include additional files where there were concerns regarding the timeliness of screenings, the adequacy of medical follow-up, or high volumes of PREA allegations.

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.

79. 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	152	4	152	4
Staff-on-inmate sexual abuse	165	0	165	0
Total	317	4	317	4

80. 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	2	0	2	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	4	0	4	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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	4	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	21	127	4
Staff-on-inmate sexual abuse	0	18	147	0
Total	0	39	274	4

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	2	0
Total	0	0	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	70
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<p>86. 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>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>60</p>
<p>88. 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>89. 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>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>10</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. 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>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>94. 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>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>96. 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>97. 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

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 1

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

Yes

No

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

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

Yes

No

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

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

Auditor were granted full access to all investigative files, reviewing 40 cases that encompassed several distinct allegations of sexual abuse and sexual harassment. While CDCR/CCWF assigns unique PREA log numbers to each incident, allegations involving the same victims and suspects are investigated concurrently. This 12-month review included a comprehensive cross-section of open, unfounded, substantiated, and unsubstantiated investigations.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff	
<p>103. 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>108. 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>Hawaii Department of Corrections and Rehabilitation</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 (a) - CDCR's Department of Operations Manual (DOM), Section 54040.1, Policy states that, CDCR shall maintain a zero tolerance for sexual violence, staff sexual harassment and misconduct in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. This policy applies to all offenders and persons employed by CDCR, including volunteers and independent contractors.</p> <p>CDCR DOM Section 54040.2, Purpose, identifies the purpose of the policy and provides guidelines for prevention, detection, responses, investigation, and tracking of sexual violence, staff sexual misconduct and sexual harassment against CDCR offenders. The policy also informs staff of their responsibility and liability as specified by the law. CDCR DOM Section 54040.3 includes general PREA related definitions as well as definitions specific to prohibited behaviors regarding sexual abuse and harassment. CDCR DOM Section 54040.15 identifies the disciplinary process for those found to have participated in prohibited behaviors related to sexual abuse and harassment. CDCR Title 15, section 3401.5 define sexual activity as sexual</p>

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. This section goes on to state what sexual misconduct includes, penalties, reporting requirements, confidentiality and retaliation against employees.

115.11 (b) - A review of CDCR's Agency Organizational Chart and CDCR PREA Coordinator Duty Statement confirmed that CDCR employs an upper-level, agency-wide PREA Coordinator, whose position functions as a Captain under the direct supervision of the Mission Correctional Administrator. The CDCR PREA Coordinator acts as the lead within the Female Offender Programs and Services Special Housing Mission in ensuring compliance with the Federal PREA Standards and Departmental policies and procedures. The CDCR PREA Coordinator reports that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all its facilities. The CDCR PREA Coordinator directly oversees thirty-five (35) PREA Compliance Managers (PCM) and one (1) PCM who monitors the CDCR Contracted facilities.

115.11 (c) - CDCR and CCWF has designated a Associate Warden as the facility PREA Compliance Manager. A review of CCWF's Organization Chart confirms that CCWF the facility PREA Compliance Manager who is under the direct supervision of the CCWF Chief Deputy Warden. Interview with the PCM confirms that she has sufficient time and authority to coordinate the facility's efforts to comply with PREA.

CDCR and CCWF has shown that there is a zero-tolerance policy for sexual abuse and harassment, has designated a PREA Coordinator and PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. Interviews with staff and inmates while on-site confirmed their knowledge and practice of CDCR's zero-tolerance policy therefore the agency and facility has complied with all sections of this standard.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations Manual (DOM), Chapter 5, Article 44, Section 54040 - Prison Rape Elimination Act.
3. CCWF Policy - Department Operations Manual (DOM), Chapter 5, Article 44, Section 54040 - Prison Rape Elimination Act.
4. CDCR Agency Organizational Chart.
5. CDCR PREA Coordinator Duty Statement.
6. CDCR Title 15, 3401.5
7. Memorandum, PREA Implementation dated August 13, 2015
8. CDCR Division of Adult Institutions Female Offender Programs & Services/ Special Housing Mission Organization Chart, dated 9/27/2024
9. Interview with CDCR PREA Coordinator and CCWF PREA Compliance Manager.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CDCR Holds thirteen contracts for the placement and care of inmates. The Contract Beds Unit (CBU) oversees all contracts for California inmates that are placed in contracted institutions.</p> <p>115.12(a) - CDCR, DOM Article 13 - Section 22040.1-22040.4, Contracts, states that the Contracts Management Branch (CMB) shall administer all contracts through execution by the Department in a manner which ensures compliance with all applicable laws, rules, and regulations of the department. All CDCR contracts for the confinement of inmates entered or renewed after August 20, 2012, requires that all Contractors ensure that their employees are in compliance with CDCR's zero tolerance policy for sexual abuse and sexual harassment as described in CDCR Department Operations Manual (DOM), Chapter 5, Article 44.</p> <p>All thirteen contracts contain Exhibit D which addresses CDCR's commitment to the PREA standards and the expectation that the contracted agency "adopt and comply with the PREA 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.</p> <p>Contractors will not assign employees which have 1) engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institution 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; 3) has been civilly or administratively adjudicated to have engaged in the activity described in this sections. Contractor shall conduct criminal background records check for each employee who will have contact with CDCR inmates and retain the results for the audit purposes. Contractor agrees to ensure that all the mandates of PREA policy are complied with. 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 on PREA via the Volunteer/Contractor Information Sheet to learn their responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies and procedures. Any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with the inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies.</p> <p>115.12(b) - The CBU maintains, provides oversight, and monitors all these contracts. A California Department of Corrections and Rehabilitation (CDCR) Headquarter Chief Deputy Warden oversees the CBU. Each Community Reentry Program location has</p>

	<p>CDCR staff, Correctional Officers, Correctional Counselors and Parole Agents onsite, rotating shifts.</p> <p>According to the Agency Contract Administrator, Contract Beds Unit is tasked with contract oversight. This unit is located in the Female Offender Programs and Services which also encompasses the PREA Unit. The Division has established a PCM to support all contracted facilities and work in tandem with the site specific PCM to ensure the sexual safety of inmates and compliance monitoring.</p> <p>All contracts for confinement of inmates were reviewed by this auditor which confirmed that all contracts required the institutions adopt and comply with the PREA standards.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - DOM Article 13 - Section 22040.1-22040.4, Contracts 3. CDCR Policy - DOM Chapter 5, Article 44 4. CDCR Contract Agreement - Special Terms and Condition (Exhibit D) 5. CDCR Contracts for Confinement of Inmates (13) 6. CDCR Contract Agreement - PREA Policy - Volunteer/Contract Information Sheet (Exhibit M) 7. CDCR PREA Contract Compliance Review Reports 8. Interview with CDCR Agency Contract Administrator
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13 (a)-5 - DOM Section 54040.18 addresses the institutional staffing plan for each facility operated by CDCR. Article 44 requires each facility develop, document and make its best effort to comply with the staffing plan to protect inmates against sexual abuse. Facilities are required to consider the 11 factors as noted in 28 C.F.R. Part 115 section 115.13. Further, DOM Chapter 1, Article 26 notes that the CDCR utilizes the American Correctional Association (ACA) Manual of Standards for Adult Correctional Institutions.</p> <p>CDCR has developed, documented, and made its "best efforts" to comply on a regular basis with a staffing plan that provided for adequate staffing levels, video monitoring, and considers the factors identified in section (a) items 1-11. The average daily population for CCWF since August 2012 has been 2,182 and the average daily</p>

population on which the staffing plan was predicated for is 2,004 (designed capacity). CCWF provided the auditor with the most recent staffing plan for fiscal year 2023-2024 and staffing plan analysis.

115.13 (b) - DOM Section 54040.18 requires facilities to document when a staffing plan is not complied and justify the deviations. CCWF did not have any deviations from the staffing plan within the last twelve (12) months as reported on the PAQ. CCWF captures any deviation from the staffing plan through the Telestaff Program and Daily Activities Report submitted by the Watch Commanders where this program documents and justifies all deviations and is reported to headquarters. CCWF Warden reported that CCWF can ensure adequate staffing for all watches and provide overtime to staff if needed. Programs may be closed for the shift should they not have sufficient coverage. The auditor reviewed samples of the CCWF daily activity reports and confirmed that there were no deviations from the staffing plan within the last twelve (12) months prior to the audit.

115.13 (c) - CDCR DOM, Section 54040.17.1, Annual Review of Staff Plan states that, whenever necessary, but not less frequently than once a year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to : (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. Review of the CCWF annual data collection and staffing plan along with interviews with the CDCR PREA Coordinator, CCWF Warden and PCM demonstrated and confirmed that CCWF assesses the staffing plan at least once a year.

115.13 (d) - DOM Section 54040.4 addresses Security Rounds as a means of identifying and deterring sexual violence, staff sexual misconduct and sexual harassment. A custody supervisor is required to conduct weekly unscheduled security checks. The security checks are documented in the Unit Log Book in red pen and indicates date, time, and location in which the security check was completed. By policy, staff are permitted from alerting other staff of the security rounds unless such announcement is related to a legitimate operational function of the facility.

Observation of supervisory staff throughout the facility while onsite, documentation were reviewed and appeared to be consistent, therefore practice was verified. Interviews with intermediate-or-higher level facility staff reported that they prevent staff from alerting other staff members of their unannounced rounds by making their rounds in an unpredictable pattern throughout their shift and at different times.

Proof of sufficient practice and documentation was provided to the auditor therefore meeting compliance with this substandard.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Pre-Audit Questionnaire (PAS)
2. CDCR Policy - DOM, Article 26, American Correctional Association Standards, Chapter 5, Article 44, Section 54040- Prison Rape Elimination Act
3. CDCR Operations Manual, Section 54040.18 - Institutional Staff Plan

	<ol style="list-style-type: none"> 4. CDCR Operations Manual, Section 54040.4 - Security Rounds 5. CCWF Staffing Plan Analysis 6. Staff Vacancy Codes 7. CCWF Standardized Staffing - Operations 8. CCWF Daily Activity Reports / Inmate population reports 9. On-site review of CCWF logbook entries 10. Interviews with CDCR PREA Coordinator, CCWF Warden, PCM, Random Intermediate-to-higher supervisors.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 - CIW is an adult prison and does not house youthful inmates or inmates under the age of 18 years old. This standard does not apply to CCWF.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF PAQ 2. CCWF Inmate roster 3. Observations while onsite 4. Interviews with CDCR PREA Coordinator, CIW Warden and PCM.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15 (a) - CDCR DOM, Chapter 5, Section 52050.16.5, Unclothed Body Search of Inmates states that, Correctional Personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. CDCR Memorandum Re: Changes to the Use of the ADANI COMPASS Scanner, operators viewing the image from the scanner system shall be the same gender as the inmates being scanned. If the scanner is used by cross-gender staff during exigent circumstances, the search must be documented in a notice of Unusual Occurrence (NOU). There were no cross-gender strip searches or visual body cavity searches at CCWF within the last twelve (12) months as reported in the PAQ. Staff interviewed were aware of the policy and inmates had no reports of cross-gender strip searches. Review of training curriculum,</p>

written policy, and interviews with random staff and inmates confirm that CCWF does not conduct cross-gender strip or visual body cavity searches of inmates.

115.15 (b) - CDCR DOM, Chapter 5, Section 52050.16.4, Clothed Body Search of Female Inmates, states that, clothed body searches of female inmate shall be conducted by female corrections staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates. In the past twelve (12) months prior to the audit, CCWF reported no instances of cross gender pat down searches on female inmates. Interviews with random inmates confirmed that clothed body searches (pat down searches) are conducted only by female correctional staff at CCWF.

115.15 (c) - CDCR DOM, Chapter 5, Section 54040.5, Searches requires that institutions shall document all cross-gender strip searches and visual body cavity searches in accordance with DOM Section 52050.16.5. If the search is incidental to an emergency or crime that constitutes a Crime Incident Report (CDCR Form 837), shall also be documented within the incident report. CCWF did not have any incidents of cross gender strip searches or visual body cavity searches within the last 12 months. This was confirmed through interviews with inmates who stated that strip searches are performed by female staff.

115.15 (d) - CDCR DOM, Chapter 5, Section 54040.4, Education and Prevention states that 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. 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.

115.15 (e) - CDCR DOM, Chapter 5, Section 52050.16.7, states if there is an individual going through Receiving and Release (Intake), who self-identifies as transgender or 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. If 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. If staff are unable to determine the genital status through medical records or an interview with the inmate, it will be determined during the standard intake medical evaluation that all inmates received upon admission to the facility. Practice was verified through interviews with inmates, CCWF PCM, CDCR PREA Coordinator, and CCWF health care practitioners.

115.15 (f) - CDCR DOM, Sections 52050.16.4 and 52050.16.7 addresses the policy for this standard. As it states that body search procedures for clothed female inmates recognize, address, and minimize the effects of cross-gender contact inherent in the body search process by limiting this function to female correctional staff unless an emergency exists that threatens death, inmate escape, or great bodily injury to staff, inmates, or visitors. Clothed body searches performed by male correctional staff

during the emergency circumstances shall sweep the inmate's breast and genital area with the back of the hand for the purpose of discovering contraband directly related to the threat posed by the emergency. If cause exists for a more thorough search, the female inmate shall be detained until a female correctional staff member is available to conduct the search.

CDCR DOM, Section 54040.4 states, 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, procedures, and training as per CCR, Title 15, and section 3287(b). CDCR Office of Training and Professional Development has step by step training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, Training and Professional Development, Searches of Inmates and Property, Instructor's guide dated 6/2018.

The housing units consisted of eight-person wet cells. These cells are designed with large windows to view into the cell, allowing no blind spots from the hallway. Eight-person cells contain a single shower stall and toilet with a door open at the bottom and the top. Two housing units are designed with two tiers consisting of two-person wet cells with toilets and common showers outside of cell. Each cell has a window but allows for toileting privacy other than security rounds. The common showers are single stalls with privacy screens open on the top and bottom. Based on inmate interviews and the tour, the showers afford inmates privacy while ensuring inmate sexual safety. Inmates interviewed reported that they are able to shower, use the toilet, and change clothing without being observed by male staff. Although a few mentioned the toilet stall door does not afford as much privacy as some would like. This was evident during the tour in which some toilet and shower stalls had either a sheet blocking the top or toilet paper rolls in a laundry bag blocking the bottom. Some staff redirect the inmate to remove the coverings. Some inmates furthered their answer to clarify that many staff will announce when they are walking down a hall and if the staff does not make an additional announcement, any viewing of inmates have been incidental. Staff also confirmed that inmates are able to shower, toilet and dress in private, noting the privacy partition on the doors of the toilet and shower.

Each housing unit has a notice that states "All male staff must announce their presence on the unit" above the entrance of the housing unit. During the tour, the custody staff on duty announced male staff presence using the overhead public announcement system. The language of the announcement varied by inmate accounts but met the standard requirement; "male staff in the building", "male staff working", and "male on tier".

CCWF has demonstrated compliance with this substandard.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed PAQ.
2. CDCR Policy - Department Operations Manual, Chapter 5
 1. Section 52050.16.4 - Clothed Body Searches of Female Inmate

	<ol style="list-style-type: none"> 2. Section 52050.16.5 - Unclothed Body Search of Inmates 3. Section 5050.16.7 - Unclothed and Clothed Body Searches of Transgender Inmates 4. Section 54040.5 - Searches 5. Section 54040.4 - Education and Prevention <ol style="list-style-type: none"> 3. CDCR Office of Training and Development - Transgender/Search Property, Body Searches, Transgender Inmate Training Curriculum 4. In Service Training Lesson Plan - Working Successfully with Transgender, Intersex, and Non-Binary Inmates 5. Memorandum dated November 6, 2020 - Senate Bill 132 - Training 6. CDCR memorandum dated February 8, 2019 - Changes in the Use of the ADANI CONPASS Low Dose Scanner 7. CCWF Training Logs 8. Interviews with CDCR PREA Coordinator, CCWF PREA Compliance Manager, Random Staff, Random Inmates. Unofficial interviews with Medical, Mental Health Staff and Transgendered Inmates.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.16(a-b) - DOM Section 54040.4 addresses Offender Education and lists a number of PREA educational opportunities for inmates, including orientation while in reception center either written or multimedia presentations, PREA brochure, PREA Booklet, posters, and offender handbook. Section 54040.4 also states that provisions shall be made to ensure effective communication for those not fluent in English, those with low literacy levels, and those with disabilities. Additionally, section 54040.4 state that offender peer educators may be used to enhance knowledge and understanding of PREA and sexually transmitted diseases.</p> <p>Section 54040.4 is reiterated in a memorandum dated October 6, 2017. The memorandum further provides examples of how to provide equal opportunity to participate in and benefit from all aspects of CDCR's efforts to prevent, detect and respond to sexual abuse and sexual harassment such as querying the inmate to determine whether or not assistance is needed to achieve effective communication, or giving priority to the inmate's primary means of communication, such as sign language interpreter or auxiliary communication aid.</p> <p>During the onsite portion of the audit, inmates that identified with physical disabilities as being partially blind or deaf, inmates with cognitive disabilities and those who are Limited English Proficient were interviewed and these interviews confirmed that there</p>

are tools and aids available at CIW to assist them with PREA information, education, and investigation process. PREA posters and information were observed throughout the facility in English and Spanish. CDCR Memorandum Re: Notification of Interpretation and Translation Services, dated June 15, 2009 served as a reminder to all CDCR staff of procedures to ensure effective communication with Limited English Proficient (LEP). Additionally, to become compliant with Title VI of the Civil Rights Act of 1964, institutions designate an institution staff member as a local LEP coordinator. The LEP Coordinator is to manage the process, maintain the list of bilingual facility staff competent to interpret/translate; a list of any other local interpreters from neighboring institutions or agencies and the use of "I Speak" cards that are in the control booth or officer's station. The LEP coordinator and institution staff must consider potential conflicts of interest between the interpreter and inmate. In interviews, it was confirmed that written materials are printed in both English and Spanish. Contracts are in place to utilize an interpreter service. Additionally, all staff are trained in "Effective Communication" which addresses how staff should communicate with those who have lower reading scores, are visually or hearing impaired, have a mental health diagnosis or developmental disability. Staff are trained to present information and then the inmate demonstrate an understanding of the material. Effective communication reminders and techniques were consistently noted on documents, both PREA and non-PREA related. Inmates who were interviewed indicated they did receive information regarding sexual abuse and harassment in a manner in which they were able to understand. They identified ways to receive assistance in understating their rights should they need it, such as a mental health provider, an officer, or an interpreter. CCWF has appropriate steps in place to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of PREA.

115.16 (c) - CDCR DOM, Section 54040.12, Investigations states that except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations. CCWF has designated staff that are tested and proficient in other languages to assist with interviewing inmates who may be limited or have disabilities. The PAQ indicated that CCWF did not utilize inmate interpreters within the last twelve (12) months. Interviews with random staff indicated that they are aware of the policy and does not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed PAQ.
2. California Code of Regulations - Title 15, Section 3000
3. CDCR Policy - Department Operations Manual (DOM)
 1. Chapter 5, 54040.4 - Education and Prevention
 2. Chapter 5, 54040.7 - Detection, Notification, and Reporting
 3. Chapter 5, 54040.12 - Investigations
4. CDCR "I Speak" Language Identification Guide Poster

	<ul style="list-style-type: none"> 5. CDCR Disability Code Definitions 6. CDCR Executed Contract with Focus Language International Inc. (06/03/2024 - 12/31/2026) 7. Interviews with CDCR Director of Adult Institution, CCWF Random Staff, Random Inmates, Inmates with Disabilities/Limited English Proficient
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.17 (a)-(b) - CDCR DOM, Section 31060.3, Power of Appointment addresses this standard by prohibiting the hiring and promoting of anyone, or utilizing the services of any contractor or volunteer, who: 1) has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described above. Further, hiring authorities shall 1) implement and enforce departmental EEO policy and 2) maintain the highest standards of personnel selection. CDCR Supplemental Application for all CDCR Employees (Form 1951, Rev.7/18) must be completed for any applicant, transfers, and promotional opportunities. Section D for Form 1951 includes questions that are specific to PREA and this substandard. In the past twelve (12) months CCWF newly hired (95) applicants.</p> <p>115.17 (c) - CDCR DOM, Section, 31060.16 states that a criminal records check is a requirement for employment with the Department. The process for checks involved using CI&I SSCH, Live Scan finger printing alert system, USINS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees. This process is used for internal and external applicants. The Live Scan system allows CDCR HR to be alerted 24/7 on relevant background information for staff, contractors, and volunteers. The CDCR 2164 Form - Live Scan Response Form is used to verify that a request and response for a background check was completed, date it was completed and the staff that received it. In the past twelve (12) months, CCWF hired (95) people who may have contact with inmates. Interview with CCWF Institutional Personnel Officer confirmed this process and the background check process are completed utilizing the CDCR 2164 Form - Live Scan Response Form.</p> <p>115.17(d) - CDCR Contract Agreement (Exhibit D) states "Security Clearance/</p>

Fingerprinting” as one of the special terms and conditions. The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification, and Information (BCII), prior to award and at any time during the term of the Agreement, 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. It stipulates that the contractor shall conduct a criminal background records check for each contract employee, who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency’s sexual abuse and harassment prevention, detection, and response policies and procedures. Interviews with CCWF Human Resource staff and Community Resource Manager and review of human resources files confirmed this process.

115.17(e) - California Code of Regulations, Title 15, Section 3411 states that if an employee is arrested or convicted of any violations of law; the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. CDCR memorandum Re: Standard 115.17(e) dated October 6, 2017, requires that all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies CDCR of any subsequent arrest an employee or contact has in an on-going basis. CDCR memorandum dated February 26, 2016, Personnel Identification Card Issuance states the procedure for issuance of identification cards. The pre-employment procedures found in CDCR DOM 31060.16 apply to all employees, contractor, or volunteer. Interviews with CIW Human Resource Staff and Community Resources Manager confirmed that all employees, contractors, and volunteers are required to participate in the Live Scan system. CDCR/CCWF also uses information from the California Law Enforcement Telecommunications System (CLETS) to access confidential criminal records through the Department of Motor Vehicle or other criminal justice information.

115.17(f)-(h) - CDCR Form 1951- Supplemental Application, includes background and PREA misconduct questions for all CDCR employees. Prior to signature acknowledge of CDCR Form 1951, it states that the applicant understands and agrees that if material facts are later discovered which are inconsistent with or differ from the facts they furnished before beginning employment, they may be disciplined, up to and including dismissal from State service. California Code of Regulations, Title 15, Section 3401.5, Staff Sexual Misconduct describes employee sexual misconduct and penalties that all allegations of sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.

Provisions (a) and (c) requires corrective action. A total of (55) files were reviewed. Custody staff - (25), Health Care (15), Volunteer (10), Contractor (5). The review revealed that reference checks with previous institutional employers were inconsistent when it came to promotional applications and several files were missing background check confirmations.

During corrective action, a review of personnel documentation confirmed that new hire background and live scan checks are completed by the Office of Peace Officer

Selection Unit, while staff transfers require a Live Scan Unit inquiry to verify a record on file, including requesting prior agency RAP sheets if necessary. Personnel staff then conducted a review of the internal background check process and agreed to first conduct a self-audit of all files previously identified as having missing documentation. Following this audit and determination of findings, targeted training were provided to personnel staff to ensure full future compliance, and a quarterly self-audit of selected files will be implemented moving forward to determine continued adherence to procedures.

Based on the successful implementation of the self-audit and training plan, the corrective action has been satisfied, and CCWF is now deemed to be in full compliance with his standard.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed PAQ
2. California Code of Regulations, Title 15, Section 3401.5 - Staff Sexual Misconduct
3. CDCR Policy - Department Operations Manual (DOM), Chapter 3
 1. Section 31060 - Appointments
 2. Section 31060.16 - Criminal Records Checks
 3. Section 3106.17 - Pre-Employment Documentation
 4. Section 31070.1 - Personnel Identification Card
 5. Section 33030.16 - Employee Disciplinary Matrix Penalty Level
4. CDCR Supplemental Application - CDCR 1951
5. CDCR Examination & Employment Application and Instructions, STD 678
6. CDCR Employment Reference Questionnaire - CDCR Form 2025
7. CDCR Personal Information Bulletin #2016-005
8. CDCR Contract Agreement (Exhibit D)
9. CDCR Memorandum: Completion of Background Checks Under PREA - Dated July 14, 2017
10. CDCR Memorandum Re: Personal Identification Card - Dated February 26, 2016
11. CDCR Memorandum Re: Standard 115.17 (e)-1 Hiring and Promotion Decisions - Dated October 6, 2017
12. CDCR 2164 Form - Live Scan Response Form
13. CDCR Hiring Guide for Managers and Supervisors
14. CCWF Human Resource Files
15. Interviews with CCWF Personnel Officer, and Community Resources Manager

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.18(a) - (b) -CDCR Design and Construction Policy Guidelines were amended on August 14, 2017, to include that for any future CDCR projects, when designing or acquiring any new facility in planning any substantial expansion or modification of existing facilities, and when installing or updating a video monitoring system, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

Since August 20, 2012, CCWF has implemented modifications and installed additional cameras. A review of the CDCR/CCWF Design and Construction Policy Guidelines Manual and related Design Change Request forms was conducted. Interviews with the CDCR Agency Head/Designee and the CCWF Warden confirmed that CDCR/CCWF actively ensures a level of inmate privacy while simultaneously prioritizing the protection of inmates from sexual abuse. The CCWF Warden further stated that video monitoring is a critical asset, assisting the facility's ability to protect inmates from sexual abuse, and is utilized during the review of every PREA allegation.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Pre-Audit Questionnaire (PAQ)
2. CDCR Design and Construction Policy Guidelines
 1. Section H.1.c
 2. Section H.1.n
3. Div. 57 51 23 CSO SCS Technology Project Manual Specifications
4. Video Statement Surveillance System Statement for PREA - Design Change Committee Log
5. Interviews with CDCR Agency Head/Designee, CCWF Warden
6. Facility Tour, camera views and equipment

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21(a) - (b) - CDCR Correctional staff/Peace Officers are under the California Penal Code and are authorized and trained to conduct both administrative and criminal investigations. CCWF utilizes Locally Designated Investigators (LDI) and other designated institutional staff who have been trained to conduct criminal and administrative investigations into allegations of sexual violence and/or staff misconduct. The investigative office at CCWF is called the Investigative Services Unit (ISU). CCWF PREA Garrity type of investigations against staff are managed at the department level by the Office of Internal Affairs (OIA). According to CDCR Memorandum Re: Standard 115.21(a) and CDCR DOM, Section 54040.9, Forensic Medical Examination, the designated supervisor, and investigators follow a uniform evidence</p>

protocol and procedure when conducting sexual abuse investigations. The process addresses assault examinations appropriate for adult/adolescent and child/adolescent.

CCWF is responsible for investigating allegations of sexual abuse. Article 44 governs crime scene preservation and evidence collection for these investigations.

The Custody Supervisor is responsible for establishing a perimeter and posting an officer to maintain the integrity of the crime scene. Investigative Services Unit (ISU) staff or other trained personnel are responsible for identifying, preserving, and collecting evidence. An evidence officer may be designated to collect evidence immediately if there is a risk it may be destroyed or compromised. DNA evidence from the body is collected exclusively by a Sexual Assault Nurse Examiner (SANE) at a Sexual Assault Response Team (SART) location.

Two memoranda govern procedures for sexual violence investigations. The first, dated October 6, 2017, outlines institution procedures for evidence identification, preservation, collection, and processing in sexual abuse investigations. The second, dated October 17, 2018, specifically addresses sexual assault kit processing.

Staff are reminded that all allegations of sexual violence and staff sexual misconduct are investigated by a locally designated and trained investigator. When collection of DNA-related evidence from the body is required, it must be completed by a Sexual Assault Nurse Examiner (SANE).

Checklists have been developed and provided to specific staff members—custody supervisors, first responders, and transportation staff—to ensure adherence to evidence preservation and collection protocols based on their area of responsibility in responding to a sexual assault.

All three checklists contain instructions for staff to request that the alleged victim, to the best of their ability, refrain from showering, brushing teeth, using the restroom, or consuming liquids. The checklists are also specific in reminding staff to ensure the suspect does not engage in these same activities. The Transportation Guide Checklist further provides step-by-step direction to preserve potential evidence should the victim or suspect need to change clothing prior to leaving the facility. Finally, the Watch Commander Notification Checklist also explicitly addresses evidence collection, ensuring compliance with institutional policy.

115.21(c) - Per CDCR DOM Section 54040.9 (Forensic Medical Examination), victims are transported to the designated hospital or an on-site location where Sexual Assault Forensic Examiner (SAFE) Contract Staff conduct the exam.

The designated hospital for CCWF is the San Joaquin General Hospital. CDCR maintains an executed agreement with San Joaquin General Hospital (effective June 30, 2023 to June 30, 2026) to perform sexual assault forensic examinations for referred inmates/patients.

According to DOM Section 54040.9, victims of sexual assault are immediately taken

to a designated outside hospital or on-site location where a Sexual Assault Nurse Examiner (SANE) completes the necessary forensic medical exams. Critically, in accordance with the California Health Care Services' Co-Payment Program Policy, no co-payments are charged for any treatment services related to the sexual abuse or assault.

CCWF PAQ reported that there were nineteen (19) forensic medical exams that were conducted in the preceding 12 months.

115.21(d) - (e) - CCWF maintains a Memorandum of Understanding (MOU) with Community Action Partnership of Madera County, Inc. to provide victim and emotional support services related to sexual abuse. This agreement is current and effective from July 1, 2024 to June 30, 2029. In accordance with CDCR Department Operations Manual (DOM) Section 5, 54040.8.1, the facility Watch Commander is required to contact the Rape Crisis Center to request the dispatch of a Victim Advocate, a practice confirmed via the Watch Commander Notifications Checklists. Furthermore, posters detailing these additional services, including a hotline number and address for the Community Action Partnership of Madera County are visibly displayed throughout CCWF. The auditor reviewed a random sample of PREA investigation files, which consistently contained the completed checklist, confirming CCWF's established practice of requesting victim advocates for inmates.

115.21(f) - California Penal Code (PC) Section 13516 mandates that the Commission on Peace Officer Standards and Training (POST) establish guidelines and standards for all sexual assault investigations. All law enforcement agencies, including CDCR/CCWF, must comply with these POST training guidelines for Sexual Assault Investigators. Consequently, CDCR/CCWF is responsible for conducting both administrative and criminal investigations related to sexual assault.

115.21(h) - CDCR DOM Section 54040.3 requires that if an outside Victim Advocate is unavailable, a designated employee will be summoned, if one is available. This employee must meet specific certification requirements: they must be certified by a rape crisis center as trained in counseling sexual assault victims and must also meet one of the two following criteria:

1. They must be a licensed professional such as a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff member with a master's degree in counseling, or another individual listed in Evidence Code section 1010; OR
2. They must have 40 hours of specialized training as listed in Evidence Code section 1035.2 and be supervised by a staff member who meets the criteria in sub-section (1).

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF completed Pre-Audit Questionnaire (PAQ)

	<ol style="list-style-type: none"> 2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040 - Prison Rape Elimination Act 2. Section 54040.3 - Definitions, Victim Advocate 3. Section 54040.8 - Response 4. Section 54040.8.1 - Custody Supervisor Responsibilities 5. Section 54040.8.2 - Victim Advocate & Victim Support Person 6. Section 54040.9 - Forensic Medical Examination 7. Section 54040.12.1 & .12.2 - Investigation of Sexual Violence or Staff Sexual Misconduct - Less than and greater than 72 hours post incident 8. Section 54040.19 - Community Services 3. CDCR Watch Commander Checklist 4. National protocol for sexual assault 5. CDCR Initial Contact Guide 6. Division of Adults Female Offender Program & Services/Special Housing memorandum dated October 6, 2017 regarding Standard 115.21(a)3 - Evidence Protocol and Forensic Medical Examinations 7. CDCR Specialized PREA Training for Locally Designated Investigators power point and workbook 8. CDCR Transportation Guide 9. Institution, DAPO, CST and AIU Responsibilities flow chart 10. Physical Evidence Submission Form 11. CCWF New Rape Crisis Center Poster English & Spanish - Community Action Partnership Madera County 12. Executed Agreement C5611609 between CDCR and San Joaquin General Hospital (June 30, 2023 to June 30, 2026) 13. Executed Agreement C5612334 between CDCR and Community Action Partnership of Madera County, Inc. (July 1, 2024 to June 30, 2029) 14. Interviews with CCWF health care staff, Investigator, Random Staff, Random Inmates, CCWF inmates who reported sexual abuse, Advocate from Community Action Partnership Madera County, SANE/SART Nurse at San Joaquin General Hospital.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.22(a) - CDCR DOM, Section 54040.12, Investigations, requires that all allegations of sexual violence, staff sexual misconduct, sexual abuse, and sexual harassment shall be investigated, with the findings documented in writing. Furthermore, the hiring authority or designee must report all terminations for violations of agency sexual misconduct or harassment policies, as well as resignations by employees who would have otherwise been terminated, to any relevant licensing body. This reporting

requirement also applies to CDCR contractors and volunteers.

A review of CDCR DOM, Chapter 5, Section 54040.3, Definitions, confirms that CDCR's definitions for sexual violence, sexual abuse, and sexual harassment are consistent with PREA Standards. Finally, a review of CCWF PREA investigation files confirmed that allegations of sexual violence, staff sexual misconduct, sexual abuse, and sexual harassment are being investigated and documented.

The PAQ indicated that there were 400 reports of sexual abuse or sexual harassment in the past year with none having sufficient evidence to be referred for a criminal investigation.

The Agency Head confirmed that CDCR follows the requirements set forth in the Department Operations Manual (DOM) for all sexual abuse and sexual harassment investigations. Locally Designated Investigators (LDIs) are trained to respond to these allegations. When incidents are identified as criminal in nature or involve staff, mandatory referrals are made to the Internal Affairs Office and the District Attorney's Office.

115.22(b) - CDCR has confirmed authority to conduct criminal investigations, as documented in DOM Chapter 3, Article 14 and corroborated by interviews with the PREA Compliance Manager and Locally Designated Investigators, as well as file review.

DOM Section 54040.12 mandates that all allegations of sexual violence (including staff sexual misconduct, sexual harassment by staff, sexual assaults, attempted assaults, and sexual battery by inmates) must be investigated by a Locally Designated Investigator (LDI). LDIs are authorized to conduct these Internal Affairs investigations per DOM Chapter 3, Section 14. Section 31140.20 details the criminal investigation process for staff misconduct; cases with probable cause are referred to the appropriate agency for prosecution.

The complete Department Operations Manual (DOM), which includes all PREA and investigation policies, is publicly accessible on the CDCR website under Regulations and Policy, Department Operations Manual.

A memorandum dated October 6, 2017, details the collaboration between the Investigative Services Unit and the District Attorney's Office for prosecution determinations when inmate-on-inmate sexual violence is substantiated. For potential staff sexual abuse/harassment, the preliminary investigation by the institution's ISU is referred to the Office of Internal Affairs (OIA), which has the authority to investigate staff misconduct for completion and subsequent work with the District Attorney. This process is supported by DOM Chapter 3 and Chapter 5.

The review of the CDCR PREA Annual Report (Calendar Year 2022 and 2023) confirmed that it provides a detailed breakdown of allegation types and the number of substantiated, unsubstantiated, unfounded, and ongoing investigations.

ISU maintains comprehensive investigative files, which include complete

	<p>documentation of the investigation, a summary of findings, and the final disposition. All investigations commence immediately upon notification.</p> <p>115.22(c)- (e) – Not applicable as all CDCR CCWF investigations are completed through the ISU or OIA.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations Manual (DOM), Chapter 1, 15080.2 - Office of Internal Affairs 3. CDCR Policy - Department Operations Manual (DOM), Chapter 3 <ol style="list-style-type: none"> 1. 31140.1 - Article 14 - Internal Affairs Investigations - Policy 2. 31140.6 - Authority to Conduct Investigations 4. CDCR Policy - Department Operations Manual (DOM), Chapter 5, Section 54040.12 - Investigations 5. CDCR Annual Report Years 2022 and 2023 6. Division of Adult Institutions Female Offender Program and Services/Special Housing memorandum dated October 6, 2017 regarding Standard 115.22(b)1 - Policies to ensure referrals of allegations for investigations. 7. Interviews with CECR Agency Head/Designee, PREA Coordinator, CCWF Investigative Staff
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31(a) - DOM Section 54040.4 governs staff training on the Prison Rape Elimination Act (PREA).</p> <p>The policy mandates that all staff, including employees, volunteers, and contractors, receive training on the prevention, detection, response, and investigation of sexual violence, staff sexual misconduct, and sexual harassment.</p> <p>Training is provided during new employee orientation, annual sessions, and through the Correctional Training Academy.</p> <p>DOM specifies the training must cover the following topics:</p> <ul style="list-style-type: none"> • Gender-specific instruction based on the offender population at the assigned institution.

- Search procedures, including how to conduct cross-gender, transgender, and unclothed body cavity searches in a professional, respectful, and least intrusive manner consistent with security needs.
- Professional communication with inmates, particularly those who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, and Gender Non-Conforming (LGBTI-GNC).

A review of the lesson plans for PREA Training 1.1, 2.0, Basic Correctional Officer Academy (BCOA) training, and New Employee Orientation confirms comprehensive coverage of key PREA requirements. The curriculum begins by establishing the zero tolerance policy and detailing how staff must fulfill their responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment. Furthermore, the training addresses the dynamics of sexual abuse and sexual harassment in confinement, exploring common reactions and teaching staff how to detect and respond to signs of both threatened and actual sexual abuse. A significant component of the curriculum focuses on maintaining professional relationships and professional communication, with special instruction on communicating with Lesbian, Gay, Bisexual, Transgender, Intersex, and Gender Nonconforming inmates. Finally, the lesson plans ensure all staff are aware of and comply with established reporting requirements.

The Inmate/Staff Relations training, offered during the Basic Correctional Officer Academy and In-Service Training, currently emphasizes professional relationships, communication, and consequences. While the curriculum effectively covers inmate rights related to due process, State Statute, DOM, and Constitutional protections (such as the 14th Amendment), it omits specific references to 28 C.F.R. Part 115 and DOM Chapter 5, Article 44. Although PREA standards are addressed in other trainings, integrating them into this section presents a valuable opportunity to directly address inmates' right to be free from sexual abuse, sexual harassment, and retaliation. Including these specific references here would reinforce their importance and contextualize them within the broader framework of inmate rights.

Per a CDCR memorandum dated September 3, 2020, mandatory annual In-Service Training for staff was discontinued and the affected modules were transitioned to On-The-Job Training (OJT). This new OJT structure allows for training to be delivered either in-person or remotely as live instruction. The specific mandatory trainings subject to this change include:

Inmate Disabilities/Staff Responsibilities Working successfully with Transgender, Intersex, and Non-Binary Inmates Suicide Prevention Partnership in the Correctional Environment. This policy adjustment aimed to deliver required training through a more flexible and immediate OJT model.

A memorandum issued by the Director of the Division of Adult Institutions on November 6, 2020, provided an Overview of Senate Bill 132, also known as the Transgender Respect, Agency and Dignity Act.

Key Mandates of SB 132

The bill introduced several mandates affecting the management of inmates who identify as transgender, non-binary, or intersex:

- Gender Identity Inquiry: Inmates must be asked about their gender identity in a private setting during initial classification.
- Prohibited Discipline: CDCR is prohibited from disciplining any individual for refusing to answer or for not disclosing complete information regarding their gender identity.
- Pronoun Use: Staff are prohibited from failing to consistently use the correct gender pronouns for an inmate.
- Searches: Searching of transgender, non-binary, or intersex inmates must be conducted based on an approved search preference.
- Housing: These inmates may be housed in a facility designated for men or women based on individual preference, following a review and approval process.

Training and Staff Compliance

The memo stressed that ongoing training is paramount for employees to effectively address the unique challenges of communicating with and understanding the transgender, non-binary, and intersex inmate population. The required training includes a summary of the bill, relevant terminology, a reiteration of body search procedures and housing requests, and information on the Transgender Access Card.

Separately, all staff reported successfully completing annual PREA training and were able to articulate the relevant training topics.

115.31(b) - According to DOM Section 54040.4, training is gender-specific based on the offender population at the assigned institution. The "Working Effectively with Female Offenders" training fulfills the Penal Code 3430(c)(2) mandate for gender-responsive training for all CDCR staff in female facilities. It is a critical component of the Master Plan for Female Offenders, providing specialized, mandatory training that addresses key gender differences. The primary goals are to enhance staff and offender safety while supporting a more effective rehabilitative environment.

115.31(c) - While lesson plans for new employee orientation and annual training have been submitted and reviewed, the facility initially noted a deficiency in training completion. According to a listing dated June 27, 2025, 12 staff members had not completed the LMS PREA training, and 66 staff on extended leave were similarly recorded as incomplete. CCWF successfully remedied this deficiency by having the remaining 12 staff complete the training within a week of the last day of the onsite audit.

115.31(d) - At the end of the training, employees must complete the PREA Knowledge Review, which consists of 17 questions. They must then electronically affix their signature to the form. Compliance with this requirement is verified by the provided screenshot of the PREA online OJT system.

	<p>No Corrective action needed.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations Manual (DOM), Chapter 5, Section 54040.1 - Zero Tolerance Policy 3. CDCR Basic Correctional Officer Academy (BCOA) Prison Rape Elimination Act (PREA) v2.0 BET Code 11055014 4. CDCR On the Job Training (OJT), PREA, v3.0 BET Code 11054378 <ol style="list-style-type: none"> 1. Zero Tolerance 2. Responsibilities 3. Communication Reactions 4. Detect and Response 5. Professional Communication with LGBTQI 6. Reporting 5. CDCR OJT, PREA, v2.0 BET Code 11053499 <ol style="list-style-type: none"> 1. Zero Tolerance 2. Free from Sexual Abuse and Sexual Harassment 3. Retaliation 4. Dynamics 5. Inmate and Staff Interaction 6. Communication with LGBTI 6. Becoming Trauma Informed Training for Correctional Professionals 7. Working Effectively with Female Offenders v1.0 #A8378 8. CDCR OJT, BET 11053211, Avoiding Inappropriate Relationships 9. CCWF Staff Training Records 10. Interviews with Random Staff
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.32(a) - DOM Section 54040.4 establishes the comprehensive training requirement for the prevention, detection, response, and investigation of sexual misconduct, crucially encompassing not only employees but also volunteers and independent contractors. This broad scope is explicitly defined in the submitted CDCR PREA Version 1.1 lesson plan, which targets "All Staff." Further reinforcing this requirement, DOM Section 101090.7 mandates a preliminary orientation for volunteers, while the Community Resource Manager and In-Service Training collaborate to deliver PREA through on-the-job, self-study courses. As evidence of compliance with this inclusive mandate, the Pre-Audit Questionnaire reported that</p>

112 volunteers and contractors at CCWF have successfully completed the required PREA In-Service Training.

115.32(b) - A memorandum dated October 6, 2017, established mandatory training requirements for volunteer and contract staff regarding Inmate/Staff Interaction. The policy requires all such personnel to receive a minimum of one hour of training. The memorandum clarifies that while this one-hour module is universal, specific staff may be mandated by institutions to complete more extensive training based on their level of contact with inmates. Therefore, this document effectively sets the floor for training, with additional requirements determined by the individual's role within the institution.

The submitted blank CDCR 2301 form (Parts A and B) outlines the required acknowledgement for staff and contractors. Part A summarizes the CDCR's policy, specifically declaring zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment, and prohibits this behavior by all staff, volunteers, and coordinators. Part B is designated for contractors who may have contact with inmates, serving a dual purpose. First, it includes a mandatory "Duty to Report" section, mirroring the prior behavior disclosures required of employees during hiring and promotion (as noted in 115.17). Second, the form requires contractors to acknowledge, via signature, a "continuing duty to promptly report" any changes to their answers and to "notify your employer and the appointing Authority of the Institution to which you are assigned." By signing, contractors formally affirm that their answers are "true and correct" and contain "no misrepresentations, omission, or falsifications."

115.32(c) - DOM Chapter 3 requires the use of CDCR Form 844 to record training participation and CDCR Form 854 to document training requests; however, this policy does not specifically note volunteer and contractor staff. The separate CDCR 2301 PREA Policy Information for Volunteers and Contractors was submitted for review, and it effectively serves as the required acknowledgement document for these personnel, requiring a signature in Part A to acknowledge the policy and a signature in Part B affirming truthful information and a continuing duty to report. In accordance with DOM Section 32010.8.4, all of this training documentation, regardless of the form used, is required to be recorded in the electronic tracking system.

CDCR 2301 forms were submitted for review. Every submitted form contained the required signatures, thereby acknowledging both an understanding of the information provided and a responsibility to report any information indicating an offender is or has been a victim of sexual violence, staff sexual misconduct, or sexual harassment. Furthermore, the third page of the form was completed to address prior behavior, specifically related to reporting sexual abuse, attempted sexual activity in the community facilitated by force or threats, being administratively found to have engaged in such behavior, or receiving disciplinary action for sexual harassment allegations. By signing, the contractor or volunteer also explicitly acknowledged a continuing duty to promptly report such information.

Three volunteers and one contractor were contacted for an interview. All interviewees

described a similar, consistent onboarding process for gaining access to CCWF, which included a written application, Live Scan screening, and mandatory training. The training provided comprehensive coverage of CDCR's Zero Tolerance policy regarding sexual abuse and sexual harassment, including specific instruction on how to report any knowledge or suspicion of misconduct. Training completion was verified by a section of knowledge-based questions.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Pre-Audit Questionnaire (PAQ)
2. CDCR Article 44 PREA
3. CDCR Policy, Departmental Operation Manual (DOM) Chapter 5, 54040.4 - Education and Prevention
4. CDCR Policy, Departmental Operation Manual (DOM) Chapter 10,
 1. 101090.7 - Volunteer Orientation
 2. 101090.6.2 - Volunteer Application Packet and Files
5. PREA On the Job Training, PREA, BET 1105349
6. CDCR Memorandum dated October 6, 2017 regarding Volunteer and Contractor Training
7. CDCR 181 - Primary Laws, Rules and Regulations Regarding Conduct and Association with State Prison Inmates
8. CDCR 2301 - PREA Information for Volunteer and Contractors Part A and B
9. Volunteer Annual OJT Module PREA, BET 11053499
10. Training Records
11. Interviews with Volunteer and Contractors, CCWF Human Resources and Community Resource Manager

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33(a) and (f) - This section of the California Department of Corrections and Rehabilitation (CDCR) policy, specifically CDCR DOM, Section 54040.4, mandates comprehensive Education and Prevention measures regarding the Prison Rape Elimination Act (PREA). The policy requires that all offenders receive both verbal and written information addressing Prevention/Intervention, Reporting, Treatment, and Counseling related to sexual assault. Initial PREA orientation is provided weekly in Reception Centers via written or multi-media presentations in English and Spanish. Furthermore, approved PREA posters detailing departmental policy and reporting telephone numbers for sexual violence and staff misconduct must be conspicuously posted throughout the institution, while materials like the "Sexual Assault Awareness"</p>

brochure and "Sexual Abuse/Assault: Prevention and Intervention" booklet are distributed during initial processing and are continuously available through correctional counselors.

Upon admission to the CCWF, all inmates are systematically provided information detailing the agency's zero-tolerance policy on sexual abuse and harassment, proper procedures for reporting incidents or suspicions, and the availability of support services for survivors. This information is disseminated through various formats, including posters, inmate orientation handbooks, and brochures, and the process requires mandatory acknowledgment: all inmates must sign off on the CDCR General Chrono form (CDCR 128-B) confirming receipt of the handbook and relevant PREA materials. This practice was confirmed by an auditor through the review of inmate records and the signed CDCR 128-B forms, and interviews with Intake Staff further affirmed that providing this vital information is a required component of the intake process before an inmate is released to their assigned housing unit.

Senate Bill 132, "The Transgender Respect, Agency, and Dignity Act" brochure is utilized to educate offenders on how this legislation directly impacts their rights in a confined setting, including answers to frequently asked questions. Furthermore, this brochure integrates essential PREA reporting information, providing specific contact details for both the Office of Internal Affairs and the OIG PREA Ombudsperson to ensure accessibility for reporting sexual abuse or harassment.

115.33(b) - Upon arrival at CCWF, the inmate orientation process integrates the mandatory viewing of the CDCR PREA educational video, "What You Need to Know," which informs inmates of their right to be free from sexual abuse, sexual harassment, and retaliation for reporting, and details the agency's policies for incident response. This video-based training, required by CCW's DOM Supplement 72020.4.1, must be completed prior to relocating from the Reception Center to the main institution, supporting the institution's response to the 2,205 admissions reported in the preceding year. Further ensuring awareness, CDCR PREA posters with reporting contact information are posted throughout the facility, and Intake staff provide each inmate with essential written materials, including the CDCR PREA Sexual Abuse/ Assault Prevention and Intervention booklet, the Sexual Violence Awareness Brochure. Finally, staff document the receipt of this comprehensive information and training material by having the inmate sign the CDCR 128-B receipt of inmate PREA Education Chrono.

A review of 34 inmate files revealed a significant inconsistency in the process of providing comprehensive education within the required 30-day timeframe, leading to a finding that necessitates corrective action to ensure timely and complete compliance with mandated educational protocols.

115.33(c) - At CCWF all inmates, including new admissions and those transferred from other facilities, are provided mandatory information during the initial intake process concerning the agency's zero-tolerance policy on sexual abuse and harassment, detailed instructions on how to report incidents or suspicions, and access to available support services for survivors. This comprehensive information is

delivered through various materials, including general posters and inmate orientation handbooks, along with the specialized "Sexual Violence Awareness" brochure and the "Sexual Abuse/Assault - Prevention and Intervention" booklet.

A memorandum dated November 4, 2015, from the Lieutenant of the Female Offender Programs and Service/Special Housing to the Associate Director of the same division, confirmed that the PREA Information for Orientation Handbook was successfully distributed to the current inmate population. The memorandum also noted that Proof of Practice memorandums were subsequently received from each institution, verifying that this essential distribution had occurred across the female offender facilities.

115.33(d) - This part of the policy focuses on the critical requirement for effective communication of PREA education to all offenders, regardless of language proficiency or disability. CDCR DOM, Section 54040.4, Education and Prevention mandates that provisions must be made for offenders who are not fluent in English, those with low literacy levels, and those with disabilities. To meet this requirement, the institution utilizes the PREA educational video in intake with sound and closed-captioning, which ensures that inmates with limited reading skills and visual impairments receive the necessary education—a practice confirmed by the auditor's observation. Furthermore, services from external providers like Natural Languages, LCC and American Sign Language Interpreter Services are available for Limited English Proficient (LEP) and deaf inmates, supplemented by certified bilingual staff for translation. Finally, staff interviews confirmed the practice of encouraging inmates to ask questions after viewing the video and signing the acknowledgment form, and the institution may also utilize offender peer educators to further enhance comprehension.

115.33(e) - DOM Section 54040.4 mandates the meticulous documentation of all PREA offender education on the CDCR 128-B, Receipt of Inmate PREA Education form, which requires the inmate's signature to formally confirm they received the necessary training, and this signed document is then scanned into the Electronic Records Management System for permanent recordkeeping. The training acknowledged on this form covers several critical components, including the agency's zero-tolerance policy on sexual abuse and harassment, detailed reporting procedures, the right to protection from retaliation, information on available support services, and specific education concerning the rights of vulnerable populations.

Provision (b) required corrective action. To address the identified inconsistency, the Program Compliance Manager (PCM) provided admission reports throughout the corrective action period, enabling the auditor to randomly verify signed offender education acknowledgment forms. The facility also reinforced its protocol by conducting PREA education every Tuesday in the Reception Center Yard. Furthermore, monthly reviews were implemented to ensure all education is completed timely. Based on the documentation provided, the auditor confirmed the PCM corrected the deficiency and the facility sustained these revised practices, successfully maintaining compliance with this standard.

Interviews, Policy, Documentation and Other Evidence Reviewed:

	<ol style="list-style-type: none"> 1. CCWF Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations Manual (DOM) Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.4 - Education and Prevention - Offender Education 3. CCWF PREA Orientation Handbook (English/Spanish) 4. CDCR PREA Sexual Violence Awareness Brochure (English/Spanish) 5. CDCR Sexual Abuse/Assault Prevention and Intervention Brochure (English/Spanish) 6. CDCR Senate Bill 132 Brochure (English/Spanish) 7. CDCR form 128-B Inmate Intake/Acknowledgement form 8. CDCR Shine the Light on Sexual Abuse poster (English/Spanish) 9. CCWF General Chrono, Inmate Records 10. Interviews with CCWF Intake staff, Random and LEP inmates
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a) - According to CDCR DOM, Section 54040.3, Definitions, a Locally Designated Investigator (LDI) is institutional staff specifically trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. Reinforcing this mandate, Section 54040.4, Education and Prevention further requires that investigators assigned to these cases must receive specialized training, with the institution's PREA Compliance Manager being directly responsible for ensuring all employees who investigate PREA incidents are properly trained.</p> <p>115.34(b) - The review of the CDCR Specialized PREA Training for Locally Designated Investigators documents—including the Lesson Plan, Power Point, and Participant Workbook—confirmed a comprehensive curriculum that includes essential investigative topics. The training covers the correct use of Miranda and Garrity warnings, crucial interviewing techniques, proper protocols for evidence collection and crime scene preservation, the criteria needed for case substantiation, and guidance on CDCR policy, victim advocacy, documentation, and referral for prosecution. Both interviewed investigators affirmed that the training provided detailed instruction on these noted standards, particularly emphasizing evidence preservation, interview methodology, and policy application.</p> <p>115.34(c) - According to CDCR DOM, Section 54040.4, the PREA Compliance Manager (PCM) is responsible for ensuring that all employees investigating incidents of sexual violence or staff sexual misconduct are properly trained, with staff participation documented on the CDCR 844, Training Participation Sign in Sheet. At Central California Women’s Facility (CCWF), there are 37 specially trained PREA investigators, and evidence of their required specialization was submitted via Course Enrollments</p>

	<p>for both the Basic Investigators Course and the PREA Locally Designated Investigator course.</p> <p>Corrective action not required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Pre-Audit Questionnaire 2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.3 - Definitions 2. Section 4040.4 - Education and Prevention 3. CDCR Specialized PREA Training for Locally Designated Investigators Curriculum 4. CDCR Basic Investigators Course 5. CCWF LDI Training Records 6. Interviews with CCWF Investigative Staff
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.35(a) - Per CDCR Department Operations Manual (DOM), Section 54040.4, Education and Prevention, all personnel, including 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 is delivered during new employee orientation, annual block training, and within the Correctional Training Academy curriculum. The content is gender-specific based on the offender population at the assigned institution. The Specialized Training for Medical and Mental Health staff was reviewed by the auditor and covers identifying potential signs of sexual abuse and sexual harassment; reporting allegations or suspicions of sexual abuse and sexual harassment (how and to whom); methods for responding effectively and professionally to victims; and steps required to preserve evidence of sexual abuse. Review of training records and interviews with Medical and Mental Health staff confirmed their knowledge of and participation in the PREA Specialized Training.</p> <p>According to the Pre-Audit Questionnaire, 349 Medical and Mental Health staff regularly work at CCWF, with 84% reported as having completed the required specialized training. Overall, 293 staff have completed this specialized training, including direct practitioners as well as supporting personnel such as Office Technicians and Information Technology Specialists. However, a review of training records, indicated 55 medical and mental health staff have not fully completed the training. Medical and mental health staff interviewed could not specifically recall</p>

specialized training, they did discuss receiving annual refresher training during block training.

115.35(b) - CDCR DOM, Section 54040.3, Definitions, states that institutions must utilize contract resources at a local community hospital for Sexual Assault Response Team (SART) examinations of victims and offender-suspects, unless the institution has been previously authorized to perform contracted onsite SART exams. Given that CDCR/CCWF contracts with the San Joaquin General Hospital to perform SART exams, this particular requirement (or "substandard") is not applicable to CDCR/CCWF.

115.35(c) - The CCHCS Memorandum regarding PREA Specialized Training for Medical and Mental Health Staff, dated August 9, 2017, mandates that personnel must submit a signed copy of their completion certificate to their local In-Service Training office after finishing the specialized training on the Learning Management System (LMS).

115.35(d) - Mental Health and Medical Staff reported completion of PREA training and described training components received through the In-Service Training for all staff, in addition to annual update training. Review of training records confirmed that Medical and Mental Health staff complete the general PREA training required of all personnel.

Provision (a) required corrective action. CDCR/CCWF shall ensure that all full and part time medical and mental health staff who work regularly in its facilities receive specialized training. To address the specialized training gap, the facility required all outstanding staff to enroll in and complete the necessary courses with a deadline. On September 24, 2025, the PREA Compliance Manager submitted training logs and completion certificates verifying that CCWF health care staff reached 100% compliance.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations Manual (DOM), Chapter 5
 1. Section 54040.3 - Definitions
 2. Section 54040.4 - Education and Prevention
3. CDCR PREA Specialized Training for Medical and Mental Health Staff Workbook, BET 11057450
4. California Correctional Health Care Services memorandum dated August 9, 2017 - PREA Specialized Training for Medical and Mental Health Staff
5. CCWF Training Records for Medical and Mental Health staff
6. Interviews with CCWF Medical and Mental Health Staff

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.41(a) - DOM Chapter 5, Article 44, does not address a formal process for screening for risk of victimization and abusiveness, though DOM Section 54040.6 references offenders identified on the PREA Screening form as high risk for sexual victimization and how to address their placement in segregated housing. The operational process was defined in a memorandum dated August 28, 2017, to Associate Wardens, Wardens, and PREA Compliance Managers from the Director of the Division of Adult Institutions, which addressed non-compliance with this standard. This memorandum specified that "all inmates be assessed during intake and upon transfer to another institution for their risk of being sexually victimized by other inmates or sexually abusive toward other inmates." The responsibility for completing this screening during the intake process lies with the custody supervisor conducting the Initial Housing Review in Receiving and Release. At CCWF, this assessment is completed in Receiving and Release prior to the inmate being assigned housing. Staff responsible for screening inmates at intake confirmed that risk screening takes place at receiving.

Included for review were the PREA Screening Instructions, which contained screenshots of the electronic screening tool and detailed directions on completing the form and navigating its questions. Additionally, California Penal Code Section 667.5(c), defining a "violent felony" (which may be referenced to answer questions on the PREA Screening tool), was submitted for review.

115.41(b) - DOM Section 54046.5, Initial Screening, mandates that "Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment," at which time restrictions are determined. Furthermore, the Department Operations Manual requires the "screening authority shall review prior in-cell behavior towards cell partner. Verification an inmate is or has been predatory towards a cell partner, has a history of in-cell sexual abuse, is or has been assaultive towards a cell partner, has been the victim of in-cell physical or sexual abuse or demonstrates any significant in-cell violence against a cell partner."

As noted above, this DOM section does not explicitly require the completion of the PREA screen nor does it specify the 72-hour timeframe required by the standard. However, the August 28, 2017 memorandum clarifies that the PREA Screening takes place during this initial intake process. While the memorandum does not specify a separate timeframe, the intake process is understood to occur on the day of arrival, aligning current practice with the standard's expectations. Although the current process achieves compliance, the lack of formal direction in either the operative policy (DOM) or the defining memorandum creates a risk that this critical practice could change in the future, resulting in non-compliance.

According to the Pre-Audit Questionnaire, 2,132 inmates were admitted to CCWF during the past year, remained at the institution longer than 72 hours, and were screened for risk of victimization or abusiveness. A subsequent review of risk screen data for 34 inmates it showed that the screening within the 72-hour timeframe was inconsistent. This finding was further supported by interviews, as several inmates could not recall being screened and asked specified questions from the PREA

screening tool upon arrival until they arrived at the main yard at CCWF from the reception center. This provision required corrective action.

115.41(c) - CCWF utilizes the PREA Screening tool, which was implemented in August 2017 as noted in a memorandum to Associate Directors, Wardens, and PREA Compliance Managers. Further direction was provided in September 2017 to ensure inmates who had previously been through intake were screened for risk of victimization and abusiveness, and the same memorandum established procedures for subsequent reviews and documentation. The tool was modified in July 2020 to better assess for risk of victimization, a change announced via a July 23, 2020, memorandum to Associate Directors, Wardens, PREA Compliance Managers, and Chief Executive Officers. These memorandums, in conjunction with the PREA Screening Instructions, ensure the screening is administered consistently to all inmates. The PREA Screening consists of fifteen standard questions: eleven are objective, written to address information verifiable through records, while four are appropriately subjective and aligned with 115.41(d), requiring inmate self-assessment on their perceptions and unconfirmed incidents. Additionally, questions are weighted and prescribed scoring methods determine final risk levels. Supporting documentation submitted for review included Title 15 Section 3269, Inmate Housing Assignments, which details when an inmate is screened for housing and the information utilized, along with screenshots demonstrating how the PREA Screen is accessed.

115.41(d) - The CDCR PREA Risk Screening Tool assesses inmates for the risk of sexual victimization by considering ten criteria: 1) Victim of a substantiated incident of sexual violence in a correctional setting (excluding sexual harassment) within the last 10 years; 2) Victim of sexual victimization in a non-correctional setting; 3) Presence of a mental, physical, or developmental disability; 4) Age; 5) Physical build; 6) Any prior or current convictions for sex offenses against an adult or child; 7) Whether the inmate considers themselves or has ever been perceived by others as Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming (LGBTQI/GNC); 8) Prior incarcerations; 9) Exclusively non-violent criminal history; and 10) Whether the inmate currently considers themselves vulnerable to sexual victimization. Interviews with staff responsible for conducting the risk screening confirmed that all factors within this subsection are taken into consideration and that the required information is gathered through direct inmate interview as well as a review of existing records in SOMS (Strategic Offender Management System) and ERMS (Electronic Records Management System). Regarding criterion seven, which addresses whether the inmate is or is perceived to be LGBTQI/GNC, Question seven on the screening asks, "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?" The current wording does not explicitly prompt for the screener's perception, and it was confirmed that staff administer the screening based solely on the inmate's reported answer. To address compliance with 115.41(c), the PREA Office issued an email on April 27, 2022, to all PREA Compliance Managers, reminding staff to follow instructions that require them to answer Question Seven as "yes" if they perceive the inmate to be LGBTI or gender non-conforming, a change that does not

alter the question's text.

115.41(e) - The CDCR PREA Screening Tool includes criteria set forth in the standards and assesses the inmate's history across four distinct areas: history of sexual violence in a correctional setting; prior convictions for sex offenses in a non-correctional setting; convictions for non-sexual violent offenses in a non-correctional setting within five years; and a guilty finding for non-sexual violent offenses in a correctional setting within five years.

115.41(f) - The legacy reassessment process, assigned to the Correctional Counselor via a memorandum dated September 29, 2017, requires the Counselor to review the inmate's file annually in preparation for the Unit Classification Committee meeting. New information is reviewed by the Committee, and if it changes the "at risk" designation, the Correctional Counselor II Supervisor completes a new PREA Screening form, with the Committee chairperson reviewing the tool and discussing the inmate's concerns. The 30-day reassessment was formalized in a March 13, 2019, memorandum, which instructed Reception Centers to use the Reception Center - PREA Reassessment form (comprised of four questions) and mandated a face-to-face inmate interview by the Correctional Counselor on the same day if any answer is "yes." Audit findings show significant discrepancies: the Pre-Audit Questionnaire reported that all 1,865 inmates staying over 30 days were reassessed.

A review of 34 inmate files showed inconsistent reassessments, as several were not completed or conducted after the 30-day period. It also showed different processes for different inmate types: Transfer Inmates are reassessed during a required face-to-face meeting within 30 days of arrival, while Reception Center Inmates use the four-question form, which, while mostly completed within thirty days, did not include a record of the required face-to-face meeting in any reviewed case. Despite these record findings, Correctional Counselors reported that every person is reassessed, typically two to three weeks after the initial screening. This provision requires corrective action.

115.41(g) - DOM Section 54040.7, Screening for Appropriate Placement, requires that an inmate's risk level be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on their risk of sexual victimization or abusiveness. However, the policy is unclear regarding who administers the screening or how the screener is notified of the need to reassess. Interview with the PREA Compliance Manager affirms that when a case is substantiated for sexual abuse a review is conducted and a reassessment is conducted.

115.41(h) - CDCR DOM, Section 54040.6, Offender Housing, prohibits disciplining inmates for refusing to answer or not fully disclosing information related to mental, physical, or developmental disabilities; sexual orientation; sexual victimization; or perception of vulnerability. Interviews conducted with intake staff, correctional counselors, and a random sample of inmates confirmed that inmates are not disciplined for refusing to answer/participating in or for not disclosing complete information during the PREA Risk Screening process.

115.41(i) - Interviews with the CDCR PREA Coordinator, the CIW PREA Compliance Manager, Intake staff, and staff responsible for risk screening affirm that only certain approved personnel within the facility and agency have access to the screening information, and that this access is granted strictly on a need-to-know basis. Approved personnel who may access this information include Correctional Counselors, most supervisors and managers, and anyone involved in the classification and housing process; however, housing officers (line-staff) are explicitly excluded from accessing this data.

Provisions (b) and (f) required corrective action. To resolve the identified inconsistency, CCWF conducted refresher On-the-Job Training (OJT) regarding PREA screening requirements and time limits for Custody Lieutenants, Sergeants, and Correctional Counselors. The facility provided Training Participation Sign-In Sheets (CDCR 844) to verify attendance. Additionally, the PREA Compliance Manager submitted monthly admission logs, from which the auditor selected individual records for verification. Based on this review, the auditor confirmed the deficiency was corrected and that the facility successfully sustained these revised practices, achieving compliance with provisions (b) and (f).

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations Manual (DOM), Chapter 5
 1. Section 54040.6 - Offender Housing
 2. Section 54040.7 - Detection, Notification and Reporting
 3. Section 54046.5 - Initial Screening
3. California Penal Code Section 667.5(c) defines "violent felony"
4. CDCR Title 15, Article 1.6 Inmate Housing, 3269 - Inmate Housing Assignments
5. CDCR Memorandum Re: PREA Risk Screening - Dated August 28, 2017
6. CDCR Memorandum Re: Changes to the PREA Screening Form - 115.41 Compliance - Dated July 23, 2020
7. CDCR Memorandum Re: PREA Risk Re-Screening - Correctional Counselor Responsibilities - Dated April 3, 2023
8. CDCR PREA Screening Tool and Instructions
9. PREA Screening Electronic Screen Shot
10. CDCR 128-MH5 Mental Health Referral Chrono, blank
11. CCWF custody log with admission dates
12. CCWF Inmate PREA Screening files
13. Interviews with CDCR PREA Coordinator, CCWF PREA Compliance Manager, Intake Staff, Staff Responsible for Screening, Random Inmates

115.42	Use of screening information
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

115.42(a)-(b) - CDCR DOM, Section 54040.6 (Offender Housing) indicates that single-cell housing factors include the initial housing review assessment and responses to sexual violence and victimization. Further, addresses Offender Housing in relation to the PREA Screening. "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregation housing unless an assessment of all available alternatives has been completed...". Offenders at high risk for sexual victimization must have a housing reassessment within 24 hours of placement into segregated housing. Additionally, the process for review and evaluation for single cell status includes the completion of a PREA Screening.

CCR Title 15, Section 3269 also notes a presumption for single-cell housing based on documented and verified instances of in-cell physical or sexual abuse victimization or verified predatory behavior toward a cell partner.

CDCR's August 28, 2017 Memorandum on PREA Risk Screening directs staff to review the inmate precaution screen for individuals identified as "at risk as a victim" or "at risk as an abuser."

CDCR's October 6, 2017 Memorandum further details the use of PREA screening information by the Initial Unit Classification Committee (IUCC), which convenes within fourteen days of an inmate's arrival. As noted in DOM Section 63010.8.3, the IUCC team reviews the PREA Screening form to develop each inmate's comprehensive program.

CDCR policy mandates that the PREA Risk Screening information is utilized throughout an inmate's confinement, beginning with custody and housing assignments and continuing through classification and mental health support. CDCR DOM, Section 54040.6 and CCR Title 15, Section 3269 establish that factors for single-cell housing include the initial housing assessment, responses to sexual violence, and confirmed predatory behavior, requiring custody supervisors (per the August 28, 2017 Memorandum) to prevent the co-housing of potential victims and abusers. Furthermore, the Initial Unit Classification Committee (IUCC) reviews the PREA screening within fourteen days of arrival (as detailed in the October 6, 2017 Memorandum and DOM Section 63010.8.3) to develop the inmate's comprehensive program, which covers educational, vocational, work, and privilege group designations. Finally, DOM Section 54040.7 requires that any report of sexual victimization or perpetration, whether current or prior, mandates a mental health referral, which, as clarified by the October 24, 2018 Memorandum, is executed via the completion of CDCR Form 128-MH5 when specific questions on the PREA screening are answered "yes."

Pursuant to the California Code of Regulations (CCR), Title 15, Article 1.6 (Inmate Housing Assignments), the decision to assign single-cell status takes into consideration several critical factors related to inmate safety and history. These factors include the inmate's history of sexual assault, previous single-cell designation, history of in-cell abuse, significant in-cell violence toward a cell partner, and

verification of having been victimized in a cell.

The PREA Compliance Manager confirmed that the PREA Screening is reviewed during both initial and annual reviews. The committee utilizes this information to ensure appropriate housing and initiate necessary mental health referrals. Furthermore, staff responsible for completing the PREA Screening also affirmed that the results directly inform housing decisions and referrals to mental health, specifically addressing gender identity safety concerns.

115.42(c) - Based on DOM Section 62080.14, inmates diagnosed as transgender or intersex are referred to a classification committee to determine appropriate institutional placement and housing, with fourteen institutions—including CCWF—identified as having the necessary medical and mental health services, though other case factors may dictate different placement. The Gender Dysphoria Management Policy provides comprehensive guidance to correctional health staff on the psychological, medical (including hormone therapy), and social/environmental management of these patients. Furthermore, a November 6, 2020 Memorandum implemented Senate Bill 132, which requires CDCR to inquire about an inmate's gender identity during intake and classification and house transgender, intersex, or non-binary inmates in a facility designated for men or women based on the individual's preference, pending review and approval.

A Senate Bill 132 (SB 132) brochure, provided in English and Spanish, was submitted for review, which communicates to inmates the requirement for twice-yearly safety evaluations regarding placement and programming, and includes a Frequently Asked Questions (FAQ) section addressing housing requests, accommodations, and searches. Regarding physical placement, the PREA Compliance Manager confirmed that there is no designated housing area specifically for transgender or intersex inmates, and rooms are designed to hold eight people, though individuals are still reviewed for single-cell designation; transgender inmates themselves confirmed this lack of designated housing.

115.42(d) - CDCR Memorandum dated August 25, 2017, to Associate Directors, Wardens, PREA Compliance Managers, and Classification staff, implemented a system of biannual reviews for every person identified as transgender or intersex. Twice a year, PREA Compliance Managers receive a list of these inmates. If an inmate is scheduled for a classification review during that period, the assessment will be conducted during the pre-committee review. If the inmate is not scheduled for classification, the assigned Correctional Counselor is responsible for conducting the Transgender Biannual Assessment - PREA and completing CDCR Form 128-B. The PREA Compliance Manager confirmed that all inmates undergo a standard review of their housing, job, and classification levels within fourteen days of admission and annually thereafter; however, inmates identified as transgendered are reviewed every six months. There were no biannual reassessments to review prior to the deadline of the interim report to confirm practice, therefore this provision requires corrective action.

115.42(e)-(f) - CDCR Memorandum Re: Transgender Biannual Reassessment for

Safety in Placement and Programming mandates that Correctional Counselors conduct a face-to-face interview to assess any threats to an inmate's safety, documenting the findings on CDCR Form 128-B (General Chrono). The CCWF PREA Compliance Manager and risk screening staff confirmed that housing and programming assignments are reassessed at least twice a year and that transgender inmates are permitted to shower separately from other inmates. In support of the approved Senate Bill 132, CDCR issued a Transgender Brochure informing inmates of the authorized clothing options based on their confirmed gender identity, the ability to request separate showers (if they identify as transgender, intersex, or non-binary), and notification of the bi-annual assessments for safety and program placement; simultaneously, CDCR/CCWF staff were required to attend training to ensure understanding of SB 132 and their related responsibilities.

Provision (d) required corrective action. CCWF required corrective action for provision (d) because transgender placement reviews were unavailable for evaluation prior to the issuance of the interim report. The facility subsequently submitted the requested documentation, allowing the auditor to verify the reviews and confirm compliance.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations - Title 15
 1. Section 3269 - Inmate Housing Assignments
 2. Section 3377 - Facility Security Levels
3. CDCR Policy - Department Operations Manual (DOM), Chapter 5
 1. Section 54040.6 - Offender Housing & Single Cell Status
 2. Section 54046.5 - Initial Screening
 3. Section 54040.14.2 - Transgender Biannual Reassessment for Safety in Placement and Programming
4. CDCR Policy - Department Operations Manual (DOM), Chapter 6
 1. Section 62080.14 - Transgender Inmates
 2. Section 62010.8.3 - Initial Classification Committee
5. CDCR Memorandums
 1. Overview of Senate Bill 132 - Training, dated November 6, 2020
 2. Transgender Biannual Reassessment for Safety in Placement and Programming, dated August 25, 2017
 3. PREA Risk Re-Screening - Correctional Counselor Responsibilities, dated April 3, 2023
 4. Regarding Standard 115.42, Use of Screening Information, dated October 6, 2017
 5. PREA Risk Screening Mental Health Referral Process - Dated October 24, 2018
6. California Penal Code Section 667.5(c) defines "violent felony"
7. CDCR Compliance with 115.42 letter
8. CDCR PREA Screening Job Aid & Instructions
9. CDCR PREA form 128-b Transgender Biannual Assessment Chrono (blank)
10. CDCR Transgender Brochure, Senate Bill 132

	11. Interviews with CDCR PREA Coordinator, CCWF PREA Compliance Manager, Staff Responsible for PREA Screening
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43(a) - CDCR DOM, Section 54040.6 (Offender Housing) mandates that offenders identified on the electronic Initial Housing Review as being at high risk for sexual victimization shall not be placed in segregated housing unless an assessment of all available alternatives has been completed and a determination made that no alternative means of separation from likely abusers exists. These required assessments must be completed immediately or within 24 hours of placement into segregated housing. The CCWF Warden confirmed in an interview that the facility strives to exhaust all means before placing an inmate in involuntary segregation, and the facility list confirms no inmates at high risk for sexual victimization were placed in involuntary segregated housing in the last 12 months at CCWF.</p> <p>115.43(b)-(e) - According to the California Code of Regulations (CCR), Title 15, Article 7, Non-Disciplinary Segregation (NDS) includes placement for administrative reasons, such as investigation related to being the victim of a PREA incident. If placement in NDS is victim-related, the inmate must be afforded all programs, privileges, and education in accordance with CCR Title 15, Section 3044 and subsection 3190(b)(5)(c). If these opportunities are restricted, assigned staff must document the limited opportunities, the duration, and the specific reasons for the limitation. Furthermore, assignment to NDS is only permitted until an alternative means of separation from likely abusers can be arranged, and the assignment shall not exceed 30 days; exceeding this duration requires a supervisor's review to determine the continuing need for separation.</p> <p>While CCWF reported having no inmates in segregation for potential risk of sexual victimization, interviews with the CCWF Warden and PREA Compliance Manager confirmed that should an inmate be identified as at risk, they would be immediately re-evaluated. Only if no available alternative means of separation from likely abusers could be arranged would a transfer to another facility be considered as an option. Furthermore, access to programs, privileges, and education for such inmates is maintained through review and coordination with the assigned counselors.</p> <p>No corrective action needed.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Pre-Audit Questionnaire (PAQ)

	<ol style="list-style-type: none"> 2. CDCR Policy - Department Operations Manual (DOM), Chapter 5, Section 54040.6 - Offender Housing 3. California Code of Regulations Title 15 - Article 7, 3335 - Administrative Segregation 4. Interviews with Agency Head, CCWF Warden & PREA Compliance Manager
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.51(a)-(b) - Offender education and reporting regarding PREA are detailed in the Department Operations Manual (DOM). Section 54040.4 outlines education, requiring inmates in the reception center to receive written and multimedia presentations in English and Spanish, including the brochures "Sexual Violence Awareness" and "Sexual Abuse/Assault -Prevention and Intervention," with PREA information posted throughout the facility. Section 54040.7 (Detection, Notification, and Reporting) addresses reporting, stating an offender "may report sexual violence, staff sexual misconduct, or sexual harassment... to any staff" verbally or in writing, using the Inmate Appeals Process, the sexual assault hotline, or through a third party. The reviewed brochure, "Avoidance of Sexual Violence," and the booklet, "Sexual Abuse/ Assault Prevention & Intervention," further instruct immediate reporting to staff, provide options to write or call, and list confidential contact information for CDCR Internal Affairs, the OIG PREA Ombudsperson (who can keep the name anonymous), Just Detention International, and the Community Action Partnership of Madera Co. The PREA Poster, "Shine the Light on Sexual Abuse," reinforces these reporting methods; moreover, mail sent to the Community Action Partnership of Madera County is kept confidential and will not be read by CDCR staff when marked "Evid. Code 1035.4."</p> <p>According to the PREA Compliance Manager, inmates have several methods for reporting PREA incidents: they may use the inmate appeal process, report directly to any staff member, report verbally, submit an anonymous note, or report through another inmate. Additionally, phone numbers for outside agencies are available on facility posters. Although inmates may report anonymously, the investigators require the victim's identity to proceed; investigators will nonetheless begin an investigation without victim information and work to identify the victim through subsequent interviews.</p> <p>The CDCR Form 128-B is utilized to document an inmate's acknowledgment of receiving the PREA Video, brochure, and orientation handbook, along with confirmation that the Opposite Gender Announcement and the various reporting methods for sexual abuse, staff sexual misconduct, sexual harassment, or retaliation have been explained. Both staff and inmates consistently confirmed these reporting</p>

methods, which include reporting directly to any staff member, utilizing the inmate appeals process, or calling the PREA hotline number posted by all phones (which connects directly to the Office of Internal Affairs). Inmates further specified that they would report to trusted staff such as custody staff, health care, or correctional counselors inside the facility, while family or friends would be their primary contacts for reporting outside of CCWF.

115.51(c) - According to DOM Section 54040.7, inmates may report violations of the PREA policy directly to any staff member (verbally or in writing), through the sexual assault hotline, or through a third party. The PREA Information for Orientation Handbook further informs inmates that they may remain anonymous when reporting. Conversely, when staff learn an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment, they have a corresponding duty to immediately and confidentially report the incident to the appropriate supervisor.

All staff acknowledged that PREA incidents may be reported verbally, in writing, anonymously, or through a third party, and confirmed that all reports are documented and investigated in the same standardized manner. Staff consistently noted their immediate protocol is to take the report, ensure the inmate's safety, and contact a supervisor to initiate the investigation process.

115.51(d) - California Code of Regulations Title 15, Section 3401.5 establishes that Staff Sexual Misconduct encompasses any staff, volunteer, agent, or individual working on behalf of the CDCR, and policy dictates that any employee who observes or receives information concerning such misconduct shall immediately report the incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. This zero-tolerance policy is reinforced through the PREA Informational sheet for volunteers and contractors, who are reminded of their responsibility to report immediately and confidentially and to document the information after making the initial report. During training, staff learn that when a supervisor accepts a third-party complaint, the supervisor must complete and sign the appropriate CDCR Form and forward a copy to the complainant within five working days. Staff also confirmed a variety of private reporting options, noting comfort with talking privately to a supervisor or contacting the Office of Internal Affairs (OIA) or the Office of the Inspector General (OIG).

No corrective action needed.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations - Title 15
 1. Section 3401.5 - Employee Sexual Misconduct
3. CDCR Policy - Department Operations Manual (DOM), Chapter 5
 1. Section 54040.4 - Education and Prevention
 2. Section 54040.7 - Detection, Notification and Reporting
4. Shine the Light on Sexual Abuse Poster (English/Spanish)

	<ol style="list-style-type: none"> 5. PREA Orientation Handbook (Rev 5/29/24) 6. CDCR Sexual Violence Awareness Brochure (Rev 6/2024) 7. CDCR/CCWF Mailroom Correspondence Instructions (Updated 9/17/24) 8. CDCR PREA OJT Module Training, BET 11053499 9. Interviews with CCWF Intake Staff, Mailroom Staff, Random Inmates
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.52(a) - The agency is not exempt from this standard because it maintains an appeals process specifically designed to address inmate grievances regarding sexual abuse. In alignment with California Code of Regulations, Title 15 – Article 8, any grievance containing allegations of sexual violence or staff sexual misconduct, in whole or in part, must be processed as an emergency appeal. As an emergency appeal, the submission is immediately reviewed by the Hiring Authority or designee and is processed directly at the second level of review, ensuring rapid response and investigation.</p> <p>115.52(b) - According to DOM Section 54040.7, inmates are explicitly permitted to report violations of the PREA policy utilizing the Inmate Appeals Process (CDCR 602). Section 54040.7.1 further requires that any employee receiving notice of alleged staff sexual misconduct via a CDCR 602 Appeal must immediately notify the institution head, unit supervisor, or highest-ranking official on duty. This immediate notification is mandated by, and adheres to, the requirements outlined in CCR Title 15 Sections 3401.5, 3084.9(a)(5), 3084.9(a)(5)(A), and 3086.</p> <p>Prior to the January 2022 amendment, California Code of Regulations (CCR) Title 15 included specific language addressing time limits for grievances. Specifically, Section 3084.9(a)(5)(A) stated that while the department maintained the right to defend against a lawsuit based on the statute of limitations, "a time limit shall not be imposed upon when an appellant may file such a grievance." This was reinforced by Section 3084.9(a)(5)(A)(1), which specified "no time limit for allegations of staff sexual misconduct," though appeals had to be screened per subsection 3084.5(b)(4). Furthermore, Section 3084.9(a)(5)(B) stipulated that "A time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence." The January 2022 amendment of CCR Title 15 repealed this language, adopting new wording that maintains no time limits for allegations of staff-on-inmate sexual misconduct or harassment, or inmate-on-inmate sexual violence. Additionally, the revised language explicitly confirms that inmates are not required to use any informal grievance process or attempt resolution with staff prior to filing.</p> <p>Reviews of records confirmed that inmates are able to submit a grievance regarding</p>

an allegation of sexual abuse without being subject to any time limits. Furthermore, inmates are not required to use any other informal grievance process or reporting mechanism prior to filing a formal grievance concerning an incident of sexual abuse.

115.52(c) - California Code of Regulations (CCR), Title 15 Section 3084.7 governed the review of appeal responses, stipulating that they were not to be reviewed or approved by staff who participated in the event or the decision being appealed. Staff could, however, be involved in drafting the appeal response under two specific conditions: their involvement was necessary to determine the facts or to provide administrative remedy, and they were not the reviewing authority or their involvement would not compromise the integrity or outcome of the process. This section of CCR Title 15 has since been rescinded and the matter is now addressed within Section 3483 Grievance Review.

115.52(d) - According to CCR Title 15 Section 3084.9, grievances alleging inmate-on-inmate sexual violence or staff sexual violence are processed as an emergency appeal. This requires the appeal to be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level of Review. The required response timeframes are stringent: the Second Level review must be completed within 5 working days (and immediately by the Hiring Authority or designee), and the Third Level review and response must be completed within 60 working days from the date of receipt by the third level appeals chief. If conditions of exception delay exist, the time constraints for the Second and Third Levels may be extended by 30-day increments, though the total process cannot exceed 160 days from the date the appeal was received by the appeals coordinator. If an extension is required, the appellant must receive written notification indicating the estimated completion time. Notably, the time an appellant takes to prepare the appeal is not counted in the calculation of a timely response, and the absence of a timely response (or a properly noticed extension) is considered a denial at that level.

The Grievance Process is now addressed in CCR Title 15, Subchapter 5.1, Inmate and Parolee Programs, Article 1, Administrative Remedies for Inmates and Parolees, encompassing Sections 3480 through 3486 with updated language. According to these revised sections, the Grievance Coordinator is responsible for ensuring that a written decision is provided to the inmate within 60 calendar days of the grievance submission.

The Pre-Audit Questionnaire (PAQ) reported that 225 grievances alleging sexual abuse were filed within the past year. Notably, the PAQ also indicated that zero allegations reached a final decision after 90 days or required an extension. The PAQ clarified that all grievances alleging staff sexual misconduct receive a written response within 60 days from the date of receipt, although this response may not be the final decision. This initial response utilizes the updated Grievance/Appeals regulations and simply informs the inmate of the "Allegation of Staff Misconduct." The inmate is then advised with the following specific language: "Pursuant to the California Code of Regulations, title 15, your claim has been identified as an allegation of staff misconduct, meaning it will be referred outside the grievance and appeal process to an appropriate authority within the Department for the purpose of gathering facts needed to prove or

disprove the allegation. A separate response will be provided to you at the conclusion of that process. This decision exhausts all administrative remedies available to you.” a review of inmate grievances confirmed that written responses were provided within 60 days.

115.52(e) - DOM Section 54040.7.2 addresses Notification via Third Party regarding staff misconduct. When a third party makes an allegation of staff sexual misconduct or sexual harassment, the complaint must be submitted in writing to the Hiring Authority, who then forwards the documented report to the investigator. Crucially, when such a complaint is filed, a supervisor is required to privately meet with the alleged victim to discuss the complaint and assess for any immediate housing needs. Separately, DOM 54040.7.3 addresses third-party allegations of sexual violence or sexual harassment made on behalf of an inmate against another inmate. This complaint should also be in writing and is forwarded to a custody supervisor, who then transmits the report to the Locally Designated Investigator (LDI) for investigation. The allowance for third-party reports concerning sexual violence, staff sexual misconduct, and sexual harassment is affirmed by CCR Title 15. CCWF's Pre-Audit Questionnaire was that zero inmates declined to move forward with a request for administrative remedy that had been filed on their behalf by a third party.

115.52(f) - CCR Title 15 Section 3084 includes language mandating that all allegations of staff-on-inmate sexual misconduct and inmate-on-inmate sexual violence require a risk assessment completed by the Hiring Authority. The purpose of this assessment is to determine if the inmate is at substantial risk of imminent staff sexual misconduct. A stringent timeline is enforced: an initial response must be provided to the inmate within 48 hours, with the final determination and documentation completed within five calendar days.

115.52(g) - DOM Section 54040.15.1 addresses false reporting, allowing an inmate to be charged with "making a false report of a crime" if, and only if, an investigation into sexual violence or staff sexual misconduct determines with conclusive evidence that the inmate knowingly made a false report. Crucially, an allegation that is deemed unsubstantiated or unfounded due to a lack of evidence does not constitute a false report and cannot be used as grounds for charging the inmate.

According to the Pre-Audit Questionnaire, during the past year, zero allegations resulted in the imposition of disciplinary action for an inmate filing a false report.

No corrective action needed.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations - Title 15, Article 8
 1. Section 3084 - Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates
 2. Section 3483 - Grievance Review
3. CDCR Policy - Department Operations Manual (DOM), Chapter 5,

	<ol style="list-style-type: none"> 1. Section 54040.15.1 - Alleged Victim - False Allegations 2. Section 54040.7 - Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer 4. CCWF Grievances alleging sexual abuse or staff sexual misconduct 5. CCWF Appeals Log 6. CCWF Investigations Log 7. Interviews with CCWF PREA Compliance Manager, Intake Staff, Mailroom Staff, Random Inmates
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53(a) - CDCR DOM, Section 54040.8.2, requires that incarcerated victims of specified sexual offenses (PC 264.2 and PC 679.04) have the right to a victim advocate and support person during medical examinations and investigatory interviews. Additionally, the facility must ensure inmates have access to outside victim advocates for emotional support services by providing relevant contact information, including toll-free hotlines. This information is currently made available to the inmate population through the facility's PREA brochure, PREA Booklet, and the Offender Orientation Handbook.</p> <p>The PREA Information Handbook informs inmates that they may be eligible for a victim advocate and a victim support person during a medical examination, interviews with law enforcement, and subsequent interviews with medical staff, specifically if the inmate was a victim of sexual violence or staff sexual misconduct while incarcerated at CCWF. The handbook addresses emotional support services or provide the contact information for the advocacy agency. This information is also provided via posters displayed throughout the CCWF housing units, which contain the name, mailing address, and phone number of the local rape crisis center, Community Action Partnership of Madera County. Furthermore, the phone number for Community Action Partnership of Madera County is also posted by or on all inmate telephones in the housing units and is labeled as the "Rape Crisis".</p> <p>115.53(b) - The PREA Information Orientation Handbook informs inmates that written correspondence between them and a rape crisis center advocate or OIG/OIA is confidential pursuant to CAL. EVID. CODE § 1035.4. To be processed as such, the outside of the envelope must state: "Evid. Code 1035.4 Confidential/Privileged Communication." Regarding phone access, calls to the Rape Crisis Center and OIG no longer require a PIN, while calls to OIA still do. Critically, calls to the Rape Crisis Center and OIG are not monitored or recorded by CDCR, and calls to OIA are not monitored or recorded by the institution. Furthermore, inmates may remain</p>

anonymous upon request when reporting to OIG.

The handbook also informs inmates that any report of sexual abuse or sexual harassment will be handled with an appropriate degree of confidentiality and referred to the applicable staff member(s) for inquiry or investigation. Reports involving a child, elder, or dependent adult will be forwarded to the authorities in accordance with mandatory reporting laws.

115.53(c) - The Central California Women's Facility (CCWF) has a formal Standard Agreement with the Community Action Partnership of Madera County, Inc., which began on July 1, 2024, and remains active through June 30, 2029, to provide essential emotional support services.

The Memorandum of Understanding (MOU), alongside the Contract Supplement and CDCR Prison Rape Elimination Policy, defines the roles and responsibilities. Community Action Partnership of Madera County, Inc., agrees to collaborate with CCWF to provide incarcerated victims with access to outside victim advocates for sexual abuse-related services. The MOU defines Victim Advocate Services as including, but not limited to, emotional support, crisis intervention, information, and referrals provided during the forensic examination and investigative interview.

The MOU further specifies that they will respond to incarcerated victims through the following confidential means:

- Telephone: Toll-free, non-recorded, non-monitored calls using the inmate phone system.
- Written Correspondence: Confidential written correspondence.
- In-Person Counseling: In-person crisis counseling.
- Facilitated Calls: Telephone calls to the agency through a chaplain, counselor, psychologist, or Investigative Services Unit (ISU) staff.

Most inmates interviewed demonstrated awareness that outside support services exist for individuals healing from sexual abuse. While they did not specifically identify the advocacy agency, a majority knew that advocate groups were available and where to obtain a hotline phone number. Additionally, many inmates noted the PREA posters and knew where to seek more information if necessary.

No corrective action needed.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.7 - Detection, Notification, and Reporting
 2. Section 54040.8 - Victim Advocate and Victim Support Person
3. PREA Orientation Handbook CCWF/VSP (English/Spanish)
4. CDCR PREA Sexual Violence Awareness Brochure Rev. June 2024 (English/Spanish)

	<ol style="list-style-type: none"> 5. CDCR PREA Sexual Abuse/Assault Prevention & Intervention Rev June 2024 (English/Spanish) 6. CDCR Rape Crisis Center Help Is Available Poster - Community Action Partnership Madera County (English/Spanish) 7. Executed Agreement with CDCR and San Joaquin General Hospital, effective July 1, 2023 to June 30, 2026 8. Standard Agreement with Community Action Partnership of Madera County, Inc., effective July 1, 2024 to June 30, 2029 9. Standard Agreement with PREVAIL CA, effective January 30, 2025 to June 30, 2027 10. Interviews with Random Inmates, Inmates Who Reported Sexual Abuse, Victim Advocates
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>CDCR policy mandates specific procedures for handling third-party reports of sexual violence or misconduct. Department Operations Manual (DOM) Sections 54040.7.2 governs these reports, which may be submitted on behalf of inmates by a widely defined third party, including inmates, family, friends, attorneys, or outside advocates. Reports may also be received from personnel of other agencies. Additionally, Title 15, Article 2, Section 3417 addresses citizen complaints and outlines the handling requirements for CDCR staff. Inmates are explicitly informed via the PREA section in the Inmate Orientation Handbook that one authorized method of reporting allegations of sexual violence, staff sexual misconduct, or sexual harassment is to tell a family member or friend who can report on the inmate's behalf.</p> <p>How to report an incident of sexual abuse, staff sexual misconduct, or sexual harassment is available on the CDCR public Website at https://www.cdcr.ca.gov/prea/prea/reporting/. The PREA Reporting Information advises that individuals may submit a report through several channels. These include contacting the facility directly using the facility locator, or by contacting the Office of Internal Affairs (OIA) by using the regional address or phone number provided. As a final option, individuals may call or mail the Office of the Inspector General (OIG) PREA Ombudsperson. The OIG further enhances accessibility by providing a link to directly report misconduct or retaliation electronically.</p> <p>No corrective action needed.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p>

	<ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.7.2 - Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer 2. Section 54040.7.3 - Notification via Third Party Reporting Sexual Violence or Sexual Harassment Against an Offender 3. Section 54040.8.2 - Victim Advocate and Victim Support Person 3. California Code of Regulations, Title 15, Section 3417 - Citizen's Complaints 4. PREA Information Orientation Handbook (English/Spanish) 5. CDCR Sexual Abuse/Assault Prevention and Intervention Brochure 6. CDCR Agency Website https://www.cdcr.ca.gov/prea/prea/reporting/ 7. Interviews with Random Staff and Inmates
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61(a) - DOM Section 54040.7 states that all CDCR staff are required to report immediately and confidentially to a supervisor if they have information indicating an inmate is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment. The policy provides specific direction to staff regarding the manner of reporting, the appropriate recipient, and necessary follow-up documentation.</p> <p>Inter-Facility Notification (DOM Section 54040.7.4) This section addresses notification to and from other confinement facilities. Specifically, when a CCWF staff member receives information that an inmate was the victim of sexual violence or staff sexual misconduct while at another confinement facility, the CCWF Hiring Authority (Warden) must notify the Hiring Authority (Warden) of the facility where the alleged incident occurred.</p> <p>DOM Section 54040.13 addresses retaliation monitoring. The PREA Compliance Manager (PCM) or designee is responsible for monitoring the conduct and treatment of both the reporting party (inmates or employees who made the report) and the victim to ensure no changes occur that might suggest retaliation. If retaliation is indicated, the assigned supervisor must notify the PCM, who is ultimately responsible for remedying the retaliation.</p> <p>Random staff interviews confirmed staff are aware of their reporting responsibilities which included all provisions of this standard. They were clear to whom they report and required follow up documentation.</p> <p>115.61(b) - DOM Section 54040.8 mandates that all staff "maintain professional</p>

behavior" when interacting with an alleged victim of sexual violence or staff sexual misconduct. Furthermore, staff are required to treat all related information as confidential, ensuring "disclosure be made only to employees who have a 'need to know' and to other persons and entities as permitted by law." When interviewed, random staff reported they would only disclose information to a supervisor and medical staff if necessary, indicating general adherence to the policy's confidentiality requirement.

115.61(c) - The California Correctional Health Care Services (CCHCS) Policy Chapter 16, Section 1.16.2 (Prison Rape Elimination Act Procedure) requires that once a patient alleges being the victim of sexual violence or misconduct in a correctional setting, and after emergency medical attention is provided, health care staff must immediately take the following actions:

- Notify the patient of the health care staff's duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment and the limits to confidentiality, at the initiation of services.
- Notify the Watch Commander and the Investigative Services Unit of the incident.

Mental Health and Medical Health providers at CCWF acknowledged their mandatory responsibility to report to a supervisor should they become aware of an inmate being the victim of sexual abuse or sexual misconduct. Specifically, staff working directly with inmate patients who were interviewed reported that when they are the first to learn of an incident of sexual assault or harassment, they notify their supervisor and the Investigative Services Unit (ISU).

When an inmate arrives at CCWF, medical staff reviews patient rights and medical confidentiality with all inmates. Similarly, during the Reception and Release (R&R) process, clinical staff review standard forms with all inmates prior to receiving treatment. These standard forms include a consent for treatment and a clear explanation of limits to confidentiality. It is important to note that Mental Health treatment is not mandatory, and patients retain the option to refuse services.

115.61(d) - CCWF (Central California Women's Facility) does not house individuals under 18 years of age, as the facility's mission is adult incarceration. The PREA Coordinator confirmed that all individuals under the age of 18 reside within the Department of Juvenile Justice (DJJ).

115.61(e) - DOM Section 54040.12 mandates that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. The policy specifies that for allegations reported to the Hiring Authority, the case will be assigned to a Local Designated Investigator (LDI) who must utilize standard investigatory procedures. This practice was confirmed through an interview with the CCWF Warden, and a review of CCWF PREA investigations completed during the audit period confirmed full compliance with this substandard.

	<p>No corrective action needed.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department of Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.3 - Definitions "Need to Know" basis 2. Section 54040.4 - Education and Prevention - Staff Training 3. Section 54040.7 - Detection, Notification and Reporting 4. Section 54040.8 - Response 5. Section 54040.12 - Investigations 6. Section 54040.13 - Allegation Follow-up 3. California Correctional Health Care Services Policy, Chapter 16, Section 1.16.2 - PREA procedure 4. PREA On-the-Job Training (OJT) v2 BET 11053499 5. CCWF C-110 Investigative Services unit (ISU) Repository for Allegations of Staff Misconduct 6. CDCR form 2304 Protection Against Retaliation - Inmate 7. CDCR form 2305 Protection Against Retaliation - Staff 8. Interviews with CCWF Warden, Medical & Mental Health Practitioners, Random Staff & Inmates
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>DOM Section 54040.7 mandates that all staff immediately report to the appropriate supervisor any information indicating an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. The policy further requires that any staff member with significant concern that an inmate may be subject to sexual victimization should immediately notify a custody supervisor.</p> <p>According to the Pre-Audit Questionnaire, CCWF reported receiving zero (0) reports of inmates who were assessed to be at a substantial risk of imminent sexual abuse during the relevant period.</p> <p>Both the Agency Head and the CCWF Warden acknowledged their obligation to ensure the safety of the population.</p> <p>The CCWF Warden outlined the formal procedure for staff who become aware of an inmate at risk for sexual abuse:</p> <ul style="list-style-type: none"> • Staff would conduct an interview in a confidential setting.

	<ul style="list-style-type: none"> • The discussion would focus on housing assignments and separating the potential victim from the threat. • The immediate response includes a referral to Mental Health. <p>The Agency Head specifically noted the inmate would not be placed in restrictive housing, with the priority being to ensure the inmate is safe with minimal impact to the victim during the investigation.</p> <p>For inmates at imminent risk of sexual abuse, the Warden stated that the inmate is immediately placed in a holding cell and interviewed. Once information is obtained, staff would work to remove the threat. CCWF utilizes various options for housing changes, including movement to a different yard or transfer out of the facility. The inmate would also be referred to Mental Health and Medical Health (if necessary) and provided with information for a victim advocate.</p> <p>Line staff overwhelmingly corroborated this procedure, consistently reporting that if they became aware of a situation, they would address it right away. This includes reporting to a supervisor, separating the involved inmates, and interviewing the potential victim to obtain more information. Line staff repeatedly emphasized housing changes as the primary method to keep inmates safe.</p> <p>No corrective action needed.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department of Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.7 - Detection, Notification and Reporting 3. Interviews with Agency Head, CCWF Warden, Random Staff
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63(a)-(d) - CDCR DOM Section 54040.7.4 outlines the mandatory, time-sensitive procedure for notifications regarding allegations of sexual violence or staff sexual misconduct involving an offender confined at another facility. The hiring authority at the institution receiving the allegation must notify the hiring authority of the facility where the incident allegedly occurred as soon as possible, but no later than 72 hours, via telephone or electronic mail, followed by a formal written summary. The agency that is notified that the incident occurred at their institution is responsible for assigning and ensuring the allegation is investigated and reported in accordance with DOM Section 54040.12, and must return a closure report to the institution that</p>

	<p>initially reported the incident. Audit findings confirmed the practice is followed, noting that within the past twelve months, CCWF received eleven allegations occurring at other facilities and was notified of six allegations occurring at CCWF, verifying that the facility effectively documents all sent and received notifications, to include timely notifications.</p> <p>No corrective action needed.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.7.4 - Notification from/to Other Confinement Facilities 2. Section 54040.12 - Investigation 3. CCWF Investigative files 4. Interviews with CDCR Agency Head, CCWF Warden, Investigative Staff
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.64(a)-(b) - The CDCR's policy for handling alleged sexual abuse incidents, as outlined in DOM Section 54040.8, requires a clear, immediate protocol to ensure victim safety and evidence preservation. The employee making initial contact with an alleged victim must promptly take them to a private, secure location and utilize the PREA Initial Contact Guide to complete tasks that include explicitly requesting that both the victim and the alleged abuser refrain from any actions that could destroy physical evidence. Concurrently, the Custody Supervisor must take command of the crime scene by establishing a perimeter, posting an officer to maintain its security, and keeping a chronological log of all persons entering the area and the purpose of their entry. This systematic response is formalized and supported by existing tools, specifically the CDCR Custody Supervisor PREA checklist and the PREA Initial Contact Guide, which collectively and clearly outline the necessary steps to meet all requirements of the substandard.</p> <p>Based on the CCWF Pre-Audit Questionnaire, a total of 400 incidents of sexual abuse were reported, revealing a critical lapse in the necessary time-sensitive protocol for evidence preservation. Despite the large volume of reports, the questionnaire indicates that 381 incidents were reported outside the crucial 72-hour window required for collecting forensic evidence and administering a Sexual Assault Forensic Examination (SAFE). The facility demonstrated full compliance with immediate safety measures, as staff successfully ensured the separation of the victim and the alleged abuser in every single case. Interviews with staff and the review of documentation</p>

	<p>ultimately suggests that CCWF staff is aware of the procedures and their responsibilities as a first responder to a PREA incident.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.8 - Response 3. CDCR Custody Supervisor PREA Checklist 4. CDCR PREA Initial Contact Guide 5. CCWF PREA Investigations Files 6. Interviews with Random Custody and Non-Custody Staff, First Responders, Inmates Who Reported Sexual Abuse
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The comprehensive response to a PREA incident is governed by a coordinated framework involving both CDCR custody staff (DOM Section 54040.8) and California Correctional Health Care Services (CCHCS Chapter 16 Section 1.16.2), ensuring all critical aspects from initial contact to long-term care are addressed. This protocol begins with the First Responder's responsibilities to immediately escort the victim to a private secure location, utilize the PREA Initial Contact Guide, and initiate crime scene preservation by instructing all involved parties not to destroy evidence, while also ensuring the immediate separation of the victim and abuser. The Custody Supervisor then secures the scene by establishing a perimeter, posting an officer, and maintaining a chronological log. Crucially, the policy mandates the provision of support through a Victim Advocate and timely access to Medical Services and Forensic Medical Examinations (SAFE), with CCHCS procedures outlining the duties of healthcare providers in providing emergency and follow-up care, and managing transportation responsibilities and evidence collection protocols. Finally, the CCHCS framework also includes essential Mental Health responsibilities, ensuring victims receive necessary crisis intervention and follow-up counseling.</p> <p>The institutional response plan for incidents of sexual abuse is clearly established and actively utilized, as confirmed by interviews with the Warden and facility staff. Both management and frontline personnel acknowledged the existence of this comprehensive plan, which explicitly coordinates the necessary actions and defines the roles of staff members who act upon sexual abuse reports. Furthermore, the staff members were able to articulate the specific steps they take during an incident,</p>

	<p>demonstrating that the actual facility practice consistently conforms to the procedures outlined in the acknowledged institutional plan.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Article 44 - Prison Rape Elimination Act , Section 54040 (Rev. 11/8/2023) 3. CDCR CCHCS, Chapter 16, 1.16.2 - Prison Rape Elimination Act Procedure 4. PREA Initial Contact Guide 5. Interviews with Warden and Random Staff
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66(a) - The labor agreement between the State of California and the California Peace Officers Association (CCPOA) Bargaining Unit 6 (Corrections), which is valid from July 3, 2023, to July 2, 2025, contains a crucial provision supporting the protection of inmates from staff misconduct. Specifically, Article IV, Section 4.01, titled Management Rights, reserves the authority for CDCR to manage the workforce, including the explicit right to hire, transfer, promote, demote, lay off, and, most importantly, the ability to suspend, discharge, or discipline employees. This specific grant of disciplinary authority ensures that CDCR possesses the necessary legal and administrative mechanism to take decisive action against staff abusers, thereby upholding its responsibility to protect the inmate population. Furthermore, this management control over employee discipline is not unique to the CCPOA agreement, as other bargaining units have similar management rights provisions that also function to protect the inmate population.</p> <p>The Agency Head confirmed that all contracts utilized by CDCR include specific language granting the department the authority to redirect contracted staff pending an investigation. This contractual right ensures that CDCR can promptly remove any contracted employee suspected of misconduct from their duties and contact with inmates, thereby maintaining security and integrity during the investigative process, which is critical for the protection of the inmate population.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p>

	<ol style="list-style-type: none"> 1. Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations Manual (DOM) Chapter 3 <ol style="list-style-type: none"> 1. Article 22 - Employee Discipline, Section 33030.1 3. California Correctional Peace Officers Association Bargaining Unit 6 Agreement 4. California Agreement with: <ol style="list-style-type: none"> 1. Service Employees International Union (SEIU) Local 1000, Bargaining Units 1, 3, 4, 11, 14, 15, 17, 20, 21 2. CAL FIRE Local 2881, Bargaining Unit 8 Firefighters 3. International Union of Operating Engineers (IUOE) Craft & Maintenance , Bargaining Unit 12 4. California Association of Psychiatric Technicians (CAPT), Bargaining Unit 18 Psychiatric Technicians 5. Interviews with CDCR Agency Head/Designee
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67(a) - The State of California, under Code of Regulations (CCR) Title 15, Section 3401.5 (Staff Sexual Misconduct), strictly prohibits retaliation against any individual who reports incidents of staff sexual misconduct, establishing a zero-tolerance policy for such behavior. This protection extends equally to departmental employees and to inmates or parolees under CDCR supervision. Retaliation against employees, which includes actions like unwarranted denials of promotions, punitive transfers, or unsubstantiated poor performance reports, is unacceptable and will result in disciplinary action and/or criminal prosecution. Similarly, retaliation against incarcerated or supervised persons, such as coercion, threats of punishment, or any other activity intended to discourage reporting, is also explicitly forbidden and subject to the same severe penalties of disciplinary action and/or criminal prosecution. This comprehensive policy is a fundamental component of the state's efforts to comply with the federal Prison Rape Elimination Act (PREA).</p> <p>The California Department of Corrections and Rehabilitation (CDCR) formally addresses the critical issue of retaliation through its Department Operations Manual (DOM) Section 54040.13, which mandates the proactive monitoring of inmates and employees who report sexual violence or staff sexual misconduct. Responsibility for this crucial task is primarily assigned to the Institutional PREA Compliance Manager (PCM), who may delegate the duty to staff within the Investigative Services Unit (ISU) or other Supervisory personnel to ensure continuous oversight. The facility's Warden has confirmed that this monitoring is an active process and that any instances of confirmed retaliation will trigger a formal disciplinary investigation, with appropriate consequences issued to ensure the security and safety of those who report abuse.</p>

115.67(b) - The California Code of Regulations (CCR) Title 15 provides specific and proactive protection measures for incarcerated victims who report incidents of staff sexual misconduct or cooperate with an investigation. To mitigate the risk of harm or further trauma, the Department is mandated to consider several measures, including offering an immediate housing change or transfer to remove the victim from the location of the abuse or alleged retaliation. Furthermore, to ensure the victim's safety during the investigation, the alleged staff member must be removed from contact with the victim. Recognizing the psychological impact of reporting, the regulations also require the provision of emotional support services for inmates who fear retaliation for reporting staff sexual misconduct, sexual harassment, or for their cooperation in an investigation. These measures collectively uphold the state's commitment to the Prison Rape Elimination Act (PREA) standards by prioritizing victim safety and preventing retribution.

115.67(c)-(e) - The CDCR's comprehensive PREA policy establishes a zero-tolerance stance against retaliation, strictly forbidding it against employees and offenders who report sexual violence, staff sexual misconduct, or sexual harassment, or who cooperate with official investigations, with violators facing disciplinary action and/or criminal prosecution. Following any such allegation, monitoring for retaliation is a mandated process that occurs for a minimum of 90 days and may be extended if necessary. The Institutional PREA Compliance Manager (PCM) must act promptly to remedy any suspected retaliation, which is monitored through bi-weekly interviews with staff or inmates to glean their perception of any retribution, alongside documentation reviews of inmate disciplinary reports, housing or program changes, and negative staff performance reviews. This consistent monitoring is formally documented every 15 days using forms like the CDCR 2304 for inmates and CDCR 2305 for staff. Furthermore, for victims temporarily housed in Non-Disciplinary Segregation (as addressed in DOM Section 54040.14.1 and Title 15 Section 3335), a custody supervisor must review their housing status every 30 days to ensure the appropriate environment is maintained.

Central California Women's Facility (CCWF) systematically manages retaliation monitoring by utilizing the CDCR 2304 form for documenting oversight of inmates and the CDCR 2305 form for monitoring staff members who report or cooperate with investigations. During inmate monitoring, staff actively review disciplinary reports, program and job changes, and housing changes, in addition to conducting direct interviews to assess the inmate's perception of any retaliation. The consistent presence of completed Protection Against Retaliation (PAR) forms in investigative files confirms that staff and inmate monitoring is being conducted strictly according to policy. Furthermore, to ensure institutional oversight and accountability, the effectiveness and status of retaliation monitoring are regularly discussed during meetings of the Institutional PREA Review Committee.

115.67(f) - The Department Operations Manual (DOM) Section 54040.13 addresses the Department's obligation to monitor for retaliation, and it explicitly states that the Department's duty to monitor an employee or an inmate/parolee terminates if the investigation into the underlying allegation of staff sexual misconduct or sexual violence determines that the allegation was unfounded (meaning the allegation was

found to be without basis or credible evidence).

The CDCR Agency Head/Designee and the CCWF Warden, along with the PREA Compliance Manager and the staff directly responsible for monitoring, have all affirmed their strict adherence to the zero-tolerance policy for retaliation. These key personnel demonstrated comprehensive knowledge regarding their specific responsibilities and duties to actively monitor for any signs of retribution against employees or inmates who report sexual misconduct. Furthermore, they confirmed their understanding of the strict requirement to immediately report any changes or suspected retaliation to the PREA Compliance Manager, ensuring a swift and unified institutional response to uphold the policy and protect those who report.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.1 - Prison Rape Elimination Act Policy
 2. Section 54040.13 - Allegation Follow-Up
3. California Code of Regulations - Title 15
 1. Section 3401.5 - Employee Sexual Misconduct
4. CDCR Protection Against Retaliation Forms (PAR-CDCR 2304-Inmate, 2305-Staff)
5. CCWF PREA Investigative files
6. Interviews with Agency Head/Designee, Warden, PREA Compliance Manager, Staff who Monitor for Retaliation

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.68 - The CDCR has stringent policies governing the housing of inmates who are highly vulnerable to sexual victimization. DOM Section 54040.6 prohibits placing high-risk offenders in segregated housing unless a review confirms no alternative means exists to separate them from likely abusers, an assessment that must be completed immediately or within 24 hours of placement. For inmates placed into Non-Disciplinary Segregation (NDS) due to being a PREA victim, CCR Title 15, Section 3335 mandates that they must retain access to all programs, privileges, and education, with any restrictions requiring specific documentation of the limits and reasons. Placement in NDS for this reason is intended only until an alternative solution can be found and shall not exceed 30 days. Any extension beyond this limit must be documented on a CDCR Form 128-G, and the inmate's need for continued

segregation must be reviewed by a custody supervisor every 30 days and documented on a CDCR Form 128-B. Finally, the initial placement decision must be clearly articulated on a CDCR Form 114-D with sufficient detail to allow the inmate to prepare a defense for their subsequent classification hearing.

The Central California Women's Facility (CCWF) reported that it had zero instances of utilizing involuntary Non-Disciplinary Segregation (NDS) to protect an inmate alleging sexual abuse within the last 12 months, demonstrating a strong preference for less restrictive protective measures. The Warden confirmed that the standard facility practice is to not place victims of alleged sexual abuse in involuntary segregation. Instead, if an inmate is identified as being at high risk, the facility would re-evaluate the situation and consider a transfer to another facility as the primary solution, only resorting to involuntary segregation if absolutely no available alternative means of separation from likely abusers could be made.

A review of the investigation files found no indication that alleged victims were placed in segregated housing in response to alleging sexual abuse or sexual harassment. This finding affirms that the facility is adhering to CDCR policy, which strictly limits the use of segregation for victims and prioritizes the least restrictive environment. It demonstrates that the institution is effectively using alternative protective measures to ensure victim safety without isolating or punishing the individual for making a report.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.6 - Offender Housing
3. California Code of Regulations - Title 15, Article 7, 3335 - Segregated Housing/ Administrative Segregation
4. CCWF PREA Investigative files
5. Interviews with the Warden and staff who supervise inmates in segregated housing, Inmates

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.71(a) - The CDCR investigation process is governed by strict regulations outlined in the DOM, Section 54040.12, which mandates that all allegations of sexual violence, staff sexual misconduct, and sexual harassment, even those received anonymously or

from a third-party, must be investigated and their findings documented in writing. Immediate action is required under DOM, Section 54040.8, where the Custody Supervisor must notify the Hiring Authority to initiate a Limited Duration Inquiry (LDI); this initial inquiry collects sufficient information to either warrant a full Office of Internal Affairs (OIA) investigation or to refute the claims, with all details recorded on a Confidential Memorandum. Furthermore, DOM, Section 54040.8.1 requires staff to immediately report emergencies to a supervisor for rapid notification to OIA and other regional offices, ensuring a swift institutional response. Upon the conclusion of the investigation, Section 54040.12.5 ensures transparency by requiring that the alleged victim be provided with written notification of the findings.

The Central California Women's Facility (CCWF) conducts both administrative and criminal investigations into allegations of sexual misconduct, adhering strictly to DOM Section 54040.12, which mandates that all allegations of sexual violence, staff sexual misconduct, and sexual harassment—including those from third-party or anonymous sources—must be investigated. Allegations of staff-on-inmate misconduct must be immediately reported to the Watch Commander and Hiring Authority for investigator assignment, while inmate-on-inmate allegations go immediately to the Watch Commander for Investigative Services Unit (ISU) notification, ensuring an immediate start to the investigation. The PREA Locally Designated Investigators (LDIs), who are sworn Peace Officers, have the authority to conduct both administrative and criminal investigations, and are required by policy and training to ensure all inquiries are prompt, thorough, and objective. CCWF investigators follow detailed evidence collection and investigative processes, confirmed by interviews with investigators to begin immediately upon receipt of an allegation, treating all reports, regardless of source, in the same manner by first attempting to establish the date, time, and identity of the alleged perpetrator.

Additionally, CDCR PREA Training for Locally Designated Investigators (LDI) mandates a comprehensive scope of investigation, requiring an LDI to examine all allegations of sexual violence, staff sexual misconduct, and sexual harassment, including specific acts like sexual assaults, attempted sexual assaults, sexual battery committed by offenders, and sexual harassment committed by inmates. Critically, these investigations must adhere to three core standards—they must be prompt, thorough, and objective—and are required regardless of the source, thereby ensuring that reports made by third-parties or anonymously are afforded the same serious review as all other allegations.

115.71(b) - The CDCR adheres to policies requiring specialized training for staff who investigate sexual misconduct. DOM Section 54040.4 mandates that investigators assigned to sexual violence and/or staff sexual misconduct cases must receive specialized training, a requirement that the Facility PREA Compliance Manager is charged with ensuring. This policy is implemented through the designation of Locally Designated Investigators (LDIs), as defined in DOM Section 54040.1, who are trained to conduct these sensitive investigations. For instance, CCWF utilizes its Investigative Services Unit (ISU), staffed by these trained LDIs. The auditor's review of the CDCR PREA Specialized Training for LDI curriculum and the relevant training records confirmed the existence and use of this specialized training program, validating the

department's commitment to professional and expert inquiry.

115.71(c) - The CDCR PREA Training for Locally Designated Investigators (LDIs) includes specific curriculum designed to ensure investigations are thorough and evidence-based. Investigators are trained to gather a wide range of direct and indirect evidence, including physical and DNA evidence, alongside crucial documentation such as preliminary staff reports, medical reports, and photographs of the crime scene. Furthermore, they are trained to conduct comprehensive interviews with victims, suspects (in inmate-on-inmate cases), and witnesses, and to review prior complaints and reports of sexual abuse, a multi-faceted approach that confirms the commitment to conducting investigations that are both thorough and objective.

115.71(d) - DOM Chapter 3 governs Administrative Investigations within the CDCR, specifically addressing the interaction between internal administrative inquiries and external criminal proceedings. The policy requires that before conducting a compelled subject interview—a crucial step in administrative cases—the investigator must consult the prosecuting agency if the employee faces pending criminal charges or court proceedings. Furthermore, the Office of Internal Affairs Investigator's Field Guide provides instructions for when an employee invokes their Miranda rights, requiring the agent to consult with the Senior SAC and the local District Attorney regarding the decision to compel a statement. To safeguard the employee's Fifth Amendment rights (Garrity protection), the policy strictly prohibits the Administrative Agent from sharing any information derived from that compelled statement with the Agent or prosecutor conducting the criminal investigation. If the evidence gathered by CCWF investigators supports criminal prosecution for an act of sexual misconduct, the case is formally referred to the Madera County District Attorney's Office. The CCWF Investigative Services Unit (ISU) benefits from a strong collaborative relationship with the DA's office, which includes having a dedicated District Attorney's Investigator assigned to the facility. This investigator is part of the CCWF team, ensuring they are consulted regularly and actively involved in interviews and the investigative process, a coordinated effort designed to facilitate effective criminal prosecution.

115.71(e) - The Specialized PREA Training for Locally Designated Investigators (LDI) instructs investigators to assess the reliability of victims, suspects, and witnesses individually, thereby ensuring their status as an inmate or staff member does not bias the assessment.

In adherence to CDCR DOM, Section 14030.5, no person shall be ordered to take a polygraph examination, nor shall coercion or any offer of reward be used to induce participation. Interviews with Investigations staff at CIW confirmed that they maintain a non-discriminatory approach, treating any individual who alleges abuse as a victim, regardless of their status as an inmate or staff member. Furthermore, interviews with CCWF Investigations staff and inmates who reported sexual abuse confirmed that CCWF does not require alleged victims, suspects, or witnesses to submit to a polygraph examination as a condition of pursuing an investigation.

115.71(f) - Administrative investigations are conducted for allegations of staff misconduct that violate policy, procedure, or law, as defined in DOM Section

31140.21. While DOM Section 54040.12 specifically directs investigators to determine whether staff actions or failures contributed to sexual abuse incidents under the heading Staff on Offender, the policy is silent on this requirement for Offender on Offender allegations. However, interviews with investigators confirmed that they consistently consider staff actions or failures to act across all types of sexual abuse cases. This is further corroborated by investigation file reviews, which confirmed that staff actions or failures to act are documented and identified. Finally, DOM Section 54040.12 mandates that investigations of sexual abuse, staff sexual misconduct, and sexual harassment must be documented in a Confidential Memorandum, which includes: a summary of all the evidence, relevant forensic examination reports, and a section designed to re-create the victim's experience. This comprehensive documentation approach is a core element of the Specialized PREA Training for Locally Designated Investigators (LDI) Lesson Plan. Furthermore, investigators confirmed that a finalized investigative report is compiled at the conclusion of each case. CCWF utilizes a template report which includes preliminary statements, a description of the evidence, and evidence to support the investigation outcome. A review of investigation files confirmed that these reports were available and contained the required information.

115.71(g) - DOM Section 31140.20 mandates that a criminal investigation be conducted for all allegations of employee misconduct when there is reason to believe the employee committed a violation of criminal law.

As sworn peace officers, CDCR investigators have the legal authority to conduct both administrative and criminal investigations. The Criminal Investigation Unit is responsible for identifying and documenting:

- The potential criminal violation.
- The facts and evidence that support the complaint.

As required by provision (f), allegations of sexual violence, staff sexual misconduct, and sexual harassment are thoroughly investigated, and the findings are documented in writing. File reviews confirmed that the same documentation standards and process are strictly applied to allegations involving potential criminal conduct.

115.71(h) - If the investigation determines by the preponderance of the evidence that the incident occurred, the case is referred to the Madera County District Attorney for criminal prosecution. File reviews confirmed that investigations of inmate-on-inmate sexual assault were, in fact, referred to the District Attorney for criminal prosecution.

115.71(i) - In accordance with CDCR DOM, Section 54040.20 (PREA Data Storage and Destruction), the CDCR is required to ensure that all PREA data collected are securely retained and maintained for a minimum of 10 years after the date of initial collection. This is further detailed in the PREA Records Retention Schedule (RRS), which is referred to in DOM Chapter 5 for all associated case records, including incident and investigation reports, offender information, case disposition, and medical or counseling findings. The RRS requires the investigatory file, maintained by the Investigative Services Unit (ISU), to be retained for a period that is the longer of two

options: a minimum of 10 years, or as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The RRS is comprehensive, listing specific documents and broadly covering "Any documents not identified which pertain to the PREA incident, investigation, or allegation," ensuring a complete copy of all items created in connection with an allegation is maintained.

115.71(j) - CDCR DOM, Section 54040.12 (Investigations) mandates that the departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation. This continuity requirement was confirmed through interviews with Investigative staff and by a review of investigation files, which demonstrated adherence to the policy.

115.71(l) - As sworn peace officers, CDCR investigators possess the legal authority to conduct both administrative and criminal investigations regarding sexual abuse, staff sexual misconduct, and sexual harassment. Therefore, any requirement for an outside or separate investigative body to handle these cases does not apply to the CDCR/CCWF process.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM)
 1. Chapter 2, Section 14030.5 - Who May Request a Polygraph Examination
 2. Chapter 3
 1. Section 31140.6 - Authority to Conduct Investigations
 2. Section 31140.4.12 - Locally Designated Investigators
 3. Section 31140.14 - Allegation Inquiry
 4. Section 31140.5 - Employee Expectations & Reporting
 5. Section 31140.5.1 - Employee Duty to Cooperate
 6. Section 31140.15 - Requests for Internal Affairs Investigation
 7. Section 31140.16 - Review, Evaluation, and Disposition
 8. Section 31140.20 - Criminal Investigations
 9. Section 31140.21 - Administrative Investigations
 3. Chapter 5
 1. Section 54040 - Prison Rape Elimination Act
 2. Section 54040.4 - Education and Prevention (Staff Training)
 3. Section 54040.8.1 - Custody Supervisor Responsibilities
 4. Section 54040.12 - Investigations
 5. Section 54040.17 - Records Retention
 6. Section 54040.20 - PREA Data Storage and Destruction
3. PREA Instructions for Records Retention Schedule (RRS) Update
4. California Code of Regulations - Title 15, Section 3316 - Referral for Criminal Prosecution
5. CDCR PREA Specialized Training for Locally Designated Investigators

	<p>Curriculum</p> <p>6. CCWF Investigative files</p> <p>7. Interviews with CDCR PREA Coordinator, Warden, PREA Compliance Manager, Investigative Staff and Inmates Who Reported Sexual Abuse</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The determination of investigative findings is governed by CDCR DOM, Section 33030.13.1, with the Hiring Authority making the final determination in consultation with the Vertical Advocate (for designated cases) and the SAIG. For an allegation to be classified as SUSTAINED (substantiated), the investigation must disclose a "preponderance of evidence to prove the allegation(s) made in the complaint." This standard is critical, as CDCR DOM, Section 33030.17, requires that sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix serves as the foundation for all disciplinary action considered and imposed, and is utilized by the Hiring Authority to determine the penalty for misconduct. Auditor review of documentation confirmed that the standard of proof used in investigative findings consistently followed this preponderance of evidence requirement. This was further verified by reviewing CCWF PREA investigative files and interviewing staff, which demonstrated the same standard is applied when substantiating a sexual harassment or sexual abuse allegation.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Chapter 3 <ol style="list-style-type: none"> 1. Section 33030.13.1 - Investigative Findings 2. Section 33030.17 - Applying the Employee Disciplinary Matrix 3. CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Version 1.0; BET 11055853 and 11057915 Workbook 4. PREA Investigation Files 5. Interviews with Investigative Staff

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.73(a) - Per CDCR DOM, Section 54040.12.5, following an investigation into allegations of sexual misconduct by staff or sexual violence by inmates, the alleged victim is notified of the outcome (substantiated, unsubstantiated, or unfounded). Investigators confirmed this notification is provided both verbally and in writing.

According to the Pre-Audit Questionnaire, 123 allegations of sexual abuse and staff sexual misconduct were investigated during the past twelve months, and all 123 alleged victims were successfully informed of the investigation outcome, demonstrating 100% compliance with notification requirements. The CDCR 128-B General Chrono is utilized for written notification of case findings, providing check boxes to indicate whether the allegation was substantiated, unsubstantiated, or unfounded. Investigators confirmed that the inmate receives this notification in writing and in person, usually delivered by the investigator, and is provided an opportunity to ask questions. Inmates confirmed receiving this written notice in person at the close of the investigation. Furthermore, a copy of the completed CDCR 128-B form, bearing the inmate's signature acknowledging receipt, was consistently present in all reviewed investigation files, confirming adherence to documentation procedures.

115.73(b) - This provision for use of an outside investigative agency is not applicable to CDCR/CCWF procedures, as all investigations are conducted by CCWF/CDCR Investigative staff. Consistent with this practice, a review confirmed that zero investigations were conducted by an outside investigative agency during the audit period.

115.73(c) - DOM Section 54040.12.5 provides specific guidance for the notification given to the alleged victim (inmate) when an allegation of staff sexual misconduct is determined to be unsubstantiated or substantiated. The PCM or designee is required to inform the inmate of the staff member's status by communicating one or more of the following outcomes:

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

The Specialized Training for Locally Designated Investigators is designed to be comprehensive, ensuring investigators are fully trained in procedural requirements. As such, the curriculum reiterates key policy provisions necessary for compliance with departmental standards.

115.73(d) - In addition to staff misconduct notifications, DOM Section 54040.12.5 also requires the institution to inform the alleged victim of sexual violence by another offender when the alleged abuser has been indicted for the alleged sexual violence or convicted of the charge. The General Chrono (CDCR 128-B), which is used for all victim notifications, is designed to cover these eventualities and includes notification

to the alleged victim if the alleged abuser has been moved to another housing unit or facility, and if the alleged abuser was indicted for the allegations or convicted on the charges.

115.73(e) - CDCR DOM Section 54040.8.1 outlines the Custody Supervisor's Responsibilities, which includes ensuring that written notification of the investigation findings is provided to the alleged victim. This notification process, further clarified under the heading Reporting to Offenders, includes detailing the status of the alleged abuser (as previously noted in subsections (c) and (d), regarding changes in posting, employment, indictment, or conviction). The CDCR 128-B General Chrono is utilized for this written notification, and according to investigators, the notification process is completed by the Investigative Services Unit (ISU). A review of investigation files confirmed the presence of the written notification, and inmates reported receiving the written notice upon the closing of the investigation.

115.73(f) - While DOM Section 54040.12 indicates that the agency no longer has an obligation to report or inform the inmate of changes once the inmate is released from CDCR's custody, internal coordination remains in place for active inmates. An investigator noted that if an inmate is transferred to another institution, CCWF investigators will work directly with the receiving institution to ensure the inmate is made aware of the final outcome of the investigation.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.12.5 - Reporting to Offenders
 2. Section 54040.8.1 - Custody Supervisor Responsibilities
3. Form CDC 128-B General Chrono, notification of findings
4. CDCR Specialized PREA Training for Locally Designated Investigators Participant Workbook, Version 1.0 BET 11055853
5. Interviews with Warden, PREA Compliance Manager, Investigative Staff and Inmates Who Reported Sexual Abuse

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.76(a)-(b) - CDCR staff discipline related to sexual misconduct is governed by Title 15, Section 3401.5 and DOM Chapter 3, Article 22. Title 15, Section 3401.5 explicitly defines Staff Sexual Misconduct as any sexual behavior directed toward an inmate or

parolee by a departmental employee, volunteer, agent, or individual working on the Department's behalf. This section also addresses retaliation against employees and outlines necessary protection measures. DOM Chapter 3, Article 22 outlines the potential disciplinary process, establishing the Department's policy to impose action in a "fair, objective, and impartial manner" through the use of the Employee Disciplinary Matrix. The Matrix addresses several categories of sexual misconduct involving staff, including harassment, over-familiarity with an inmate, and sexual misconduct with an inmate. While the general base penalty ranges from salary reduction to dismissal, with salary reduction or suspension being the typical base, the only penalty noted for sexual misconduct with an inmate(s)/parolee(s) is dismissal. This base penalty is applied unless mitigating or aggravating factors warrant adjustment.

Audit findings confirmed that disciplinary action is actively applied in cases of sexual misconduct. According to the Pre-Audit Questionnaire and corroborated by information gleaned from investigation files and investigation tracking records, four CDCR employees at CCWF were disciplined for sexual abuse or sexual harassment within the past 12 months. Significantly, all four employees were terminated from employment, demonstrating adherence to the severe penalties outlined in the Employee Disciplinary Matrix for sexual misconduct.

115.76(c) - The Employee Disciplinary Matrix serves as the foundation and guide for imposing discipline for staff misconduct, with DOM Section 33030.17 ensuring that "no favor is afforded due to the employee's rank within the department." The Matrix is based on the initial assumption that the misconduct is a single misdeed and the employee's first adverse action. Consequently, the final determination of discipline is adjusted based on mitigating and aggravating factors. Factors considered include: whether the misconduct was intentional or premeditated; the employee's length of service and experience; whether the misconduct was for personal gain; whether it resulted in serious injury; and other related adverse actions. When imposing a penalty, the hiring authority, in consultation with the Vertical Advocate and SAIG, considers a range of factors, including: the seriousness of the misconduct; harm or potential harm to the public service; the circumstances surrounding the misconduct; the likelihood of recurrence; previous progressive discipline; and other mitigating or aggravating circumstances.

115.76(d) - DOM Section 54040.12.4 mirrors 28 C.F.R. Part 115 by requiring that "all terminations for violations of agency sexual misconduct or harassment policies, or resignation 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." The Department Operations Manual specifically includes contractors and volunteers in this requirement to report to relevant licensing bodies when they are found to have engaged in sexual misconduct.

According to the Pre-Audit Questionnaire, two employees required referral to external law enforcement agencies due to sexual misconduct during the audit period. This was confirmed by the investigation file review at CCWF, and cases were referred to the District Attorney for criminal charges as appropriate.

	<p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM) <ol style="list-style-type: none"> 1. Chapter 3, Section 33030.15 – Types of Adverse Action Penalties 2. Chapter 3, Section 33030.16 – Employee Disciplinary Matrix Penalty Levels employee 3. Chapter 3, Section 33030.18 - Mitigating and Aggravating Factors 4. Chapter 3, Section 33030.20 - Imposition of Penalty and Consultation 5. Chapter 3, Section 31140.20 - Criminal Investigations 6. Chapter 5, Section 54040.12.3 – Reporting to Outside Agencies 7. Chapter 5, Section 54040.12.4 – Report to Outside Agencies for Contractors 3. California Code of Regulations – Title 15, Chapter 3 <ol style="list-style-type: none"> 1. Section 3401.5 – Staff Sexual Misconduct 2. Section .3401.6 - Staff Sexual Harassment 4. Investigative files 5. Interviews with CDCR Agency Head/Designee, CDCR PREA Coordinator, Warden, PREA Compliance Manager and Investigative Staff
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.77(a) - Any contractor or volunteer working within the California Department of Corrections and Rehabilitation (CDCR) who engages in staff sexual misconduct or sexual abuse is subject to immediate and severe action. Under CDCR DOM, Section 54040.12.4, these individuals must be prohibited from all contact with offenders or inmates and will be reported to their relevant licensing body by the hiring authority or designee. Furthermore, the Contractor Bid/Agreement (Exhibit D, provision 59) explicitly states that the contract employee will be subject to both administrative and/or criminal investigation, including possible referral to the District Attorney. By signing the contract, the contractor formally agrees to these provisions, affirming their commitment to abide by all governing laws, rules, and regulations concerning conduct with prison inmates or wards.</p> <p>115.77(b) - The California Department of Corrections and Rehabilitation (CDCR) grants the hiring authority the power to limit or discontinue the activities of any volunteer or group if their presence or conduct impedes security, compromises orderly operation, or threatens the safety of volunteers, employees, the public, or inmates (CDCR DOM, Section 101090.9). Termination can be carried out expeditiously</p>

if there is evidence of volunteer misconduct, which specifically includes acts of inappropriate familiarity with inmates or parolees. Furthermore, engaging in behavior whether on or off duty that is of a nature that may cause discredit to the CDCR or its services is also grounds for immediate termination.

The Central California Women’s Facility (CCWF) reported a strong compliance record, confirming no substantiated incidents of Prison Rape Elimination Act (PREA) violations involving a contractor or volunteer within the past twelve months. Furthermore, the CCWF Warden affirmed during an interview that the institution maintains a strict policy: should any such incident occur, immediate and appropriate measures would be taken to assure all contact with inmates ceases, followed by a thorough investigation. The Warden confirmed that these measures include mandatory reporting to the relevant licensing body and referral of the case to law enforcement agencies.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM)
 1. Chapter 5, Section 54040.12.4 - Reporting to Outside Agencies for Contractors
 2. Chapter 10, Section 101090.9 - Rejection and Termination
 3. Chapter 10, Section 31140.20 - Criminal Investigations
3. Investigative Files
4. Interviews with CCWF Warden

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a)-(b) - The CDCR subjects inmates who engage in sexual abuse or misconduct to a formal disciplinary process and sanctions that are commensurate with the nature of the abuse, the surrounding circumstances, and the inmate’s disciplinary history, as detailed in CCR Title 15, Section 3323. CDCR DOM, Section 54040.15 mandates that upon completion of the investigative process, the standard disciplinary procedure, which includes mandatory consideration for criminal prosecution and changes to classification determinations shall be followed. If the allegation warrants a disciplinary or criminal charge, a CDCR Form 115, Rules Violation Report must be initiated. The charged offender retains all procedural rights regarding the hearing process and time limitations under CCR Section 3320, and rights concerning referral for criminal prosecution under CCR Section 3316.</p>

According to the Pre-Audit questionnaire and confirmed through a review of investigation files, the Central California Women's Facility (CCWF) had one substantiated case of inmate-on-inmate sexual violence within the past twelve months. The inmate responsible for the sexual violence was found guilty and disciplined through both the administrative (internal facility rules violation) process and the criminal (law enforcement and courts) prosecution process.

115.78(c) - According to the California Code of Regulations, Title 15, Section 3317, a Mental Health Evaluation for Disciplinary Hearings is mandatory for inmates in the Mental Health program or any inmate exhibiting signs of possible mental illness. Specifically, persons who display bizarre, unusual, or uncharacteristic behavior at the time of the rule violation must be referred for a CDC 115 MH, Rules Violation Report: Mental Health Assessment. Interviews with the CCWF Warden and mental health staff confirmed that the facility fully complies with this regulation, explicitly considering an inmate's mental health status when determining the appropriate sanction, if any, to be imposed.

115.78(d) - California Code of Regulations, Title 15, Section 3317.1 provides a critical flexibility within the disciplinary process, allowing for the recommendation of an alternative resolution to discipline. This provision is applicable when there is a strong indication that an inmate's behavior leading to the rule violation was significantly influenced by an underlying mental illness, a disability, or cognitive and adaptive functioning deficits. This regulatory section acknowledges the need to address the root mental health causes of misconduct rather than relying solely on punitive sanctions.

CDCR DOM Section 52080.5.8, found under Inmate Discipline, requires that inmates alleged to have committed a rules violation receive a mental health assessment if they are participating in specific programs, have engaged in indecent exposure or sexual disorderly conduct, or displayed certain specified behaviors at the time of the offense. Critically, this section allows the misconduct to be addressed in an alternative manner or even disposed of if information indicates that a mental illness, developmental disability, or cognitive/adaptive functioning deficits contributed to the problematic behavior. These alternative resolutions may include providing counseling instead of punitive sanctions.

CDCR DOM Section 54040.11 requires that any inmate who has previously perpetrated sexual abuse in an institutional or community setting be referred to Mental Health services. Mental health practitioners at the CCWF confirm this protocol, ensuring that inmates alleged to have committed sexual violence are referred and seen within 24 hours of being identified as an abuser, following the completion of the custody staff's initial investigation. As is standard for all mental health services, the inmate's participation in the subsequent treatment or counseling is not required.

115.78(e) - The California Code of Regulations, Title 15, Section 3323 (Discipline Credit Forfeiture Schedule) mandates severe sanctions for inmates who commit sexual assault offenses, including rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against a victim's will. An inmate

found guilty of these offenses shall be assessed a credit forfeiture ranging from 181 to 360 days. In terms of facility compliance, CCWF reported no instances of inmate-on-staff sexual abuse within the past twelve months.

115.78(f) - CDCR DOM Section 54040.15.1 strictly governs the process for addressing false allegations of sexual abuse, stating that an inmate may be subject to disciplinary action only after an investigation is complete and determines the allegations were either not made in good faith or the inmate knowingly made a false report. Crucially, the policy clarifies that an allegation deemed unsubstantiated or unfounded due to a lack of evidence does not automatically constitute false reporting. Although both inmates and staff at CCWF reported the common perception that inmates use false PREA allegations for self-serving gains, the facility confirmed that no disciplinary action was taken against any inmate for making a false report within the last twelve months.

115.78(g) - The CDCR strictly prohibits all sexual activity between inmates, a policy confirmed by the Pre-Audit Questionnaire. This prohibition is formalized in Title 15, Section 3007, which specifies that inmates may not participate in illegal sexual acts and are excluded from laws that would otherwise remove legal restraints from acts between consenting adults. Furthermore, the Inmate Orientation Handbook explicitly prohibits physical intimacy, including kissing, hugging, holding hands, or any other sexual behavior. A review of facility files indicated no instances where this type of behavior occurred and was subsequently deemed sexual abuse.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.7 - Referral for Mental Health Screening
 2. Section 54040.15 - Disciplinary Process
 3. Section 54040.15.1 - Alleged Victim - False Allegations
3. California Code of Regulations - Title 15
 1. Section 3007 - Sexual Behavior
 2. Section 3317 - Mental Health Evaluations for Disciplinary Hearing
 3. Section 3323 - Disciplinary Credit Forfeiture Schedule
4. Investigative Files
5. Inmate Disciplinary Sanctions Report
6. Interviews with Warden, Medical and Mental Health Staff

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.81(a), (b), and (d) - The California Department of Corrections and Rehabilitation (CDCR) policy, specifically DOM Section 54040.7 (Referral for Mental Health Screening), mandates that if an offender reports prior sexual victimization or previously perpetrated sexual abuse during the initial intake screening, staff must refer the inmate to mental health using the CDCR Form 128-MH5, Mental Health Referral Chrono. During the on-site review of the intake area, a medical/mental health satellite office was observed where all new intakes are screened prior to housing assignment. The Intake Officer verified that any inmate disclosing either type of sexual abuse is immediately offered a follow-up meeting with a mental health practitioner. Documentation review of the required CDCR Form 128-MH5 and subsequent interviews with inmates who disclosed sexual victimization at Risk Screening confirmed that the policy is being effectively implemented, and mental health staff are consistently conducting the required referrals and follow-up meetings.

The California Correctional Health Care Services (CCHCS) PREA Health Care Guidelines outline a tiered mental health referral process made via the CDCR-MH5 Mental Health Referral Chrono, categorizing referrals as Emergent, Urgent, or Routine. These guidelines require Emergent referrals to be seen immediately, Urgent referrals to be seen within 24 hours, and Routine referrals to be seen within five working days. To ensure timely response, both Emergent and Urgent referrals must also be facilitated by a phone call to the mental health office. Interviews with mental health staff and reviews of the CDCR-MH5 referral documentation confirmed that these established timeframes and procedures are being followed in practice. Furthermore, staff interviews verified compliance with confidentiality requirements, ensuring that information related to an inmate's sexual victimization or abusiveness is shared only with appropriate staff on a strictly "need-to-know" basis.

A review of a sample Mental Health Referral Chrono (CDCR 128-MH5) showed it included the required options for service urgency: "Routine (Within 5 working days)", "Urgent (Within 24 hours)", or "Emergency (Contact Mental Health Services Immediately)". In the specific sample reviewed, the referral was identified in the "Other/Additional" section as being for an inmate suspected of a PREA allegation, and the corresponding referral type checked was "Emergency." Furthermore, the Health Care Transfer Process policy was reviewed, confirming a standard procedure for transferring inmate-patients to outside hospitals or medical facilities and institutions. This policy mandates that the Unit Health Record and a transfer envelope, which includes the Confidential Medical/Mental Health Information Transfer form, must accompany each inmate-patient to ensure seamless continuity of care. Finally, the Pre-Audit documentation indicated that all inmates who reported previously perpetrating sexual abuse during the PREA screening process were either referred to or offered mental health services, confirming compliance with intervention protocols.

115.81(c) - This section is not applicable, as CCWF is a prison, not a jail.

115.81(e) - To protect inmate confidentiality, the CDCR utilizes specific consent forms prior to the disclosure of sensitive information. The Authorization for Release of Information (CDCR 7552) is used to obtain an inmate's consent before reporting information about prior sexual victimization that occurred outside of an institutional

setting. This authorization allows for the release of information, including relevant health care details, to authorized parties such as law enforcement, prosecutors, and other appropriate agencies. Furthermore, all inmates receiving CDCR mental health services are provided with the Informed Consent for Mental Health Care (Form CDCR MH-7448). Interviews with mental health staff confirmed the consistent practice of obtaining both the CDCR 7552 and the CDCR MH-7448, ensuring inmates provide fully informed consent before any disclosure or treatment begins.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.7 - Referral for Mental Health Screening
 2. Section 54040.8 - Response
3. CCHCS PREA Health Care Guidelines
4. CDCR MH-7448 (Rev. 12/20) Informed Consent for Mental Health Care
5. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information
6. PREA Screening Forms
7. CDCR Memorandum Re: Standard 115.81(d)-1, Dated December 5, 2017
8. CCWF Mental Health Referrals
9. Interviews with Inmates Who Disclosed Sexual Victimization at Risk Screening, Mental Health Staff and Staff Responsible for Risk Screening

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81(a) - Mental Health services for victims of sexual abuse are addressed in DOM Chapter 5 and the Mental Health Services Delivery System (MHSDS) Program Guide. According to the MHSDS Guide, a referral to Mental Health must be made when an inmate is identified as a possible victim of sexual violence or staff sexual misconduct, in adherence to PREA standards. Staff categorize these referrals as emergent, urgent, or routine, dictating appointments within immediate, 24-hour, or five-working-day timeframes, respectively. Interviews with Mental Health staff confirmed robust compliance, specifically noting that PREA referrals are seen within 24 hours. For continuity of care, if an inmate is transported to an outside hospital, mental health staff ensure the inmate-patient is seen within four hours of their return. Medical Health Care compliance is covered in Chapter 16, Section 1.16.2 (Prison Rape Elimination Act Procedure), which mandates immediate emergency medical attention for victims of sexual assault. General access to care is governed by Chapter 4 (Access</p>

to Primary Care), where inmate requests are collected daily, and inmates are seen by a provider either the same day or the following business day based on medical need. Furthermore, Chapter 12, Section 4.12.1 (Emergency Medical Response System Policy) ensures emergency medical response is available and provided 24 hours per day.

Upon an inmate reporting an incident of sexual abuse, the immediate medical protocol involves a Bodily Injury check by medical staff. If the victim cannot be transported to health services, a Licensed Practical Nurse (LPN) is deployed to the victim's location to provide care. Furthermore, it is the facility's established practice that custody staff immediately consult with the Sexual Assault Nurse Examiners (SANEs) at San Joaquin General Hospital to determine the necessity of transporting the victim for a forensic examination.

115.82(b) - Custody staff demonstrated awareness of their critical first responder responsibilities, which include ensuring inmate safety, immediately separating the alleged victim and abuser, contacting medical services, and notifying a supervisor. The Custody Supervisor Checklist serves as a vital reminder to staff to ensure that a medical assessment has been initiated. Furthermore, the checklist reinforces the requirement that the inmate-patient must be seen by mental health staff for a Suicide Risk Evaluation within four hours of return from receiving any off-site emergency medical attention.

115.82(c) - Post-incident medical treatment must adhere to DOM Section 54040.10, which requires consideration for Sexually Transmitted Disease (STD) Conversion, Hepatitis B and/or C, HIV testing, and appropriate pregnancy options. This requirement is reinforced by Health Care Services Chapter 16, Section 1.16.2, which specifically addresses follow-up testing for pregnancy, STDs, and HIV. This comprehensive testing is also offered to the inmate if they receive a forensic evaluation at a county Sexual Assault Response Team (SART) facility. Staff at San Joaquin General Hospital confirmed their compliance with this mandate, noting that they proactively offer emergency contraception and necessary treatment for sexually transmitted diseases.

115.82(d) - In accordance with CCHCS Volume 1, Chapter 10, which stipulates that there will be no co-payment charge to the inmate for health care services related to sexual abuse or assault treatment, the facility is compliant. Interviews with both medical staff and inmates who reported sexual abuse confirmed that the practice is being followed, and no co-payment charge is levied on the inmate for these specific treatment services.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.8.3 - Medical Services Responsibilities

	<ol style="list-style-type: none"> 2. Section 54040.10 - Return to Triage and Treatment Area 3. California Correctional Health Care Services (CCHCS) <ol style="list-style-type: none"> 1. Volume 1, Governance and Administration, Chapter 10 - Copayment Program Policy 2. Volume 1, Governance and Administration, Chapter 16 - PREA Procedures 3. Volume 4, Medical Services, Chapter 12 - Emergency Medical Responses 4. CCHCS Health Care Department Operations Manual - Appendix 1 Treatment Recommendation for Evaluation and Follow-Up for Sexual Abuse 5. CCHCS Memorandum dated February 22, 2019 Re: Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetic Appliances. 6. Interviews with Medical and Mental Health Staff, Custody and Non-Custody Staff First Responders and Inmates who reported sexual abuse
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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>115.83(a) - For incidents reported more than 72 hours after they occurred, DOM Section 54040.12.2 mandates that medical staff conduct an examination of both the victim and the alleged suspect, and subsequently refer both individuals to Mental Health for evaluation and counseling. This requirement is clarified by CDCR CCHCS Operations Manual Section 4.1.6 (Health Care Response to a PREA Incident), which explicitly states its applicability to all CCHCS patients, including those who report assaults late. Importantly, the policy further specifies that the response protocol is applicable to incidents regardless of whether they occurred inside or outside the institutional setting, ensuring comprehensive care.</p> <p>In accordance with DOM Section 54040.10 (Mental Health Responsibilities), all inmates who have experienced sexual abuse in a confined setting are referred for mental health evaluation and treatment. This policy mandates that all victims of sexual violence or staff sexual misconduct receive an emergent Suicide Risk Assessment and must be seen by Mental Health staff within four hours of the referral. Additionally, all such victims are referred for a routine mental health evaluation. Significantly, this section of policy does not qualify eligibility based on the location of the victimization, ensuring that victims of both institutional and community sexual abuse are referred for comprehensive mental health services.</p> <p>115.83(b) - To ensure a successful transition to the community, the Mental Health</p>

Services Delivery System (MHSDS) Program Guide Overview addresses pre-release planning. This process involves coordination with the Correctional Counselor to facilitate the inmate's transfer to a Parole Outpatient Clinic or other necessary community services. Concurrently, CDCR CCHCS Operations Manual Section 4.1.6 and CCHCS Chapter 16, Section 1.16.2 detail the mandated health care response to a PREA incident. This policy requires providing all medically necessary emergency and follow-up treatment, which includes developing care plans and issuing referrals for specialized services such as pregnancy care, testing and treatment for sexually transmitted infections/diseases, and HIV.

115.83(c) - Staff interviews consistently indicated that the services provided are consistent with or better than the community level of care. It is noted that while the standard of care is met, the manner of delivery often differs from community settings due to necessary security concerns. Staff confirmed that inmates retain the right to refuse programming or examinations, but emphasized their proactive approach to provide inmates with comprehensive information to ensure decisions are fully informed. Furthermore, the most critical services specifically forensic medical examinations and emergency medical care are provided externally at hospitals that serve the community at large, demonstrating effective integration with outside resources.

115.83(d)-(e) - In compliance with established protocols, including DOM Section 54040.8.3, Health Care Department Operations Manual 4.1.6, and Health Care Services Chapter 16, Section 1.16.2, the Health Care Department addresses pregnancy testing and related services for inmates. According to medical staff, inmates are consistently offered pregnancy tests. Should a pregnancy result, victims are provided with timely and comprehensive information, as well as access to all lawful pregnancy-related services. Furthermore, any inmate victim seen for a sexual assault examination at San Joaquin General Hospital is additionally offered emergency contraception, ensuring immediate access to critical care following an assault.

115.83(f) - Protocol for the testing and treatment of sexually transmitted diseases (STDs) is explicitly addressed across several departmental guidelines, including DOM Section 54040.8.3, Health Care Department Operations Manual Section 4.1.6, and Health Care Services Chapter 16, Section 1.16.2. Consistent with these policies, the Sexual Assault Nurse Examiner (SANE) staff reports that victims of sexual abuse are routinely tested and receive appropriate treatment for sexually transmitted infections (STIs).

115.83(g) - CCHCS Volume 1, Chapter 10 establishes a clear policy that inmates will incur no copayment charge for health care services related to the treatment of sexual abuse or assault. Interviews with both medical staff and inmate victims consistently confirmed this practice, validating that the "no copayment" rule is applied. Significantly, this exemption is not contingent upon the victim cooperating with any ensuing investigation, ensuring that financial access to care is independent of legal reporting or participation.

	<p>115.83(h) - In line with CDCR DOM, Section 54040.11, all prisons are obligated to attempt a mental health evaluation of known inmate-on-inmate abusers within 60 days of identifying the abuse history and offer treatment if deemed appropriate. To ensure timely compliance, health care procedures mandate staff to complete a Mental Health referral form for any inmate suspect in a PREA sexual abuse incident, which triggers an emergent or urgent mental health assessment to be completed immediately or within five days, significantly exceeding the standard 60-day requirement. The 30-day Institutional PREA Review Committee (IPRC) acts as a checks-and-balance mechanism, informing medical and mental health staff of the identity of inmate suspects to facilitate this evaluation. Mental health staff confirmed that referrals for alleged perpetrators of sexual abuse are consistently made. Following interviews by custody staff, the alleged abusers are seen by the mental health practitioner who conducts a suicide risk assessment and offers counseling. Additionally, they may be offered a sex offender evaluation. While CCWF does not offer specific sexual offender programming, mental health staff is committed to working with inmate offenders to process and address the underlying behavior, and the evaluation is conducted as with any other inmate.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.8.3 - Medical Services Responsibilities 2. Section 54040.10 - Return to Triage and Treatment Area 3. Section 54040.11 - Mental Health Evaluation for Abusers 3. CDCR Policy - Department Operations Manual (DOM), Chapter 5, Article 45 - Care, Treatment, and Security of Pregnant Offenders 4. CDCR California Correctional Health Care Services Health Care Department Operations Manual Chapter 4; Article 1 5. Interviews with Medical and Mental Health Staff and Inmates who reported sexual abuse
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86(a) - DOM Section 54040.17 mandates the establishment of an Institution PREA Review Committee (IPRC). This committee is required to conduct an incident review of every allegation of sexual violence and staff sexual misconduct, regardless of whether the allegation is ultimately substantiated or unsubstantiated. According to the Pre-Audit Questionnaire, CCWF reported 91 incidents of sexual abuse allegations</p>

in the preceding twelve months. A review of the investigation files confirmed compliance with this mandate, as each file contained a completed IPRC form.

115.86(b) - Addressing a prior CDCR PREA audit corrective action related to the timing of incident reviews under 115.86(b), which required the review within 60 days of the date of discovery, a significant amendment was requested for DOM Article 44, Section 54040.17. A March 8, 2022, memorandum sought to modify the requirement for the Institution PREA Review Committee (IPRC) from strictly 60 days from discovery to within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner. To support this change, the IPRC form now includes check boxes to identify the hearing as either "60 days from discovery" or "30 days from conclusion of investigation." Furthermore, the updated policy accounts for situations where an initial review may be incomplete by requiring and addressing Subsequent IPRCs, which must be completed if the initial review was held before the investigation concluded and was unable to provide a thorough review, or if requested by the Hiring Authority.

115.86(c) - DOM Section 54040.17 strictly outlines the required composition of the IPRC, including the Hiring Authority or designee (as chairperson), the PREA Compliance Manager (PCM), one other manager, the In-Service Training Manager, a Health Care Clinician, a Mental Health Clinician, and the Incident Commander or Investigative Services Unit Supervisor. A review of IPRC documentation consistently demonstrated that these required staff classifications are represented, specifically noting the presence of upper-level management. The committee members present are consistently documented, with the form providing space to record the presence of the Chairperson (institution head or designee), PCM, Designated Managerial Employee, In-Service Training Manager, Health Care Clinician, Mental Health Clinician, and Incident Commander/ISU Supervisor. The Warden further confirmed that CCWF convenes IPRCs within the standard of 30 days of the conclusion of the investigation, and committee involvement was confirmed by the PCM, Medical, Mental health staff, and Investigators.

115.86(d) - The comprehensive nature of the IPRC review is established by DOM Section 54040.17, which mirrors the language in 115.86(d) regarding the mandatory considerations during the incident review. To ensure full compliance, the Institution PREA Review Committee form explicitly includes these factors from 115.86(d). Both the Warden, PREA Compliance Manager, and Investigators confirmed that the team's deliberation factors are consistent with the DOM and the federal standards. Furthermore, the Department Operations Manual addresses the requirement to prepare a report of the committee's findings. A Secretary is present to take minutes of the meeting, and the IPRC forms themselves are used to document the committee's findings, with completed forms being consistently noted during investigation file reviews.

115.86(e) - DOM Section 54040.17 requires the IPRC to determine a plan to correct any findings of inadequacy and to either implement the resulting Action Plan or document the reasons for not doing so. While the reviewed IPRC forms did not specifically note Action Plans being implemented, interviews with the CIW Warden

clarified the facility's practice: recommendations arising from sexual abuse reviews are highly considered and implemented where possible. Any recommendations that fall outside of the Warden's direct authority are forwarded to the appropriate personnel with implementation authority. The auditor's review of CCWF Institutional PREA Review Committee reports confirmed this policy and practice, showing that the facility implements recommendations for improvement and consistently documents the reasons for any non-implementation.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.17 - Institutional PREA Review Committee
3. Institutional PREA Review Committee form (IPRC)
4. Subsequent Institutional PREA Review Committee form
5. IPRC Log & Meeting Minutes
6. CDCR Department Operations Manual Chapter 5, Article 44, Section 54040.17 revised September 9, 2022
7. Interviews with Warden, PREA Compliance Manager

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87(a) to (f) - The CDCR maintains a rigorous process for the collection, review, and reporting of sexual abuse data to assess and improve the effectiveness of its prevention, detection, and response strategies, as required by CDCR DOM, Section 54040.17 and Section 54040.19. The agency ensures accurate, uniform data collection for every allegation of sexual abuse using the standardized Survey of Sexual Victimization Form (SSV-IA). The Office of Internal Affairs is responsible for maintaining investigation records, reporting specific data points such as the type, subcategory, and disposition (sustained/not sustained) of each allegation, and noting any District Attorney (DA) referrals. CDCR aggregates this incident-based data at least annually, including the minimum data necessary to answer all questions from the most recent SSV conducted by the Federal Department of Justice (DOJ). The agency reviews and collects data from all available documents, including incident reports, investigation files, and PREA incident reviews, and also obtains similar data from all contracted private facilities. CDCR DOM Section 54040.20 mandates that the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30, a requirement the agency confirmed it is currently meeting. The most recent annual report available is for Calendar Year 2023,</p>

	<p>which includes a comparison of current and prior years' data, corrective actions, and an assessment of the agency's progress in addressing sexual abuse.</p> <p>No corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> 1. Section 54040.19 - Tracking - Data Collection and Monitoring 2. Section 54040.20 - PREA Data Storage and Destruction 3. Survey of Sexual Victimization Form (SSV-IA) 4. CDCR PREA Annual Report - Calendar Year 2023 5. Interview with CDCR PREA Coordinator
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88(a) - CDCR DOM, Section 54040.17 governing the Department PREA Coordinator mirrors standard 115.88 by requiring the agency to review collected data (pursuant to 115.87) to assess and enhance the effectiveness of its sexual violence prevention, detection, response policies, practices, and training. This review process is facilitated by the PREA Compliance Manager (PCM), who completes a data collection tool to summarize information gathered through the IPRC. This data, gleaned from various sources including incident reports, investigations, and IPRC findings (specifically those relevant to CCWF and other CDCR facilities), is then compiled into a Department-wide annual report. This report identifies problem areas and trends, leading to the implementation of facility-specific and Department-wide corrective actions. Interviews with the agency head, PREA Coordinator, and PCM confirmed compliance with this policy and provision (a) of the standard.</p> <p>115.88(b) to (d) - Based on the review of CDCR Department Operations Manual (DOM) sections 54040.19 and 54040.20, and an assessment of the publicly posted PREA Annual Reports (specifically 2019 and 2023), the California Department of Corrections and Rehabilitation (CDCR) demonstrates substantial compliance with the requirements for annual reporting on sexual violence and staff sexual misconduct. DOM Section 54040.19 requires the aggregation of incident-based data, a comparison of current and prior years' data and corrective actions, and an assessment of progress; the reviewed reports were found to contain all of these necessary components. Furthermore, CDCR meets the requirements of DOM Section 54040.20, which mandates that the annual report be approved by the CDCR Secretary and made available on the public website, as confirmed by the Secretary's signature on all</p>

reports (2015 through 2023) and their consistent public posting. Finally, as confirmed by the PREA Coordinator and validated by the review, the reports adhere to confidentiality standards by excluding personal identifying information, thus requiring no redactions. In summary, CDCR's current practices for the content, approval, and public dissemination of its PREA Annual Reports meet the specific standards established in DOM Sections 54040.19 and 54040.20.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.17 - Institutional PREA Review Committee
 2. Section 54040.20 - Tracking - Data Collection and Monitoring
3. CDCR PREA Annual Report - Calendar Years 2015-2023
4. CDCR Prison Rape Elimination Act Annual Data Collection Tool & Staffing Plan Review
5. CDCR Public Website
6. CCWF Investigation Spreadsheet
7. Interviews with CDCR Agency Head/Designee, CDCR PREA Coordinator and the CCWF PREA Compliance Manager

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a) - The facility's procedures for managing Prison Rape Elimination Act (PREA) records demonstrate compliance with the Departmental Operations Manual (DOM) requirements. DOM Section 54040.17 mandates that all PREA records—including incident reports, investigation documents, offender information, and counseling evaluations—must be retained in accordance with the official CDCR records retention schedule. Furthermore, DOM Section 54040.21 requires CDCR to ensure the secure storage of all collected PREA data. According to the PREA Coordinator, information specific to 115.87 is securely retained at headquarters and stored on encrypted devices with access restricted exclusively to the PREA teams. This secure storage protocol is consistent with the practices for investigation logs maintained at CCWF. Information such as the SSVI and tracking logs further reduces security concerns as it does not contain personal identifying information (PII).</p> <p>115.89(b) - The CDCR is compliant with the PREA standard for public data reporting. DOM Section 54040.21 contains language mirroring federal PREA Standard 115.89(b), which requires agencies to make aggregated sexual abuse data publicly available.</p>

Consistent with this requirement, the DOM section identifies the CDCR website as the official format for making these reports available. A subsequent review of the CDCR website confirmed that this mandatory information is indeed readily accessible to the public, demonstrating full compliance with the transparency and reporting standard.

115.89(c) - DOM Section 54040.21 further ensures the protection of individual privacy by mandating the removal of all personal identifiers from publicly released reports. This policy is successfully implemented, as the PREA coordinator confirmed during the interview that reports generated for public consumption do not contain any personal identifying information. This was independently verified through a review of the PREA Annual Reports located on the CDCR public website, which confirmed that the reports are appropriately scrubbed of all personal identifying data.

115.89(d) - DOM Section 54040.21 also mandates that all collected PREA data must be maintained for a period of ten years. The agency confirms adherence to this requirement in the Pre-Audit Questionnaire, stating that all sexual abuse data is retained for the required 10-year duration. Finally, compliance with public reporting standards is ensured, as the PREA Annual Reports are consistently made available on the CDCR public website.

No corrective action required.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM), Chapter 5
 1. Section 54040.17 - Institutional PREA Review Committee -
 2. Section 54040.20 - Tracking - Data Collection Monitoring
 3. Section 54040.21 - PREA Data Storage and Destruction
3. CDCR Agency website (PREA)
4. Investigation files and tracking log
5. Interviews with CDCR Agency Head/Designee, PREA Coordinator, PREA Compliance Manager

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of the CDCR public website confirmed that the department ensures each facility it operates is audited at least once during a three-year audit cycle, and this particular audit falls in Year 1 of Audit Cycle 5. CDCR verified that their facilities have been or are scheduled to be audited during this cycle, ensuring comprehensive compliance coverage. During the onsite phase, the audit team was granted full

	<p>access to all areas of the facility. A comprehensive tour was completed of areas inside and outside of the perimeter fence, and due to the size and layout of CCWF, the audit team split into two teams, accompanied by CDCR staff from headquarters and assigned CCWF staff. CDCR Staff accommodated all requests during the tour and answered questions to assist in better understanding the layout and practices of CCWF. Throughout all phases of the audit, CCWF staff fully accommodated and answered requests for interviews, documentation, photographs, and records, and auditors were provided private spaces for confidential interviews of both staff and inmates. Procedurally, on April 14, 2025, audit notices were emailed to the CDCR PREA Coordinator. The next day, April 15, 2025, the CDCR PREA Compliance Office sent the auditor notices to the CCWF PREA Compliance Manager for posting six weeks prior to the start of the on-site audit, scheduled for June 1, 2025. As requested, on April 18, 2025, the PREA Compliance Manager emailed 31 photos showing the audit notice posted in various areas of the institution, including housing units, program buildings, the visiting area, and medical. During the facility tour, audit notices were consistently observed posted in each housing unit, inmate common areas, and staff-only areas. Finally, inmates were allowed to send confidential correspondence to the auditor, with four letters having been received during the pre-audit phase.</p> <p>No Corrective action required.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. CCWF Completed Pre-Audit Questionnaire (PAQ) 2. CDCR Policy and Procedures 3. CDCR Public Website 4. Photographs of auditor posting 6 weeks prior to onsite 5. Facility tour and observations 6. Interviews with staff and inmates
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115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In review of the CDCR Public Website, PREA Audit reports are available for audits completed in 2016 through 2025. The institution's most recent audit is available on the public website under the heading "PREA Annual Reports and Audits". Previous years' audits are moved to the "Archived Final PREA Reports" and remain accessible on the public website.</p> <p>No corrective action required.</p>
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Interviews, Policy, Documentation and Other Evidence Reviewed:

1. CCWF Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy and Procedures
3. CDCR Public Website
4. Interviews with Staff and Inmates
5. Facility tour and observations

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.)	na
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.)	yes
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
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 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
	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	yes

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

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

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	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)?	
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 Garrity warnings? (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 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	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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 screening instrument?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Work Assignments?	
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

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

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

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
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, 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.)	yes
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
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 abuse or sexual harassment or retaliation?	yes
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	yes

	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?	
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 response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	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?	
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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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 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).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	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).)	
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	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
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 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?	yes

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 evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	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.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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.)	yes
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.)	yes
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	yes

	has been determined to be unfounded?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

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

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes

	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.)	
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