PREA AUDIT: AUDITOR'S FINAL REPORT

Adult Prisons and Jails

[Following information to be populated from pre-audit questionnaire]		
Auditor Information:		
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Telephone number: 816-632-1390 ext: 2114		
Facility Information:		
Facility Name: California City Correctional Facility (CAC)		
Facility physical address: 22844 Virginia Blvd. California City, CA 93505		
Facility mailing address: PO Box 2590, California City, CA 93504		
Facility telephone number: 760-246-7600		
Date of facility visit: August 8-10, 2017		
The facility is:	☐ Military ☐ Private for profit ☐ Private not for profit	☐ County ☐ Municipal XX State ☐ Federal
Facility Type:	X Prison	☐ Jail
Name of facility's Chief Executive Officer: John Garza, Warden		
Number of staff assigned to the facility in the last 12 months: 608		
Designed facility capacity: 2381		
Facility security levels/inmates custody levels: Level 1 and 2		
Age range of population: Adult 18+		
Name of PREA Compliance Manger: Christy Torres		**Title:** Associate Warden
E-Mail Address: Christy.Torres@cdcr.ca.gov		**Phone Number:** 760-246-7600 ext. 7043
Agency Information		
Name of agency: California Department of Corrections and Rehabilitation		
Governing authority or parent agency: (if applicable) State of California		
Physical address: 1515 "S" Street, Sacramento, CA 95811		
Mailing address: (if different from above) P.O. Box 942883, Sacramento, CA 94283		
Telephone Number: 916-985-2561		
Agency Chief Executive Officer		
Name: Scott Kernan		**Title:** CDCR Secretary
E-Mail Address: scott.kernan@cdcr.ca.gov		**Telephone Number:** 916-445-7688
Statewide PREA Coordinator		
Name: Shannon Stark		**Title:** Correctional Captain
E-Mail Address: Shannon.stark@cdcr.ca.gov		**Telephone Number:** 916-324-6688

AUDIT FINDINGS

NARRATIVE:

A PREA audit was conducted at California City Correction Facility (CAC) on August 8-10, 2017. California City is located in Kern County, California in the Mojave Desert. The audit team was lead by Krista Helton, MODOC Deputy Warden/ DOJ Certified auditor. The team also consisted of two support staff Jamie Crump, MODOC Deputy Warden and Adam Albach, MODOC PREA Compliance Coordinator.

Six weeks prior to the onsite portion of the audit the Notice of Audit was posted throughout the facility with an address given for staff and offenders to have the opportunity to write to the auditors prior to being onsite. The team did not receive any letters from staff or offenders. In July of 2017, the facility sent the audit team a flash drive containing the Pre Audit Questionnaire (PAQ), CAC polices pertaining to specific standards and examples of current practice. The audit team received all information with ample time to thoroughly review the materials prior to being onsite. The lead auditor initiated and maintain communication with both the state PREA Coordinator and the site PREA Compliance Manager weeks prior to arrival to determine the logistics of the auditing process.

The audit team divided the standards 3 ways and assigned specific standards to each member of the team. This allowed for each member of the auditing team to do an in-depth review of specific standards prior to the audit and during the onsite portion.

On August 8th, 2017 the audit team arrived to the facility at 8:30 am. The team was greeted by representation from the CDCR PREA Office and the site PREA Compliance Manager. An entrance meeting was held with the PREA Compliance Manager, Chief Deputy Warden, CEO of Health Care and several unit heads from the institution. Introductions were made then the audit chair discussed the agenda for the next 3 days. Following the entrance meeting, the auditors toured the facility.

The auditors were accompanied during the tour by the site PREA Compliance Manager, representation from the CDCR PREA Office, and staff members from CAC's Investigative Services Unit. During the tour, the auditors informally spoke with several staff members and offenders. The tour consisted of all areas of the institution.

Following the tour, the auditors were provided with offender rosters by housing unit, staff rosters that included shift and title; and lists of specialized staff and offenders. Random offenders from each housing unit area and staff from all shifts where selected to interview. The team began interviews following the selections and concluded the morning of the exit. During the onsite audit, the team also reviewed randomly selected personnel files, investigative files and mental health records.

DESCRIPTION OF FACILITY CHARACTERISTICS

CAC is a level 1 and 2 facility that is located in California City, California. CAC has a designed facility capacity to house 2,381 offenders. On the date the PAQ was completed, the current population was 2,343. The average age of the offender population is 39 years old.

CAC is comprised of 14 buildings, 10 of which are multiple occupancy housing units. The facility has 44 segregation cells. There are 248 cameras around the facility to maximize supervision. CAC has 608 staff members whose employment may have contact with offenders.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held on August 10, 2017 with the Warden, Chief Deputy Warden, PREA Compliance Manage, ISU staff and representatives from CDRC PREA Unit and select administrative staff from the facility. The auditors gave an overall review of the audit preliminary findings and the areas in need of improvement. The lead auditor described how the corrective action process works. Staff appeared receptive to the recommended changes and had already begun to plan for necessary changes to meet reach compliance standards.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards that do not apply: 1

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Department Operations Manual (DOM), Chapter 5, Article 44, section 54040, establishes the agency's zero tolerance for sexual violence, staff sexual misconduct and sexual harassment. This policy also dictates the agency will provide guidelines for prevention, detection, response, investigation and tracking of sexual abuse and harassment.

The agency has a designated employee appointed as the PREA Coordinator who indicates that she has sufficient time and authority to oversee the implementation and ongoing compliance of PREA standards with the agency's facilities. The PREA Coordinator reports to the Associate Director of Female Institutions. The agency has designated PREA Compliance Managers at each of its 35 institutions. The PREA Compliance Managers are responsible for ensuring PREA compliance at their respective facility. CAC's PREA Compliance Manager indicated she has sufficient time and authority to oversee the facility's efforts towards compliance.

115.12	Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CDCR has 9 contracted prisons: Tallahatchie County Correctional Facility, La Palma Correctional Center; Golden State Modified Community Correctional Facility; Desert View Modified Community Correctional Facility; Central Valley Modified Community Correctional Facility; McFarland Female Community Reentry Facility; Shafter Modified Community Correctional Facility; Delano Community Correctional Facility and Taft Modified Community Correctional Facility. Contracts provided to the auditor include the contracted facility's obligation to adopt and comply with PREA standards. The Contracted Bed Unit provides oversight and contract monitoring to all of the above contracts. All contracted facilities have been audited by a DOJ certified PREA auditor. Of the 9 contracted facilities, six are in full compliance and the final PREA audit reports have been posted on the contracted agency's website. The other three facilities are in corrective action

115.13	Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

California City Correctional Facility's (CAC) staffing pattern considers all components required by this standard. When determining how staff will be deployed the facility considers the following: physical plant structure, mission of the facility, composition of offender population, along with substantiated and unsubstantiated incidents of sexual abuse. The facility has not had any findings of inadequacy made by federal investigative agencies or internal or external oversight bodies.

CAC has not deviated from their standardized staffing pattern. The institution has a process in place to fill vacant posts, modify programming as necessary, and a reporting mechanism should all posts not be filled. Through these measures, the institution management team will ensure that a sufficient number of staff are present for each shift.

DOM Chapter 5, Article 44, section 5040.17.1, states the staffing pattern will be reviewed whenever necessary but no less frequently than once a year, in consultation with the Department PREA Coordinator. The staffing plan analysis submitted by CAC considers all components of subsection (a) of this standard. The facility's deployment of electronic monitoring, and resources used to monitor staffing level are also reviewed in this analysis.

CAC intermediate and higher level security staff conduct and document unannounced rounds, as outlined in section 54040.4 of the DOM. The security personnel who conduct the rounds do not alert other staff to when these rounds are occurring. All unannounced rounds are documented in the unit log book. This practice was verified on site by reviewing unit log books. Also, staff interviews supported that security supervisors make frequent unscheduled visits.

115.14	Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

XX Does Not Apply

Auditor comments, including corrective actions needed if does not meet standard

CAC does not house youthful offenders.

115.15	Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 19, Section 52050.16.5 prohibits cross gender visual body cavity searches and states that correctional personnel shall not conduct visual body cavity searches on opposite gender offenders except in exigent circumstances. In addition, should a cross gender visual body search be required during an exigent circumstance, DOM Chapter 5, Article 44, section 54040.5 Searches directs that the search must be documented using a Notice of Unusual Occurrence document and reviewed by the staff member's supervisor then routed to the PREA Compliance Manager. The PAQ indicates the facility has not conducted any opposite gender strip searches in the past 12 months. This was supported by interviews with both staff and offenders.

The facility does not house female offenders therefore, 115.15 (b) and (c) does not apply.

DOM Chapter 5, Article 44, Section 54040.4 Preventative Measures, supports (d) of this standard and requires that facilities enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. However, during the tour multiple cross gender viewing issues were identified and are detailed below. In addition it was found the opposite gender announcement was not being conducted correctly. It was learned that some officers in the housing unit control modules make the announcement at the beginning of their shift regardless if female staff are working in the unit, which is counterintuitive to the purpose of the announcement. Some officers announced "staff in the unit" and others announced "female in the unit". During intake to the facility and in the offender handbook, offenders are told the announcement will be "staff in the unit." It is recommended that CAC establishes one method to consistently use to clarify any confusion that may occur. During interviews with officers it was expressed that the expectation was for staff to document in the housing chronological log when cross gender announcements were made. However, not all control module officers document the announcement. Although the standard does not require the announcement be documented, it would be considered best practice for demonstrating compliance for the control module officers to document each time the announcement is made.

DOM Chapter 5, Article 19, Section 52050.16.7 outlines the agency's procedure if the offender's genital status is unknown. If staff is unable to determine the genital status of an offender through medical records or an interview with offender, then a standard medical evaluation shall be conducted. Once information is collected and documented, the Institution Classification Committee will determine appropriate classification and housing placement for the offender.

Searches and Inmate Property, Section 5 of the training curriculum, outlines how staff members are to conduct pat searches on transgender offenders. Male offenders who identify as females will be searched with the female search method on the upper body which requires staff to use the back of their hands when searching the chest of the offender. A random review of training records indicated staff received this training and staff was able to verbalize how they would conduct such a search of a transgender offender.

During the onsite audit it was noted that Facility A, Facility B, Facility C, Food Service Kitchen, Food Service Dining Halls and Education did not have the proper barriers installed to obstruct the view of offenders utilizing the bathroom / showers. CAC provided pictures of the barriers installed to allow offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. CAC provided documentation that all staff received training in July, 2017 and supervisors were re-trained in December 2017. Training records and a proof of practice memorandum was provided that stated all custody supervisors were provided training in regards to minimizing cross gender exposure. They were informed announcements are required at the beginning of each shift and/or when the status quo within the housing unit or identified areas of risk changed.

Recommendations:

Canteen: Recommend additional security mirrors to increase visibility for staff due to the large amount of supplies, shelves, boxes, etc. that are contained in the unit.

Clothing Issue: Recommend additional security mirrors to increase visibility for staff due to the large amount of supplies, shelves, boxes, etc. that are contained in the unit.

115.16	Inmates with disabilities and inmates who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility has taken the steps necessary to ensure offenders with disabilities have equal opportunity to participate in and benefit from all aspects of the CDCR's efforts. The agency has a standard agreement with Interpreters Unlimited, Inc. to provide interpreter services to non-English speaking and otherwise developmentally disabled offenders. During the site tour the auditors noted that PREA posters were hung throughout the facility, in both English and Spanish. CAC offers the offender handbook in both English and Spanish and the PREA Education video is played on the facility's closed circuit network in both English and Spanish. Agency policy, Title 15, requires assistance to offenders whose, "Test of Basic Education (TABE) score is 4.0 or lower." Employees are required to query the offender to determine whether or not assistance is needed to achieve effective communication and understanding.

DOM Chapter 5, Article 44, Section 54040.7, states, "The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties, or the investigation of the offenders allegations." Interviews show CAC does not use offender interpreters for PREA event reporting. Offender interviews indicated staff responds appropriately to assist offenders when needed.

115.17	Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 3, Article 6, Section 31060 Appointments supports (a) of this standard and outlines the agency's protocol for hiring and promotions. Section 31060.3 mandates the hiring authority not hire or promote anyone who may have contact with offenders, who: has engaged in sexual violence or staff sexual misconduct, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in any of the activity mention above.

Subsection (c) of this standard requires the agency to (1) perform a criminal background records check; (2) make its best efforts to contact all prior institutional employers for information on substantiated allegations or resignation during a pending investigation of sexual abuse.

CDCR Office of Peace Officer Selection (OPOS), Background Investigative Unit, conducts a background check on applicants before hiring which includes Live Scan, which is explained below. In addition, applicants are asked to complete a personal history statement in which they are asked directly about past history of sexual abuse as required by 28 CFR 115.27 (f) and list all previous employers. If it is noted that the applicant had previously worked for the CDCR, OPOS makes an effort to determine if the applicant had past discipline or resigned pending an investigation. However, policy does not require the facility/agency to attempt to "contact all prior institutional employers" as defined in 42 U.S.C.1997.

A review of random personnel files and a review of CDCR's employment application for non peace officers shows applicants are not asked to provide a list of all past institutional employers [as defined in 42 U.S.C.1997]. Staff interviews confirmed that non peace officer applicants are not asked to provide the names of all previous employers therefore, all previous employers are not contacted to inquire about substantiated allegations or if the applicant resigned during a pending sexual abuse investigation.

CDCR requires a criminal records check prior to employment. The agency utilizes a method known as Live Scan to obtain the criminal history for potential employees. Each applicant is required to consent to a fingerprint to be submitted to Live Scan, which provides the applicant's previous criminal history and then continues to monitors the employee throughout their employment with CDCR. Should an employee be involved in any criminal matter, Live Scan will immediately alert the appropriate personnel. The agency requires contractors to conduct criminal background checks for each contract employee who will have contact with offenders, and submit written certification that the criminal background check was conducted.

CDCR has revised their application to require all potential employees to list previous institutional employers; however, the new application has not yet been implemented into practice.

During the onsite audit it was noted that the application should be revised where it requires all past employers to be listed. It was also noted that CDCR should attempt to contact all previous institutional employers and keep all documentation of the attempts. The proof of practice we received from the facility was a copy of a Conference Call meeting minutes stating the audit findings and the corrective action that was taken. Along with the memorandum was a copy of the revised application was provided to the auditors to show the added questions on the application regarding PREA checks for all previous institutional employers. The proof of practice we received from the facility was a memorandum and training records stating that they have been trained on the completion of background checks under the Prison Elimination Act Policy.

115.18	Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The PREA Compliance Manager and the Warden indicated that when designing upgrades to existing facilities or electronic surveillance systems, consideration are made to protect offenders from sexual abuse. As of January 12, 2017, CDCR has implemented within its Design Criteria Guidelines the following language, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consider and address how such technology may enhance the agency's ability to protect inmates from sexual abuse." CAC updated and replaced several cameras throughout the facility with in 2017.

115.21	Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.8.1 outlines the initial requirement of the custody staff or first responder to preserve evidence until the Investigative Services Unit (ISU) arrives. CAC Watch Commanders utilizes a form titled "Custody Supervisor Checklist" to ensure all protocols of the event are completed. When ISU arrives they then collect any and all evidence at the crime scene. The evidence collection protocol for investigators is outlined in the DOM section 54040.12 Investigations. The Specialized PREA Training for Locally Designated Investigators includes crime scene preservation/ evidence collection, which establishes the expectations for how investigators should process the

scene and collect evidence. The collection of physical evidence from a forensic examination is dictated by the DOM, Section 54040.9; the California Correctional Health Care Services policy Volume 1, Chapter 16; and CA Penal Code 264.2 and 679.04. The facility has an agreement with Antelope Valley Health Care District to come onsite to conduct forensic exams. Interviews with investigators and SANE revealed they were knowledgeable of the evidence collection protocol.

Forensic examinations are conducted at no cost to the victim. California Health Care Services policy Chapter 10, Section 1.10 states that a victim will not be charged for treatment relating to sexual abuse or assault. The facility has not had any SANE events; therefore there were no records to verify. However, interviews with Administrators, Investigators, and Medical Staff adamantly indicated the victim would not be charged.

The facility entered into a memorandum of agreement with Women's Center- High Desert, Inc. to provide advocacy services for offenders. Investigators were knowledgeable about advising offenders of their right to advocacy services.

115.22	Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.12 Investigations requires that all allegations of sexual violence, staff sexual misconduct and sexual harassment be investigated and the findings documented in writing. If an offender on offender investigation is criminal, it is referred to the District Attorney for review and prosecution when applicable. If the allegation involved staff, CDCR Internal Affairs completes the investigations. Interviews with staff showed that all allegations are forwarded for investigation as required by the standard and the DOM. CAC provided the auditor with an up-to-date list of PREA allegations/investigation that were conducted within the last 12 months which showed CAC had received 4 allegations of offender sexual abuse or harassment. All 4 investigations were completed.

CDCR's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.

115.31	Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.4, states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment." This training is conducted during new employee orientation, annual block training, and is included in the curriculum of the Correctional Training Academy. The training is gender specific based on the offender population at the assigned institution."

The agency provided their training curriculum for review and all of the 10 required components were covered. Staff, when questioned, seemed to have a very good grasp on the specifics of PREA. The training was tailored to the gender of the offenders at the facility (male). Also, the Training Officer indicated that if a staff person transferred from a female facility they would be trained using the current training for a male facility. Staff also receives a yearly online training. Documentation was provided demonstrating staff had received the required training.

115.32	Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM, Chapter 5, Article 44, Section 54040.4 states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented." The agency provided documentation showing that volunteers and contractors had received PREA training which was verified through interviews for both volunteers and contractors. A review of the volunteers and contractor training showed it covered the department's zero-tolerance policy regarding sexual abuse and harassment. The agency provided documentation that the volunteers and contractors signed indicating they had been trained on PREA and understood the training received.

115.33	Inmate Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The standard states, during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The agency has offender PREA education available in formats accessibly to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills by printing materials in English and Spanish, maintaining agreements with translation services and utilizing bi-lingual staff when appropriate. During the tour it was noted that PREA allegation report information was posted in both English and Spanish in the housing units, work areas as well as other areas accessible to offenders.

Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or though video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The receiving process was observed and saw that the PREA video was being shown on televisions mounted outside of the holding cells. However, due to all of the activity going on in the receiving area, it appeared it would be difficult for the offenders to comprehend the video information being provided.

During the onsite audit it was noted that PREA education to all offenders upon arrival to the facility the PREA video needs to be shown in a manner that the offenders can see and hear the video. Each dayroom has 3 televisions for the inmates to view. One television is solely used for education purposes and has the same video shown during intake upon arrival and it played continuously 24 hours a day on one (1) television in each dayroom. The proof of practice we received from the facility was an addendum to operational procedure 106 to include that "ear phone/transmitter along with 2 batteries so new arrivals can hear the video while in the holding cell waiting to be processed." The facility also included documentation indicating offenders received and understood the training provided.

115.34	Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

In addition to the general training provided to all employees pursuant to Standard 115.31, DOM Chapter 5, Article 44, Section 54040.4 states "All employees who were assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c)." In addition, the policy shows, "The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff misconduct are properly trained." The facility provided training records for 3 LDI's who are trained to conduct PREA investigations as proof training is occurring.

The curriculum provided included; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and

the evidence required to administratively substantiate a case and when to submit a case for prosecution.

Interviews with investigators displayed a comprehensive understanding of the required components mentioned above. In addition, the interviews with investigators portrayed extensive knowledge of the dynamics of the offender population within a correctional facility and how it relates to PREA investigations.

115.35	Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.4 states " All staff including employees, volunteers and contractors, shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct and sexual harassment."

Medical and Mental Health staff receive the training required by 115.31 Employee Training which is a 2 hour training which covered the elements required by this standard. Training staff provided ample documentation to demonstrate that medical and mental health staff received the training required by 115.31 Employee Training. However, CDCR does not provide in depth specialized medical and mental health training relating to their profession, as is required by this standard. The training requirements listed in this standard should be the basis for the curriculum's content which should train medical and mental health professionals on identifying warning signs and symptoms they should be aware of in their day to day work. Often offenders do not report sexual abuse and facilities must rely on medical and mental health staff to be aware of indicators and signs of possible abuse or harassment, have the skills to talk with victims who are afraid to report and to forward suspicions on to the appropriate staff.

The issue noted during the onsite audit was that specialized training was not developed for medical and mental health staff. California State Prison – California City took the corrective action after the onsite audit to include developing and providing specialized training to medical and mental health staff. The finalized curriculum was also provided which followed the training requirements of this standard. Training reports were provided that showed medical and mental health staff received specialized training.

115.41	Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CCR Title 15, Article 1.6, Subsection 3269. Inmate Housing and DOM Chapter 5, Article 44, Section 54040.6 addresses the components staff will consider when determining offender housing. Policy shows, the initial screener is to be conducted immediately upon the offender's arrival to the institution. An in-depth review of the intake screener showed it does not contain all criteria required by subsection (d) of this standard. The initial screener does not take into account whether the offender has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; and the offenders own perception of vulnerability. In addition, the design of the intake screener does not allow for consistency to be applied to all offenders in that the PREA criteria are not scored objectively. Risk of victimization or abusiveness for offenders housing placement is at the discretion of the individual conducting the assessment.

During the onsite audit interviews, staff members who conduct the screener could not articulate how the criteria required by this standard were applied when determining offender housing placement. Interviews with offenders indicated that their own perception of vulnerability is not asked, along with how they identify in regards to gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

Following the initial intake screener and placement, offenders then meet with the Institution Classification Committee within 14 days of arrival. The meeting with the committee serves as the screener that is to be conducted within 30 days arrival, the committee asks the offenders if they have any new or relevant information to provide regarding PREA since the intake screener conducted. Offenders interviewed confirmed that they are reviewed by the Classification Committee within 14 days of arrival, and were asked if they had any new information to provide.

CCR Title 15, Article 1.6 Inmate Housing, Section 3269.1 Integrated Housing, shows the Classification Committee will reassess the appropriateness of the offender's housing at the offender's annual review. However, policy does not specify that an offender can be reassessed when warranted due to referral, request, and/or incident of sexual abuse or receipt of addition information. Furthermore, policy does not address that offender may not be disciplined for refusing to participate in the intake screener or if they refuse to answer specific questions on the screener.

California State Prison – California City took corrective action after the onsite audit to include developing an intake screener to include the criteria outlined in 115.41 (d) and €, that objectively assess offenders for their risk of being sexually abused by other offenders or their rise of being sexually abusive toward other offenders. Developed a documented method to reassess offenders within 30 days of intake which captures any changes in risk factors. Documentation was provided showing staff receiving training on how to conduct the revised intake screener and

examples of risk screeners conducted over a 30 days period that demonstrates CSP – California City has implemented an objective risk screener was also provided. A memorandum was sent out dated 8-28-17 referencing the Prison Rape Elimination Act Risk Screening.

115.42	Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

As outlined in 115.41, the agency does not have a risk screener in place to objectively assess offenders for risk of victimization or abusiveness; therefore, the agency cannot meet the elements of subsections (a) and (b) of this standard.

DOM Chapter 6, Article 12, Section 62080.14 Transgender Inmates does not adequately address how transgender and intersex offenders should be assessed and reviewed. Policy does not outline how the facility will consider all components in subsections (b), (c), (d), (e), and (f) of this standard, nor that the facility will make considerations on a case-by-case basis.
The facility indicated they did not house any transgender offenders. The facility does not have a dedicated unit solely for lesbian, gay, bisexual, transgender, or intersex inmates. This was confirmed during interviews with offenders.

California State Prison – California City took corrective action after the onsite audit to include screening forms and Classification Chronos showing how the screening forms are considered to inform housing, work, education and programs. The assessment is conducted within 14 days of arrival at the institution for all inmates by the Initial Unit Classification Committee. During this committee PREA screening form are received and actions taken are documented on the Classification Chrono. Additionally, the Director sent out a Memorandum dated 9-29-17 instructing counselors on the language / information that needs to be included in the Classification Chrono referencing the PREA screening form.

115.43	Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.6, requires offenders assessed as high risk for sexual victimization not be placed in segregated housing unless an assessment of all available alternatives has been completed. The policy continues to show that offenders at high risk for

sexual victimization shall have a housing assessment completed immediately, or within 24 hours, of placement into segregated housing. Interviews with staff who supervise offenders in segregated housing confirmed that an offender would only be placed in segregated housing as a last resort.

Effective October 20, 2016, CDCR amended CCR Article 7, 3335, Administrative Segregation, to require victims placed in non-disciplinary segregated housing to be afforded programs, privileges and education. However, if the facility is unable to afford privileges, the regulation requires appropriate documentation be completed. In addition, the amended regulation requires the victim only be held in segregated housing until an alternative means of separation can be arranged which shall not ordinarily exceed a period of 30 days. If segregated housing continues past 30 days, the regulation requires the reason for the extended period of segregation to be documented on the classification chronological log.

During the previous 12 month period CAC indicated there had been four (4) PREA investigations completed. A review of the investigative files indicated that three (3) of the four (4) victims were initially placed in Administrative Segregation prior to an assessment of all available alternatives being completed. It was also noted that documentation was not completed in regard to any programs, privileges, or education the offenders were not afforded during the time in segregation.

California State Prison – California City took corrective action after the onsite audit to include a change to DOM Chapter 5, Article 44, Section 54040.6 Offender Housing to state "offenders at a high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless and assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation form likely abusers." Additionally, training records were provided regarding the above information and was given to Managers and Custody supervisors. A copy of a memorandum dated 2-7-18 regarding Offender housing was sent out to all managers and supervisors at CAC.

115.51	Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.7, addresses how offenders may report allegations of sexual abuse and sexual harassment. The DOM shows offenders can report internally both verbally and in writing which includes reporting through the appeals process, by calling or writing the Office of Internal Affairs, or by third party report.

The agency's external reporting method is through the Office of the Inspector General (OIG). Offenders may either write or call the OIG Ombudsperson. Offenders are informed of the multiple ways to report through the Orientation Handbook and PREA posters.

During the tour, it was noted that there were posters by offender phones which displayed phone numbers for reporting PREA incidents. This information can also be found in the Offender Handbook and in the pamphlet offenders receive at intake. This information is available in English and Spanish.

The auditors were informed that offenders may ask to remain anonymous when writing or calling the OIG Ombudsperson and the OIG will honor the offender's request. The facility informs offenders as to how they can make an anonymous report during orientation and by providing the information on the CAC information television channel. In addition, the brochure "Sexual Abuse/Assault Prevention & Intervention" was revised in May of 2017. This revision provides information to offenders on how to report allegations anonymously. The brochure now states, "Letters to the OIG will be processed as legal mail and you can request to remain anonymous."

CAC indicated they do not detain offenders solely for civil immigration purposes.

115.52	Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CCR Article 15 Subsection 3084. Appeals, addresses the components of this standard. CDCR does not impose a time limit on when an offender may submit a grievance regarding sexual abuse. The agency allows for third parties reports on behalf of another offender. Offenders do not have to submit an appeal to the individual who is the subject to the complaint. The facility provides mail boxes in each housing unit for offender grievances. Grievances are collected by the appeals office on a daily basis.

Subsection 3084.9 states that all allegations pertaining to sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeals office screens complaints each day. When an appeal regarding sexual abuse is received, it is immediately processed and given to the facility's appeal coordinator. The appeals coordinator reviews and immediately takes whatever corrective action needed. The offender receives notice of the action being taken within 5 days. The facility reported that they received 1 allegation of sexual abuse during the reporting period. During the onsite audit this complaint was reviewed. Subsequently, it turned out the claim was actually sexual harassment. However, the review of the complaint did demonstrate the

facilities practice towards sexual abuse/ harassment allegations. The offender received an initial response within 5 days of the allegation, and a final response within 30 days.

DOM Chapter 5, Article 44, Section 54040.15.1 allows the agency to take disciplinary action for filling a grievance when the agency can demonstrate the complaint was made in bad faith.

115.53	Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.8.2, states that a Memorandum of Understanding between the institution and a local rape crisis center shall be established. CAC has an agreement with Women's Center – High Desert Inc. to provide support services in incidents regarding sexual abuse. The address and phone number of Women's Center – High Desert Inc. is posted throughout the facility. In addition, offenders are provided the address to Just Detention International in the agency's PREA brochure. The facility notifies the offenders via the institutional handbook that all telephone calls are recorded.

Informal interviews with offenders during the tour supported they had received the offender handbook and agency's PREA brochure. The offenders had a moderate understanding that the services were intended for mental health resources / support in regard to sexual abuse.

Recommendation: Continue educating offenders regarding the opportunities for outside emotional support services.

115.54	Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CDCR has several third party reporting options available on the agency's website which include calling or writing the facility where the offender is housed, the Office of Internal Affairs or the PREA Ombudsperson in the Office of the Inspector General.

In addition to the agency website, the CAC website has a PREA link which provides reporting options.

115.61	Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.7, supports this standard. The DOM shows all staff is responsible for reporting immediately and confidentially to the appropriate supervisor any information which indicates an offender is being sexually abused or sexually harassed. Agency policy allows for offenders to report an allegation of sexual abuse and sexual harassment to any staff member.

California City Correctional Center policy requires medical and mental health professionals to report all allegations of sexual abuse and sexual harassment. The policy shows that upon receiving an allegation from an offender, health care professionals are to immediately notify the Watch Commander and Investigative Services Unit.

Interviews with all staff supported they understood their responsibility and how to report allegations of sexual abuse and harassment.

115.62	Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44 Section 54040.7, addresses the elements of this standard. Policy states all staff members are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence.

Interviews with administrators and staff indicated understanding of the appropriate action to be taken if they receive information regarding an offender being at imminent risk.

CAC reported during the 12 months prior to the audit, the facility identified no offenders who were at risk of imminent sexual abuse.

Recommendation: It is being recommended DOM Section 54040.7, be amended to include language directing all staff take immediate action when they learn an offender could be at risk of

being sexually abused. Policy currently indicates staff only takes immediate action when an offender "is being" or "has been" the victim of sexual violence.

115.63	Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.7.4, outlines the process facilities must follow should they receive a report from an offender who was subjected to sexual abuse or harassed at a previous facility. DOM shows it is the responsibility of the hiring authority to notify the hiring authority of the institution where the event occurred and the notification should occur as soon as possible but no later than 72 hours.

In the 12 months prior to the audit, CAC had received no reports from offenders alleging they were sexually abused while confined at another facility.

115.64	Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.8 addresses what the first responder should do during initial contact with the victim. DOM 54040.8 Initial Contact shows, "Upon Initial contact with an employee, that employee will take the alleged victim to a private secure location...The employee shall make every effort to ensure the victim does not: Shower; Remove clothing without custody supervision; Use the restroom facilities and/or; Consume any liquids." CDCR has developed three separate forms to document efforts to ensure the victim is separated from the abuser, the crime scene is secure, and that the victim and perpetrator does not destroy or compromise physical evidence. These forms include the Initial Contact Guide, Custody Supervisor Checklist, and the Watch Commander Notification Checklist. A review of investigative files as well as interviews with staff members confirmed the forms outlined above are consistently utilized and staff easily verbalized their role should they receive an allegation of offender sexual abuse or harassment.

115.65	Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CAC has a facility specific institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan is outlined in CAC's DOM Chapter, 5, Article 44, Section 54040.1 Supplement Prison Rape Elimination Policy. The DOM supplement requires PREA allegations to be reported to the Watch Commander. CDCR has developed the "Watch Commander Notification Checklist" to ensure appropriate and timely notifications are made to the Investigator, Warden and Advocate and to ensure the victim is transported for a forensic exam, if needed. CDCR has created the Initial Contact Guide that outlines actions to be taken by the first responder following a PREA allegation. A review of 4 randomly selected investigative files show CAC staff members routinely follow their facility specific coordinated response plan.

115.66	Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agreement between the State of California and the California Correctional Peace Officers Association, effective July 3, 2015 through July 2, 2018, does not limit the agency's ability to remove alleged staff sexual abusers from contact with offenders pending an investigation or a determination of whether and to what extent discipline is warranted.

115.67	Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.13 Allegation Follow-up mandates that for at least 90 days following a report of sexual violence or staff sexual misconduct, the institution's PREA Compliance Manager should ensure the monitoring of the conduct and treatment of offenders or employees who reported sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation.

CDCR has developed the Protection Against Retaliation-Inmate and the Protection Against Retaliation-Staff forms to ensure monitoring is conducted and documented. The form ensures staff monitors retaliation by tracking disciplinary reports, housing changes/assignments, program assignments, work performance evaluations and conducts face to face interviews.

A review of random investigative files showed that 9 of the 10 files contained a completed Protection Against Retaliation form. At CAC a member of the ISU is responsible for conducting the retaliation monitoring. Several Investigators were interviewed and all of them displayed the appropriate knowledge of what to monitor and what to look for in cases of retaliation.

RECOMMENDATION: More detailed documentation should be included on the PAR. Even if no changes occurred since the last status check, documenting the conversation between the investigator and offender would be a better proof of practice.

115.68	Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX **Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CCR, Title 15, Chapter 4, Section 3335, states victims of sexual abuse shall be assigned to non-disciplinary segregation only until an alternative means of housing assignment is found, and not to "ordinarily" exceed 30 days. However, every 30 days the facility shall review the assignment to determine whether there is a continuing need to be segregated.

During the previous 12 month period CAC indicated there had been four (4) PREA investigations completed. A review of the investigative files indicated that three (3) of the four (4) victims were initially placed in Administrative Segregation prior to an assessment of all available alternatives being completed. There was no documentation which indicated these assignments to segregation were reviewed prior to 30 days, or indicating the assignments were reassessed 30 days after the initial assignment.

California State Prison – California City took corrective action after the onsite audit to include changes to CCR, Title 15, Chapter 4, Section 3335. Administrative Segregation "1. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044. Changes to 54040.14.1 PREA Victims Non-Disciplinary Segregation to state "a custody supervisor is required to conduct assessments every thirty days from the date the inmate is initially placed on non-disciplinary segregation status." A copy of the memorandum dated 2-7-18 regarding Offender Housing – Alleged PREA Victim/Suspect that was sent to Managers and Supervisors. Additionally, proof of training on the above information was provided.

115.71	Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

a) DOM Chapter 3, Article 14, Section 31140.6 delegates the authority to initiate and conduct investigations for the Office of Internal Affairs and Sections 31140.16, 31140.17, 31140.20, and 31140.21 define the process for requesting and the assignment of criminal and administrative investigations related to employees. Sections 31140.30-31140.39 guide investigators through the process.

DOM Chapter 5, Article 44, Section 54040.1 states that CDCR is committed to the education/prevention, detection, response, investigation and tracking of offender sexual abuse and harassment. Contained in Section 54040.11 states all allegations for offender-on-offender sexual violence and sexual harassment shall be investigated by the locally designated investigators.

Investigators employed by CDCR are recognized peace officers; therefore, the agency conducts its own investigations. There is no defined timeframe for the completion of investigations

(b) Investigators receive specialized training as defined in 115.34. CSP- Solano provided the curriculum of the training, along with certificates of completion by investigative staff. In addition, interviews illustrated the investigators were applying appropriate methodology towards their investigations.

(c) DOM Chapter 5, Article 44, Section 54040.8.1 provides guidance to the custody supervisor about collecting potential evidence related to DNA and physical evidence from the scene, victim offender and suspected perpetrator. Policy does not include evidence collection related to electronic monitoring, interviews, prior complaints and reports of sexual abuse involving the suspected perpetrator. However, the Specialized PREA Investigator Training includes, in the section related to the collection of evidence, evidence can also be interviews, video footage, mail, log books, and phone records.

(d) DOM Chapter 3, Article 23, Section 52080.6 states that all conduct that constitutes a crime shall be referred to the local district attorney. Documentation was provided illustrating contact between the investigative staff and the prosecutor's office.

(e) DOM Chapter 5, Article 44, Section 54040.11 states the credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status. Nothing in policy discussed the use of polygraphs but during interviews with investigative staff it was reported investigators do not use truth telling examinations (polygraphs or certified voice stress analysis) during the investigative process.

(f) Administrative investigations are documented in a written report. The reports contain all applicable evidence surrounding the allegation/ event. All investigations reviewed were thorough and exhausted all leads.

(g) Criminal investigations are documented in a written report either by Locally Designated Investigators or Internal affairs. Samples of both entities investigations were reviewed and displayed meticulous detail.

(h) DOM Chapter 5, Article 23, Section 52080.6 requires submission to the local district attorney when there is evidence substantiating the elements of a crime.

(i) DOM Chapter 5, Article 44, Section 54040.20 updated revision (as of 1/6/17) requires the investigative file is to be retained by the Investigative Services Unit (ISU) for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

During interviews with investigative staff, investigators communicated they initiate an investigation related to sexual violence or sexual harassment as soon as they are notified of the allegation. The timeline for completing investigations is on a case- by-case basis and pending lab work when evidence is sent to the crime lab.

115.72	Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM section 330330.13.1 Investigative Findings outlines an investigation is sustained when, "The investigation disclosed a preponderance of evidence to prove the allegation made in the complaint." Interviews with investigators indicated they use no level higher than preponderance of the evidence to substantiate a case. It was also learned during interviews that the Specialized PREA Investigator Training outlines the evidentiary standard for administrative investigations. CAC staff provided the training curriculum and the specific section pertaining to preponderance of evidence.

115.73	Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.12.5 requires the institution to provide written notification of the findings to an offender who is alleged to have suffered sexual abuse following an investigation whether the sexual abuse is alleged to have been perpetrated by a staff member or another offender. If the alleged perpetrator is a staff member, policy requires the facility to notify the offender when

the staff member is no longer posted within the offender's housing unit; the staff member is no longer employed at the facility and if the staff member is indicted or convicted on a charge related to the sexual abuse. In addition, if the alleged perpetrator is an offender, policy requires the facility to notify the offender if the perpetrator is indicted on the alleged sexual abuse or convicted on a charge related to the sexual abuse. During the review of investigative files, copies of such notifications are kept in the investigative file; however, there is no acknowledgment signature by the victim offender of receiving the notification.

RECOMMENDATION: An acknowledgement signature by the victim offender would provide the facility with documentation the offender received the notification of the outcome of the investigation.

115.76	Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CCR Title 15, Division 3, Section 3401.5 defines Staff Sexual Misconduct and shows that all allegations of sexual misconduct are subject to investigation which may lead to disciplinary action and/or criminal prosecution. CDCR DOM Chapter 5, Article 22, Section 33030.16 Employee Disciplinary Matrix Penalty Levels outlines the specific disciplinary action associated with staff misconduct. The matrix includes staff sexual misconduct and harassment and shows the allowable discipline ranges from an official reprimand to dismissal. Section 33030.17 shows preponderance is necessary before any disciplinary action can be taken against an employee and 33030.19 Employee Disciplinary Matrix is the foundation for all disciplinary action imposed by the agency and is utilized by the hiring authority to determine the penalty imposed for employee misconduct. The Matrix clearly shows the penalty for "Sexual misconduct with an offender(s)/parolee(s) is dismissal. Penalties for other violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse are commensurate with the nature of the event. Policy as well as staff interviews confirm that criminally substantiated staff sexual misconduct investigations are forwarded for prosecution. DOM Chapter 5, Article 44, Section 54040.12.3 requires that all dismissals for violation of the agency's sexual misconduct and harassment policies or resignations by staff who would have been dismissed be reported relevant licensing bodies.

In the past 12 months, CAC has had no staff that have been terminated, resigned prior to termination or who was disciplined for violating agency sexual abuse or sexual harassment policies.

115.77	Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency has policy in place, 54040.12.4 Reporting to Outside Agencies for Contractors, that would prohibit volunteers or contractors from having further contact with offenders should they be found guilty of having sex with an offender and they will be reported to law enforcement and any licensing body that the individual may be licensed with as part of their job duties. This policy would also prohibit volunteers or contractors from having further contact with offenders should they be found guilty of engaging in other prohibited sexual misconduct with an offender.

In the past 12 months, CAC has had no allegations of contractors or volunteers violating the agency's sexual abuse or sexual harassment policies.

115.78	Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.15 Disciplinary Process shows, "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determination, shall be followed." CCR Title 15, 3316, and 3323 supports this standard and shows offenders are subject to disciplinary sanctions following an administrative or criminal finding of guilt. During interviews it was learned that all investigations into allegations of offender-on-offender sexual abuse must be forwarded to the District Attorney.

In the past 12 months CAC has had no substantiated investigations of offender-on-offender sexual abuse. Therefore, no disciplinary action has been taken. This standard requires that prior to issuing a sanction following a substantiated investigation of offender-on-offender sexual abuse, the facility must consider whether an offender's mental disabilities or mental illness contributed to his behavior. While the facility has not had a substantiated investigation in the last 12 months, they do not have a process for obtaining and documenting that the offender's mental health or mental disabilities were considered prior to determining sanctions.

DOM Chapter 5, Article 44, Section 54040.15.1 shows the facility can issue a charge of "making a false report of a crime" only if the evidence received indicates the offender knowingly made a false report. While the agency does provide condoms to offenders in an effort to reduce sexually infectious diseases, CCR Title 15 Section 3007 indicates that consensual sexual contact between two offenders is considered "illegal sexual acts."

115.81	Medical and mental health screening; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

This standard requires an offender who reports past victimization or perpetration that occurred in an institutional setting or in the community be offered medical or mental health services must be offered a follow up appointment with medical or mental health within 14 days. This standard is pursuant to standard 115.41. Therefore, the requirements for this standard are based upon the answers provided during the screener/assessment that is required from 115.41.

DOM Chapter 5, Article 44 Section 54040.7: Detections, Notifications and Reporting shows, "If it is reported by an offender during the initial intake screening, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH5, Mental Health Referral Chrono." This established policy does not address the requirement that this offender be offered a follow up with medical or mental health within 14 days of the intake screening.

Interviews with medical, mental health, and custody staff indicated confusion on who completes the referral for the offender to obtain mental health services.

During interviews, Mental Health staff indicated they were not aware that PREA standards require a follow up meeting within 14 days of the intake screening for prior victims and abusers. During staff interviews, both intake staff and Medical/Mental Health staff indicated that only offenders who are victims of recent events during incarceration are referred for Medical/Mental Health services.

It should also be noted that during the audit it was identified that if the individual who conducts screenings upon intake did make referrals to mental health, we cannot identify those offenders referred instrument due to this information specially is not tracked. The referral goes into the offenders records, as it should but the facility also must be able to identify those offenders during the audit to demonstrate compliance.

California City Correctional Facility took corrective action after the onsite audit to include working with CDCR Headquarters, a report was developed which identifies when intake staff enter a yes on the screening form. This report is sent to all PREA Compliance Managers statewide every Monday. This report will be for the PREA Screenings conducted the week prior at their institution for tracking purposes. Intake staff received additional training in March 2018 in regards to ensuring a mental health referral is completed when necessary. The Medical and Mental health referral is documented on a 128-MH5 and the follow up is documented within the inmates medical file. The Proof of referrals show the second HQ report all assessments were conducted within 14 days of arrival at the institution for all inmates by the Initial Unit Classification Committee. During this committee PREA screening forms are reviewed and actions taken are documented on the Classification Chrono. Additionally, the Director sent out a Memorandum dated 8-28-17 instructing Wardens about the Prison Rape Elimination Act Risk Screening.

115.82	Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

This standard requires that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. California Correctional Health Care Services policy, Chapter 16, 1.16.1 Prison Elimination Act Policy supports this standard. The policy shows, "When a patient alleges he/she is the victim of sexual violence or misconduct that occurred in an institutional setting, health care staff shall provide necessary and immediate emergency medical attention to the victim and suspect." In addition, the policy requires medical staff to offer and obtain consent for evaluation and treatment of STI/STDs and other tests that may be needed. PBSP offers all treatment related to sexual abuse at no cost to the victim.

Staff reported that following a report of sexual abuse medical and mental health practitioners would be notified and the victim would receive immediate access to emergency medical treatment and crisis intervention services.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

California Correctional Health Care Services 1.16.1 Prison Rape Elimination Act Policy and DOM Chapter 5, Article 44 Section 54040.10 Return to Triage and Treatment Area/Receiving and Release outlines that all offenders who have been victimized by sexual abuse will be offered medical and mental health care in a timely manner regardless if it occurred in a facility, community or jail setting.

Section 54040.10 covers how follow-up care is to occur and if necessary, how referrals for follow-up care should occur if offender is transferred or released.

It appears that the level of care provided by CSP – California City Medical and Mental Health staff is consistent or better than the community level of care.

CAC does not house female offenders therefore d and 3 do not apply.

Offenders who are the victim of sexual assault are offered a medical test for STD's. This is outlined in policy as well. Policy indicates that there is to be no financial charge to the offender for any medical or mental Health services performed due to a PREA event.

115.86	Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.17 requires each Hiring Authority to conduct an incident review of every sexual violence or staff sexual misconduct investigation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded.

While the standard requires the review to occur within 30 days of the conclusion of the investigation, the DOM requires the committee to review incidents within 60 days of the date of discovery of the allegation. It was discovered during interviews with investigative staff that reviews of incidents would occur prior to the completion of an investigation as there is no set timeframe for completing an investigation.

As noted in the DOM and according to investigative staff, all elements outlined in 115.86(d) are considered and looked at during the review. CAC has a form titled Institutional PREA Review Committee (IPRC)-DOM Section 54040.17 that is completed during the review meeting.

During the reporting period, 1 investigation required an incident review to be conducted. The facility completed the incident review, however it was one week overdue of the 30 days.

Recommendation: CAC should be mindful that all incident reviews that are conducted on substantiated or unsubstantial sexual abuse cases must be completed with 30 days.

115.87	Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

CDCR has multiple ways to track PREA investigations conducted within the department. DOM Chapter 5, Article 44, Section 54040.19 shows facilities must add new investigations to the Yearly Tracking Report each month and forward to the Department's PREA Coordinator. In addition,

investigators must complete the Survey of Sexual Violence-Incident Adult (SSV-IA) form and forward to the Department's PREA Coordinator within 2 business days from "the date of the allegation". PREA Compliance Manager confirmed when an anonymous report is received and the victim cannot be identified or if the victim denies the allegation, the SSV-IA is forwarded to the Department's PREA Coordinator.

DOM Section 54040.19 requires the agency to aggregate the incident-based data at least annually. The agency provided documentation to demonstrate they routinely collect incident-based data from contracted facilities and the data is reported to the Department of Justice when requested along with facilities data.

115.88	Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.17 Institutional PREA Review Committee and Section 54040.19 Tracking- Data collection and Monitoring supports this standard. The policy requires the Departmental PREA Coordinator to review data collected on annual basis and prepare an annual report of their findings and corrective actions. The report is to be routed through the chain of command of the agency Secretary for review and approval then placed on CDCR's website.

CDCR's website at http://www.cdcr.ca.gov/PREA/Reports-Audits.html includes CDCR's 2016 Annual Report.

115.89	Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DOM Chapter 5, Article 44, Section 54040.20 PREA Data Storage and Destruction require that collected PREA data be securely retained for 10 years after the date of initial collection as required by this standard.

The CDCR website contains aggregated sexual abuse data which contains no personal identifiers.

AUDITOR CERTIFICATION:

The auditor certifies the contents of the report are accurate to the best of his/her knowledge and that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Krista Helton

Auditor Signature

4-18-18

Date