Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report Click or tap here to enter text.

Auditor Information

Name: Douglas K. Lawson	**Email:** douglas.lawson@ks.gov
Company Name: Ellsworth Correctional Facility	
Mailing Address: 1607 State Street	**City, State, Zip:** Ellsworth, Kansas, 67550
Telephone: 620-875-2728	**Date of Facility Visit:** August 13-17, 2018

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		**City, State, Zip:** Sacramento, CA 94283	
Mailing Address: PO Box 942883, Ste. 251-N		**City, State, Zip:** Sacramento, CA 94283-001	
Telephone: (916) 985-2561		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency mission: Click or tap here to enter text.			
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Scott Kernan	**Title:** CDCR Secretary
Email: scott.kernan@cdcr.ca.gov	**Telephone:** (916) 455-7688

Agency-Wide PREA Coordinator

Name: Shannon Stark	**Title:** Captain

Email: Shannon.Stark@cdcr.ca.gov	**Telephone:** (916)-324-6688
PREA Coordinator Reports to: Amy Miller, Associate Director	**Number of Compliance Managers who report to the PREA Coordinator** 36 (35 Prisons, 1 Contracted Beds Unit.

Facility Information

Name of Facility: California Institute for Men			
Physical Address: 14901 S. Central Avenue			
Mailing Address (if different than above): P.O. Box 128, Chino, CA. 91708-0128			
Telephone Number: (909) 597-1821			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
Facility Mission: We at the California Institution for Men are dedicated to providing a service to the community and inmates by creating an environment in which all staff are part of the team and everyone is treated with dignity and respect. We are open and honest in our communications. We strive to achieve our personal best through professional and ethical behavior.			
Facility Website with PREA Information: https://www.cdcr.ca.gov/Facilities_Locator/CIM.html			

Warden/Superintendent

Name: Dean Borders	**Title:** Warden
Email: Dean.Borders@cdcr.ca.gov	**Telephone:** (909) 597-1821 ext. 4021

Facility PREA Compliance Manager

Name: LaVelle Parker	**Title:** Associate Warden
Email: Lavelle.Parker@cdcr.ca.gov	**Telephone:** (909) 597-1821 ext. 7054

Facility Health Service Administrator

Name: Louie Escobell	**Title:** CEO
Email: Louie.Escobell@cdcr.ca.gov	**Telephone:** (909) 597-1821 ext. 7125

Facility Characteristics

Designated Facility Capacity: 2976	**Current Population of Facility:** 3736
Number of inmates admitted to facility during the past 12 months	3012

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			8072
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1266
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			41
Age Range of Population:	**Youthful Inmates Under 18:** 18-75	**Adults:** Yes	
Are youthful inmates housed separately from the adult population?	☐ Yes	☐ No	☒ NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			N/A (this information is not tracked by the facility)
Facility security level/inmate custody levels:			Level II and III, from minimum
Number of staff currently employed by the facility who may have contact with inmates:			1771
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			308
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			22 **(including construction, HFM cleaning, substance abuse treatment, and PIA (California Prison Industry)**

Physical Plant

Number of Buildings: 147	**Number of Single Cell Housing Units:** 1
Number of Multiple Occupancy Cell Housing Units:	10
Number of Open Bay/Dorm Housing Units:	15
Number of Segregation Cells (Administrative and Disciplinary:	200
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): CIM currently has no video surveillance systems	

Medical

Type of Medical Facility:	Outpatient Housing Unit (OHU) and Treatment Triage Area (TTA)
Forensic sexual assault medical exams are conducted at:	Riverside University Health Systems, 26520 Cactus Avenue, Moreno Valley, CA 92555

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	1200 total (800 volunteers, 400 contractors) all volunteers have

	contact and approx. 250 contractors have contact with inmates.
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	15

Audit Findings

Audit Narrative

Pre-Audit

Douglas K. Lawson, a U.S. Department of Justice (USDOJ) probationary status Certified PREA Auditor for Adult Facilities, conducted a Prison Rape Elimination Act (PREA) on-site audit of the California Institution for Men (CIM), from August 13-17, 2018. California Institution for Men is operated by the California Department of Corrections and Rehabilitation (CDCR). California and Kansas are members of an audit consortium that also includes the State of Indiana. To complete the circular auditing, Kansas audits California, California audits Indiana, and Indiana audits Kansas. This is a new consortium within the past calendar year.

The audit was conducted with the assistance of three support staff –Peggy Steimel, Kansas Department of Corrections PREA Compliance Coordinator; Mark Mora, Certified PREA Auditor, Hutchinson Correctional Facility; Electra Knowles, PREA Compliance Manager, Winfield Correctional Facility. The audit team conducted the on-site review together.

Prior to the on-site portion of the audit, each team member was assigned specific sections of the standards for document review: Doug Lawson, 115.11-115.34; Mark Mora, 115.35-115.62; Electra Knowles, 115.63-115.76; Peggy Steimel, 115.77-115.93. During the on-site portion of the audit and subsequent documentation review, each team member continued to focus on those sections of the standards.

The auditor provided the facility with a Notification of Audit via email attachments to Associate Warden Lavelle Parker, the CIM PREA Compliance Manager on June 27, 2018. Copies were also provided to CDCR PREA Compliance Coordinator, Captain Shannon Stark that same day. The notification contained information on the upcoming audit (August 13-17) and stated that any inmate or staff member with pertinent information should send a letter containing this information to the auditor. The notice contained the auditor's workplace address, a confidentiality statement, and stated the purpose of the audit. The auditor instructed the facility to post this notification in all housing units and throughout the facility for the six weeks prior to the onsite audit. Associate Warden Parker assured the auditor during a phone conversation on July 9, 2018 (this auditor was on vacation the prior week) that the postings were distributed throughout the facility. AW Parker and the auditor discussed making the notice available to all units. He provided assurance that the postings began on June 28th and by July 2nd all relevant areas of the facility had postings. AW Parker stated that facility staff had been instructed to treat all correspondence to the auditor as confidential, much the same as legal material is treated. This same message was given to the mailroom staff at the auditor's facility. Nine letters were received from CIM inmates prior to the on-site review. All of those inmates were interviewed by auditors Mora and Knowles during the on-site review. There were no letters received from CIM staff prior to the on-site review.

During the on-site review, the auditor observed the posting in all housing areas and throughout the facility in inmate-accessible areas. The notice was posted on golden rod and yellow paper and notice was posted in multiple locations in each building and near areas where inmates frequent such as

inmate telephones and restrooms. At each posting site there were both English and Spanish versions available as those were the two prominent languages spoken at CIM. The notice was also observed to be posted in areas only accessible to staff, providing them with the opportunity to contact the auditor. Prior to the onsite review, the auditor received nine letters from inmates at the facility. (Eight of these inmates were interviewed during the onsite review; one had transferred prior to our arrival.)
On July 9th, the auditor received a compact disc containing the pre-audit questionnaire (PAQ). Supporting documentation was included with the disc. The documentation, including relevant policies and manuals of the CDCR and CIM and CDCR's 2015 and 2016 Annual PREA Reports. The auditor had previously received a copy of the 2017 Annual PREA Report for the CDCR on July 5, 2018.
The auditor reviewed the PAQ, originally dated 3/6/2018, and the supporting documentation. Additionally, the PAQ and documentation were made available to the other members of the audit team for the review of their specific sections. Prior to the on-site review, the auditor exchanged email communication and a phone call with AW Parker to clarify certain details, answer questions, complete security clearance forms, and discuss the agenda for the audit to include the on-site review of the facility. The auditor advised AW Parker that complete inmate and staff rosters would be requested during the onsite review (depending upon when interviews were started) as to provide the most up-to-date and accurate selection of these groups. Additionally, the auditor requested that personnel files, training records, investigative records, and inmate records be accessible throughout the on-site review by each member of the audit team upon request. AW Parker stated he was aware of those needs and, during the on-site review, each auditor was able to access these documents/records.
Prior to the on-site review, each auditor reviewed documents in accordance with the standard sections assigned above. Among those documents that were supplied by CIM, the audits found:

- Department Operations Manual sections (the prevailing policies of the California Department of Corrections and Rehabilitation)
- Human Resource files information (staff background check records, pre-hiring documentation)
- Staff Development training certificates, protocols, curriculums, and staff sign-in sheets
- Copies of sexual abuse/harassment information provided to inmates
- Copies of documents related to criminal investigations, forensic medical exams, and investigations.

This was the first PREA audit conducted at the California Institution for Men.

On-site Review

The audit team was invited to attend the Warden's morning meeting at 0900 on August 13th. This meeting included the administrative staff of CIM. To start the meeting, the auditor introduced the audit team and covered the purpose of their visit to CIM. Each team member gave a brief history of their correctional/auditing background and described their role in the audit. The auditor informed the Warden and the that the focus of the audit was to assist CIM in gaining full compliance with PREA standards so that the facility was in the best posture possible to address sexual abuse and harassment. The auditor requested unimpeded access to all areas of the facility during the onsite review to include access to any area where inmates lived, worked, slept, ate, etc. Additionally, the escorting staff (who were presents during the Warden's meeting) were informed that as we viewed various parts of the facility we may ask for things that may seem out of the ordinary such as for doors to be unlocked, demonstrations of how processes work, and the ability to take pictures with phones (granted by the Warden). The escorting staff were also advised that the audit team members would be randomly pulling staff and inmates aside for impromptu interviews. The CIM staff were accepting of our requests and welcomed the audit team to the facility.
The audit team was allowed to stay in the room where the Warden's meeting had been held. That room served as a staging point for the team throughout the week. AW Parker supplied each audit team member with a copy of an "Institutional Guidebook" for CIM. This guidebook was provided solely for the audit team and contained a welcome from the Warden, contact information for executive staff

members, institutional history, description of housing units, business services information, and the special operations teams. Additionally, there was information on the re-entry hub, educational and vocational programs, health care services, rehabilitative programs, and the California Prison Industry Authority (PIA). There is a section on the City of Chino and the local Ontario/Los Angeles International Airport. The team found this guidebook to be very useful throughout our time at CIM.

After the meeting, the audit team broke into two groups (Lawson/Steimel and Mora/Knowles) and a tour of all areas of the facility was started. AW Parker, Investigative Services Unit Lieutenant Tristan (alternate PCM), and Compliance Coordinator Carmen Jimenez provided us with escorts as we reviewed the facility. Lawson and Steimel began with Facility B while Mora and Knowles focused on Facility A. During the physical plant review, the audit team observed the facility configuration, locations of security mirrors, staff supervision of inmates, the housing unit layout including shower/toilet areas, placement of posters and other PREA informational resources, security monitoring, inmate intake, and search procedures. California Institution for Men was opened in 1941, well before the implementation of PREA standards. Due to the age of the buildings, there were some issues with blind spots and other areas where visibility was less than desirable. The inmate population of CIM was 3762 on the first day of the onsite review (786 over the designed capacity stated in the PAQ.)

The Facility A and B reviews were completed by noon on the first day with the exception of the Facility B recreation yard. That yard was reviewed on-site by Lawson and Steimel in the afternoon. Mora and Knowles completed the Facility C on-site review that afternoon.

On the second day of the audit, the audit teams continued touring the facility. Due to its size and being the last area to view, the separate audit teams both tackled Facility D. Mora and Knowles began on the West side of the compound while Lawson and Steimel went to the East. This facility contained the prison's main educational services, programs areas, medical service, fire station, and the dive school. The dive school (Leonard Greenstone Marine Technology Training Center, is a program that instructs inmates in topics such as diving physics, navigation, report writing, air systems, welding, seamanship, blueprint reading, diesel engines and marine construction. The Facility D on-site review was completed early in the afternoon of Tuesday, August 14th.

CIM employs 1771 total staff. The custody staff include the ranks of Captain, Lieutenant, Sergeant and Officer. Custody staff are assigned to three, eight-hour shifts to cover the 24-hour period. A total of 27 random staff interviews were conducted including both custody staff (25) and non-custody staff (2). The custody staff were comprised of various ranks, genders, ethnicities, and were from all three shifts. The auditor selected names for random staff interviews by using a roster provided by the facility on the second day of the on-site review.

Thirty-three (33) specialized staff interviews were conducted:

- Agency Contract Administrator (this was also the Agency Head's designee)
- Intermediate/Higher level facility staff (custody rank of Sgt. and above) (6)
- Medical and mental health staff (9)
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff (2)
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers (2) and contractors (1) who have contact with inmates
- Investigative staff (2)
- Staff who perform screening for risk of victimization and abusiveness (2)
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team (2)
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff (2)
- Intake staff
- Agency head's designee

- Warden
- PREA Coordinator
- PREA Compliance Manager

All interviews were conducted one at a time, in a private and confidential manner. Two volunteers (religious services) was interviewed during the onsite review as the vast majority of the 800 listed had irregular hours or weekend schedules. In addition, an unspecified number of informal, impromptu interviews of staff were conducted during the onsite review.
All reasonable efforts were made to conduct the required number of targeted inmate interviews; 27 targeted inmates were interviewed. California Institution for Men did not have any youthful inmates or inmates placed in segregation because they were at high risk of being sexually victimized. CIM does not house those inmates who fit the definition of youthful inmates. This information was provided in the PAQ and was supported by statements from both the PCM, the Warden, and the Administrative Segregation custody staff.

The breakdown of targeted inmates is: (3) physical disability, (1) blind, and (1) hearing impaired, (2) LEP, (1) cognitive disability, (10) transgender inmates, (2) reported sexual abuse, (3) reported sexual abuse during screening, (3) identified as gay, (1) bisexual. In light of the fact that the targeted inmate interviews were reduced, an effort was made to select more random inmates for interviews in order to get a more representative selection for the institution. Another 34 inmates (plus the 9 who corresponded with the auditor) were randomly selected for interviews by utilizing rosters provided by CIM on the second and third days of the onsite review. Interviews were conducted with at least one inmate from each housing unit. The audit team found that inmates were receptive to our interviews and we met no resistance to our questioning. This auditor selected names for random inmate interviews by using a roster provided by the facility on the second day of the on-site review. The selections were made completely randomly by simply picking between 10-12 inmates from each housing unit. This provided for a cross-section of inmates from each housing unit while maintaining randomness to avoid selecting from specific groups of inmates. In reviewing the selections, the auditor found that all races and various ages were represented.

Post On-Site Review

Following the on-site review, each team member compiled their notes and sent them to the lead auditor. Additionally, contact was maintained with AW Parker and PCC Capt. Stark for clarification and questions.

The auditor contacted Just Detention International (JDI) to request any information they could provide about contacts with CIM. Matthew Van Winkle, a Program Officer with JDI, responded that they have received 15 letters from inmates housed at California Institution for Men in the prior 12 months. Two (2) of those inmates identify as transgender inmates and reported sexual abuse and “being targeted” because of their gender identity. The other letters, Mr. Van Winkle reports, are split between reports of abuse by staff and reports of abuse by fellow inmates. The abuses appear to focus on the manner in which staff conduct pat-searches of inmates. Other letter writers reported a lifetime of sexual abuse, from childhood on. These inmates were referred to the Monterey County Rape Crisis Center (MCRCC) for advocacy services.

Auditor Steimel also conducted a telephone interview with Erika Sigala, from Project Sister Family Services. She is the Hotline/SART Assistant. Her responsibility would be to dispatch a therapist to provide advocacy services to a victim of sexual abuse at CIM. They are not contacted very often and

what little contact they have is usually with Lt. Daniel Tristan. As part of the collaborative SART, they generally receive a call from Riverside University Health System letting them know they have someone coming in for a SART exam.

Facility Characteristics

The information below was found in the Institutional Guidebook provided to each member of the audit team:

The fourth facility to house inmates, the California Institution for Men (CIM) was created in 1941 to break the standard penal system mold and usher in a new era of rehabilitation. Situated on 2600 acres in the Chino Valley, the primary goal of CIM was the reformation of an archaic prison system. Originally designed to house 285 inmates with a contingent of 50 staff members, strong emphasis was placed on vocational training and productive employment combining farming with industry.

On July 10, 1941, the first inmates arrived at CIM having been transferred from San Quentin. These 34 carefully screened men would set the tone of the institution for many years to come.

One of the first changes came in 1941 when the Sierra Way conservation Camp opened in San Bernardino County. A thirty-man crew was supplied from the institution and their primary purpose was to repair equipment and tools for the Forest Service, clear firebreaks and when necessary, fight brush or forest fires.

Over the next ten years many changes would occur at CIM as it established itself. New dorms were built to accommodate the growing population, as well as additional facilities to further the work ethic established by legislation during the creation of CIM.

In 1951 a new facility was opened on the institution grounds. That facility was known as Reception Center Central and is now known as CIM Facility B. Designed to house 618 inmates, the primary mission was to process newly committed inmates to the prison system. This arduous and selective task is to ensure that an inmate is placed in an appropriate prison setting based on classification. One of CIM's early Correctional Officers was William Richard Wilkinson. In his memoir, "Prison Work," he details his career with the Department from 1951 to 1981.

"The inmates do their time, they get their training, they go out to get a job," he wrote. "You could see that at Chino. And there was the education for the inmates. If you did not have a high-school education, then you spent half your day in class and the other half of the day picking tomatoes or shucking corn or whatever you had to do. You have to work to survive, and you have to have an education to make it. At Chino, they made room for both."

In 1956 the Intensive Treatment Project was initiated and implemented at CIM. This program was designed to investigate the effects of individual casework on rehabilitation. Throughout the years many programs and studies were accomplished at CIM as the inmate population had earned recognition for their willingness to participate and achieve results.

In 1963 the Southern Conservation Center was opened with a designed capacity of 650 inmates. This facility served as a training facility for inmates assigned to the growing number of conservation camps throughout California. In 1966 the Department established another innovative program at CIM. It was called the Short-Term Release Unit. This 120-man program provided additional casework and counseling services to parole violators who did not present a threat to society.

The Work Furlough Program was established at CIM in 1968 as well as the Family Visiting Program that offered inmates an opportunity to continue their family relationships. In 1974 the CIM – EAST facility, now known as Facility C, with a design capacity of 400 inmates, was opened with a primary

mission of processing diagnostic process cases. Throughout the years many changes have occurred not only in the facilities but also in their missions.
CIM was designed to be a trailblazer for inmate rehabilitation but like every institution CIM has endured many changes, significant events and losses throughout the decades. The most famous events in CIM's history have led many on the outside to believe that CIM no longer played a significant role in rehabilitation. This couldn't be further from the truth. The heart, strength and resiliency of CIM lie within its staff. From the top down, the staff at CIM has continued to push forward to create a safer environment to work in and a safer environment for the inmates to live in. This has created more stability and a greater sense of security within the institution which has fostered a better atmosphere for the rehabilitative programs offered. Programs such as the Marine Technology Training Center, Substance Abuse Program, numerous Inmate Leisure Time Activity Groups and the Inland Valley Education Center provide inmates with the skills and tools needed to be successful upon release from CDCR.
This description of the housing units is from the guidebook mentioned earlier and, from our observations, contains an accurate depiction of CIM:
Since the opening of the California Institution for Men (CIM), 75 years ago, there have been many changes to the institution. CIM now consists of four separate facilities. As of today, CIM still occupies over 2000 acres of land. The prison has numerous areas which consist of the following:

Facility A - Level II Sensitive Needs Yard	
Facility B— Reception Center	
☐ Administrative Segregation Unit (ASU)	
Facility C— Level II Sensitive Needs Yard	
Facility D— Secure Level I Non-Designated Facility	
☐ Outpatient Housing Unit (OHU)	

California Prison Industries Authority (CALPIA)	
☐ Laundry	☐ Marine Technology Training Center
☐ Juice Plant	☐ Health Care Facilities Maintenance
Waste Water Treatment Plant	
Co-Gen Power Plant	

Facility A – Level II Sensitive Needs Yard
Facility A houses approximately 1100 Level II, Sensitive Needs Yard (SNY) inmates. The facility consists of eight open dormitory style housing units with a maximum capacity of 160 inmates each. In addition to the units, Facility A has both educational and vocational areas, health care clinics, the main recreation yard, visiting and culinary. Within the Facility A, Administration building is the CIM Central Records department.
Facility B Reception Center
As a Reception Center (RC), Facility B houses all levels and types of inmates. Units B1, B4 and B5 housing General Population (GP) reception inmates. Unit B2 houses Sensitive Needs Yard (SNY) reception inmates and Unit B3 is CIM's Administrative Segregation Unit (ASU). Inmates mainly arriving from San Diego County go through a classification process while at Facility B and upon completion of this process are transferred to institutions that are consistent with their points designation and case factors. Facility B is also home to CIM's Receiving and Release (R&R) and inmate property storage. All inmates arriving to and departing from CIM must be processed through R&R.

Administrative Segregation Unit
The Administrative Segregation Unit (ASU) is designed to house inmates that meet the following criteria:

- *Presents an immediate threat to the safety of self or others.*
- *Jeopardizes integrity of an investigation of alleged serious misconduct or criminal activity.*
- *Endangers institution security.*
- *Upon release from segregation, no bed available in general population.*

The CIM ASU is located within Facility B and has maximum capacity of 151 inmates. Inmates requiring ASU placement from both CIM and the California Rehabilitation Center (CRC) are housed here. The CIM ASU includes programming space to facilitate custodial and operational needs and also complies with court mandated activities such as recreation yard time and on-site medical/mental health services. Within ASU there are two wheelchair compliant cells and seven intakes cells which are suicide resistant.

Facility C – Level II Sensitive Needs Yard
Facility C houses approximately 800 Level II, Sensitive Needs Yard (SNY) inmates. Facility C has four interconnected housing units each of which as and upper and lower level. Facility C has an education department, health care clinic, chapel, visiting and main recreation yard. Facility C is unique as it is located about 1 mile away from the main facility. As a result of this, Facility C has its own sub-armory for staff and personnel from other agencies to store weapons before coming into the secured perimeter.

Facility D – Secure Level I Non-Designated Facility
Facility D is the original and the largest of the four facilities at CIM. Originally opened in June of 1941, Facility D now has twelve housing units for inmates classified as general population. The current population of Facility-D stays around 1100 inmates. The size and space within this facility allows for the greatest amount of vocational and educational programs. Facility D is home to the Inland Valley Education Center, which is the center of the CIM education and vocational department. The Education Center has number classrooms and work spaces offering classes such as Adult Basic Education I, II, III, and vocational programs such as Building Maintenance, Computer Literacy, Sheet Metal Fabrication, etc. Additionally, Facility D is the location of the CIM Main Culinary, Out-Patient Housing Unit (OHU), Re-Entry Hub, PIA Laundry & Marine Technology Training Center, and much more.

While on-site, the audit team was able to access each of the areas listed above. While it is obvious that CIM is not a “new” facility it appeared that it was kept clean and in good repair. There were several buildings throughout the complex that were in not in use for one reason or another. We were told that some of the older housing units contained hazardous material and were, therefore, uninhabitable. Others had been replaced by newer structures throughout the years. Areas of CIM have been updated throughout the years to meet different programming and housing needs.

Summary of Audit Findings

Number of Standards Exceeded: 1

115.17 Hiring and Promotion Decisions
CIM meets all provisions of this standard regarding Hiring and Promotion Decisions. Documents such as employment applications, pre-employment forms, and background checks were provided by CIM as part of their PAQ and were examined during the on-site review. Also, staff interviews of the Director, Warden, PCM, and Human Resources staff were completed regarding this standard. CIM, and all the CDCR, utilizes the Live Scan system to conduct background checks. Unlike traditional background checks that must be initiated by the institution (as required by standard, at least every 5 years), the

facility is the recipient of the information. The system automatically sends the facility information related to law enforcement contacts of an employee. This information is sent immediately upon the initiating law enforcement agencies input of the data (usually upon arrest). Therefore, not only does CIM receive information that would be provided in a typical background check without significant delay, they get the information for EACH contact entered. In contrast, a facility initiated National Crime Information Center request done every five years could contain multiple events ranging anywhere from as recent as yesterday to 5-years old. The use of Live Scan allows CIM to better detect any criminal behavior, including offenses of a sexual nature, of staff or contractors in virtually real-time to prevent those persons from having contact with the inmate population.

Number of Standards Met: 40

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator
115.12 Contracting with Other Entities for the Confinement of Inmates
115.13 Supervision and Monitoring
115.14 Youthful Inmates
115.16 Inmates with Disabilities and Inmates who are Limited English Proficient
115.18 Upgrades to Facilities and Technologies
115.21 Evidence Protocol and Forensic Medical Examinations
115.22 Policies to Ensure Referrals of Allegations for Investigations
115.31 Employee Training
115.32 Volunteer and Contractor Training
115.33 Inmate Education
115.35 Specialized training: Medical and mental health care
115.34 Specialized Training: Investigations
115.41 Screening for Risk of Victimization and Abusiveness
115.42 Use of Screening Information
115.43 Protective Custody
115.51 Inmate Reporting
115.52 Exhaustion of Administrative Remedies
115.53 Inmate Access to Outside Confidential Support Services
115.54 Third-Party Reporting
115.61 Staff and Agency Reporting Duties
115.62 Agency Protection Duties
115.63 Reporting to Other Confinement Facilities
115.64 Staff First Responder Duties
115.65 Coordinated Response
115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
115.67 Agency Protection against Retaliation
115.68 Post-allegation Protective Custody
115.71 Criminal and Administrative Agency Investigations
115.72 Evidentiary Standards for Administrative Investigations
115.73 Reporting to Inmates
115.76 Disciplinary Sanction for Staff
115.77 Corrective Action for Contractors and Volunteers
115.78 Disciplinary Sanctions for Inmates
115.81 Medical and Mental Health Screenings; History of Sexual Abuse
115.82 Access to Emergency Medical and Mental Health Services

115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
115.87 Data Collection
115.88 Data Review for Corrective Action
115.89 Data Storage, Publication, and Destruction

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Following submission of this initial report, CIM along with the CDRC will work cooperatively with the audit team to develop and implement a corrective action plan (CAP). This CAP will address the cross-gender viewing areas identified in standard 115.15. The CAP will provide for 100% compliance on each of these standards, thus leading to 100% compliance for each standard and the audit in whole. Evidence of implementation of the correction action listed in the CAP will be generated from continuous dialogue between all parties involved. The expectation will be that, following development and implementation of the CAP, California Institution for Men will be in 100% compliance of all applicable PREA standards.
Specific areas of the facility that are non-compliant with standard 115.15:
Facility A

- Medical facility: “Staff Only” sign needs placed on restroom door
- Vocational Building: Saloon style doors (or similar barrier) needs placed on inmate restroom.
- Borrego, Laguna, Sequoia, Cleveland buildings need PREA postings in day rooms.
- Office of Inspector General posters have two different phone numbers. Need to verify accurate number and ensure all postings have that number.

Facility B

- Main Recreation Yard: Outside urinals need a more permanent or secure partition to obstruct casual viewing of those areas. The current screen was torn and blew with the wind.

Facility C

- The Yard showers and some toilet areas are viewable to non-medical cross-gender staff. A barrier to this viewing needs to be in place.

Facility D

- Post Op medical room: Offenders in this room are viewable by non-medical cross-gender staff. A portable screen of some sort should be put in place to allow an offender to change clothing without exposure.
- West dorm: The showers have a noticeable gap between the stainless steel and the cinder block wall. This allows for cross-gender viewing. This gap needs filled.
- Willow: Although the communal showers had curtains that could be pulled to obstruct cross-gender viewing, the curtains were not being utilized during the on-site review. It is recommended that the administration address this issue by notifying (memorandum?) the inmate population that the curtain must be pulled shut while showering.
- Culinary: The offender restroom just inside the entrance door has no door or curtain which allows for cross-gender viewing. A partition needs put in place to prevent this viewing.

<u>Corrective Action Plan</u>
For each of the ten (10) areas listed above, the facility will be expected to develop a written response (corrective action) within 90 days of the receipt of this report. Continued discussion between the

facility, namely AW Parker, and the auditor will be expected in the development of these responses. The facility will then utilize the following 90 days to implement the corrective action (total 180 days). Verification that the corrective action plan items have been completed will be in the form of both documentation (work orders, drawings, blueprints, etc.) and photographs of the completed work in each area. These items may be sent electronically to the auditor via email or other mutually agreed upon method at any time during the corrective action period.

Final Report assessment

Following the on-site review, AW Parker provided a spreadsheet that the facility used to address the Corrective Action. Each deficiency was listed along with the action taken/proposed action, the personnel responsible for addressing the area, the anticipated completion date, and the actual completion date.

Facility A

- Medical facility: "Staff Only" sign needs placed on restroom door.
  - This was confirmed via photographs showing the signage attached to the restroom doors. The signage effectively addresses the corrective action.
- Vocational Building: Saloon style doors (or similar barrier) needs placed on inmate restroom.
  - This was confirmed with a photograph showing the saloon style doors in place. (Additionally, AW Parker supplied a photo of a first attempt that failed due to the doors being too heavy for the hinges.) The doors effectively address the corrective action.
- Borrego, Laguna, Sequoia, Cleveland buildings need PREA postings in day rooms.
  - Photographs of the listed living units with the postings were supplied. The postings effectively address the corrective action.
- Office of Inspector General posters have two different phone numbers. Need to verify accurate number and ensure all postings have that number.
  - A picture of the current Office of Inspector General poster with the accurate phone number was supplied. The updated posters effectively address the corrective action.

Facility B

- Main Recreation Yard: Outside toilets need a more permanent or secure partition to obstruct casual viewing of those areas. The current screen was torn and blew with the wind.
  - Photographs were provided that show the placement of permanent partitions in this area. Metal frames were constructed that are anchored to the concrete footing at the front of this area. Weather resistant tarps were stretched across the frames and serve to prevent unobstructed viewing of the toilets. These screens are sufficient to gain standards compliance and address corrective action.

Facility C

- The Yard showers and some toilet areas are viewable to non-medical cross-gender staff. A barrier to this viewing needs to be in place.
  - A photograph was sent showing a portable partition in place in this area. These partitions are sufficient to gain standards compliance and address corrective action.

Facility D

- Post Op medical room: Offenders in this room are viewable by non-medical cross-gender staff. A portable screen of some sort should be put in place to allow an offender to change clothing without exposure.
    - CIM chose to add "frosting" to the windows that view this particular room. A picture of this was supplied. This will be sufficient for corrective action.
- West dorm: The showers have a noticeable gap between the stainless steel and the cinder block wall. This allows for cross-gender viewing. This gap needs filled.
    - A supplied photograph shows the gap was filled with shower curtain material. This is sufficient for corrective action.
- Willow: Although the communal showers had curtains that could be pulled to obstruct cross-gender viewing, the curtains were not being utilized during the on-site review. It is recommended that the administration address this issue by notifying (memorandum?) the inmate population that the curtain must be pulled shut while showering.
    - Photographs were supplied showing signs in each area instructing the inmates to pull the curtain closed while in use. The signage effectively addresses the corrective action.
- Culinary: The offender restroom just inside the entrance door has no door or curtain which allows for cross-gender viewing. A partition needs put in place to prevent this viewing.
    - A floor mounted partial wall was installed (as seen in supplied photograph) to obstruct full-on view of the toilet. The partition effectively addresses the corrective action.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- 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 ☐ No

115.11 (c)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM(DOM) 54040.1 *(Policy)* states on page 471, *"The California Department of Corrections and Rehabilitation (CDCR) is committed to providing a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment…CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction.* This policy outlines the agency's comprehensive approach to preventing, detecting and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors. The Orientation Handout, provided to each inmate upon arrival at CIM, contains a 3-page PREA information brochure. The zero-tolerance policy is listed in the brochure and is observable throughout the facility, as evidenced by inmate informational postings. Interviews with staff indicate they have some knowledge of the zero-tolerance policy. Additionally, inmates were quick to state that "zero-tolerance" was included in their orientation to the facility. However, the auditor recommends a best practice be initiated that CIM ensures that each inmate acknowledges understanding of the PREA information given them by signing a paper attesting to their knowledge of the subject, not simply receipt of the material.
The agency has designated Captain Shannon Sharp as the PREA Compliance Coordinator (PCC). Captain Sharp is in an upper-management position and reports directly to Kathleen Allison, Director of Adult Institutions for the CDCR as confirmed by her position description and the agency's organizational chart. Captain Sharp's Duty Statement shows that 95% of her duties relate directly to PREA. 36 PCMs report directly to her (35 facilities, 1 for Contracted Bed oversight). Her interview indicated that Captain Stark has sufficient time, resources, and authority to complete the duties outlined in her Duty Statement. It appears from reviewing prior PREA audit reports for the State of California, Department of Corrections and Rehabilitation, that improvements to the sexual safety of inmates has improved during Captain Stark's tenure.
Associate Warden Lavelle Parker has been designated as the PREA Compliance Manager for CIM. His Duty Statement shows that he is a Correctional Administrator assigned to Programs & PREA

Compliance Coordinator duties. The summary states that he is a member of the institution's executive team. AW Parker stated that he had sufficient time to dedicate to his duties as PCM. He emphasized that he has supportive staff who ensure that PREA is given priority and all allegations of sexual abuse/harassment are given the proper attention. He is aware of some of the struggles

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- 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 ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The CDCR supplied information on the nine contracts it has for confinement with other entities: two Corrections Corporation of America (CCA) facilities out of state (La Palma Correctional Center and Tallahatchie County Correctional Facility); four CCA facilities in state (Central Valley, McFarland, Desert View and Golden State); and three GEO facilities ran by city agencies in state (Shafter, Taft and Delano). These contracts include language that states, *"CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. CDCR shall maintain a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited. As a Contractor with CDCR, you and your staff are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44."*

Additionally, CIM supplied a document (Exhibit M) that is the CDCR's Prison Rape Elimination Policy-Volunteer/Contractor Informational Sheet. The Prison Rape Elimination Policy for the California Department of Corrections and Rehabilitation (CDCR) is explained on this informational sheet. Emphasized within the pamphlet are reporting responsibilities for volunteers or contractors who may receive information about sexual misconduct. Also, historical information about PREA, professional behavior, preventative measures, and detection are topics of information.
CIM supplied Exhibit D, Special Terms and Conditions, that is part of their contractor's agreement. Within the document, it states, in part: *"All Contractors and their employees are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44."* This agreement basically states that contractors will receive training in PREA prevention, detection, and response. It states that, just as with CDRC staff, contractors have a responsibility to report any suspicion or knowledge of sexual abuse or sexual harassment.
The volunteer and contract staff interviews verify that these staff have received the required training and are aware of their responsibilities in this area.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?

☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
  ☐ Yes ☐ No ☒ NA

115.13 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.13 (d)

- 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 ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- 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 ☒ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The CIM documentation for this standard included a form "Staffing Plan Analysis" that is used to develop their staffing plan. The plan takes into consideration the following:

1) Generally accepted detention and correctional practices;
2) Any judicial findings of inadequacy;
3) Any findings of inadequacy from Federal investigative agencies;
4) Any findings of inadequacy from internal or external oversight bodies;
5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
6) The composition of the inmate population;
7) The number and placement of supervisory staff;
8) Institution programs occurring on a particular shift;
9) Any applicable State or local laws, regulations, or standards;
10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11) Any other relevant factors.

Warden Borders and AW Parker indicated in their interviews that each of those areas is analyzed in the Staffing Plan meeting to determine the proper staffing levels and placement of assigned staff in all areas of the facility. Input is sought by various departments, including legal staff, custody staff, and programming staff (such as education personnel) when discussing each of the eleven factors listed above. The staffing levels are predicated on an average daily population as reported in the PAQ of 3600. AW Parker confirmed during his interview that the staffing plan is not based on the "designed facility capacity" of 2976 listed in the PAQ, but rather the current "average daily population."
The staffing plan review indicated there was not a need to change staffing levels in order to deter future incidents. While onsite, the audit team observed a sufficient number of custody and support staff in all areas of the facility.
California Institution for Men 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 ensures that a sufficient number of staff are present for each shift.

Warden Borders and indicated in his interview that CIM has not deviated from the staffing plan during the audit period. In fact, the Warden indicated that at present he has a substantial (approx. 150) waiting list of officers who have requested to transfer from other facilities to CIM.
Warden Borders stated that if a deviation were to occur, he would be notified upon his arrival the next business day. He reported that staffing is an area that he personally reviews. In addition, he states that the Watch Commanders report staffing levels daily as a standard operating procedure. These areas are reported on and reviewed during daily executive staff meetings. Vacant Officer positions are filled from the Academy based on facility need, according to the Human Resources staff interviewed.

DOM 54040.17.1 (*Annual Review of Staffing Plan*) states, *"Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan."* Documentation of the most recent staffing plan (April 2018) was included with the PAQ. Warden Borders and AW Parker both stated during their interviews that they did not foresee CIM receiving funding for video monitoring equipment/installation anytime during the near future. Although the Warden recognizes the benefits of such technology, he believes it will be several years in the future before CIM receives the funds necessary. He pointed out that the sheer size of CIM would require a lengthy implementation process but was hopeful that the process would start. AW Parker also acknowledged the benefits of video monitoring but stated Legislative funding would dictate its implementation.

DOM 54040.4 *(Education and Prevention)* states on page 473, *"A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time, and the location that the security check was completed."* While onsite, custody staff Sergeants and Lieutenants were interviewed, and verified they conduct unannounced rounds on all shifts, in order to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. Most stated that they found it beneficial to alternate their patterns and utilize various routes of entry to ensure they entered a unit unannounced. The Unit Log Books were reviewed by this auditor in multiple areas of the facility to ensure these rounds are conducted and documented on all shifts over time. The auditor noted rounds documented in red ink on all shifts at various times of day. Recently updated Notice of Change to the DOM, Chapter 5, Article 44, includes the language, *"Staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility."*

Standard 115.14: Youthful inmates

115.14 (a)

- 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].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- 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].) ☐ Yes ☐ No ☒ 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].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- 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].) ☐ Yes ☐ No ☒ 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].) ☐ Yes ☐ No ☒ 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].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The California Institute for Men does not house Youthful Inmates. This was verified through interviews with the Director, Warden, and PCM. In addition, the roster listed no offenders under the age of 18 in the “age” column.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice 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 ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 52050.16.5 states, *"Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite gender, except in an emergency."* Also, *"Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex."* Agency policy prohibits cross-gender body searches except in exigent circumstances. Staff and inmate interviews indicate that this policy is adhered to and there was no evidence available otherwise to the contrary through interviews or document review. During the on-site review, the auditors did not witness cross-gender searches.

(a) CIM does not house female inmates.

(b) DOM 54040.5 *(Searches)* states, *"Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5…"* CIM reports no cases of cross-gender searches within the prior 12 months. Interviews with staff, to include the PCM and custody staff supported this finding. Additionally, inmate interviews did not indicate that cross-gender searches ever occurred.

(c) DOM 54040.4 *(Preventative Measures)* says, *"Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing.*

In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes."

During the tour of the facility, the auditors noticed many areas where cross-gender viewing could occur while inmates are showering or performing bodily functions. Those specific areas of the facility that are non-compliant with standard 115.15 are listed above in the Summary of Audit Findings.

California Code of Regulations, Title 15, section 3287 (*Cell, Property and Body Inspections)* states that inmates are subject to an inspection of his or her person, either clothed or unclothed *"when there is a reasonable suspicion to believe the inmate may have unauthorized or dangerous items concealed on his or her person, or that he or she may have been involved in an altercation of any kind. Such inspections may also be a routine requirement for inmate movement into or out of high security risk*

areas." DOM section 52050.16.7 *(Unclothed and Clothed Body Searches of Transgender or Intersex Inmates)* states that inmates who are received into the facility and who self-identifies as transgender will be searched by a staff member of the same biological gender as the inmate. If necessary, the inmate's biological gender as indicated on their inmate records would be used to determine who should conduct the search. Custody and investigative staff indicated that they were aware of search procedures involving transgender inmates. AW Parker stated that transgender inmates would be asked upon entry what their preferences were in these situations. Those preferences were then documented. Transgender inmate interviews revealed that, when asked, the inmates did not have a preference on which gender of staff conducted their pat search. Interviews with staff indicated they were aware of agency policy prohibiting searches for the sole purpose of determining an inmate's genital status. CIM is one of the 11 facilities identified by CDCR to house transgender or intersex inmates, according to AW Parker and PCC Stark. Those 11 facilities have been identified as offering a level of care best suited for the transgender population.
Following a Corrective Action Period to address issues related to §115.15(d), CIM has addressed the noted areas and is in compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- 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 ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CIM provided the following information from a "Justification Memo" (an internally produced memorandum from the facility explaining a practice): October 6, 2017 regarding Standard 115.16(a)-1 Inmates with disabilities and inmates who are limited English proficient.
In order 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, CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases.
For example, in instances where an inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For instances involving due process, employees give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter.
Applicable sections for review are as follows;
California Code of Regulations (CCR), Title 15, Section 3000
The auditor interviewed inmates who had either physical disabilities (blind) or intellectual deficiencies. All stated that they were able to access information pertaining to the PREA and the agency/facility policies on reporting sexual abuse/harassment. The inmates stated that staff were assigned to assist them with reading any new information published by the agency or CIM. The inmates stated that corrections counselors often read information to them that they had questions or concerns about. They also stated that they felt comfortable asking the counselor for assistance to report a PREA allegation.

CIM supplied a contract for services with Natural Languages, LLC for American Sign Language interpretation. A current contract was also supplied for both Interpreters Unlimited, Inc., (foreign language interpretation services) and Interpreting and Consulting Services, Inc. at CIM. Following the on-site review, the auditor tested the numbers provided and was able to successfully reach a foreign language interpreter (Spanish). These contracts all expire on 12-31-2019. Additionally, CIM provided a staff member to interpret for auditor Knowles during the interview of a LEP inmate. Auditor Knowles noted that the translation was effective.

Department Operations Manual, Chapter 5, Article 44, section 54040.7 (Detection, Notification, and Reporting) states, *"The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations."* Department Operations Manual, Chapter 5, Article 44, section 54040.12 *(Investigation)* states, *"Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation."* The auditor reviewed the contract between CDCR and Interpreters Unlimited, Incorporated, which states, *"The Contractor shall provide interpreter services over the telephone, facsimile or internet, for any of one hundred forty (140) languages to assist CDCR with inmates/wards who have English as a second*

language. Interpreters shall be available twenty-four (24) hours a day, seven (7) days a week."
Interviews with both inmates and staff indicated that staff interpreters where used when needed. The CIM maintains a list of staff who may be utilized as an interpreter (mostly Spanish). As stated above, the staff interpretation was utilized and was effective.
The staff interviews, inmate interviews (including those not LEP who were asked about using an interpreter), the policy, and the signed contract with Interpreters Unlimited, show that CIM is in compliance with this standard.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- 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 ☐ No

115.17 (f)

- 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 ☐ No

- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) DOM 31060.3 *(Power of Appointment)* indicates that the Agency Secretary is the appointing authority for all civil services positions in CDCR. The policy states, *"In accordance with 28 Code of Federal Regulations (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who: 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; 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 has been civilly or administratively adjudicated to have engaged in the activity described immediately above."* CIM Staff Services staff member Irene Chavez, supplied examples of criminal history background checks that had been completed on staff. CIM provided 33 staff files for review by the auditor. Of those, all contained signed documents verifying that the staff member had completed a pre-employment questionnaire relating to the above-mentioned inappropriate behavior. In addition, copies of documents showing that criminal records checks had been conducted were in the files. However, she noted that those were examples of non-custody staff or custody staff who had been employed for more than a year. The corrections officers' initial background checks are conducted at the Academy and those records remain there.

(b) DOM 31060.3 *(Power of Appointment)* directs hiring authorities to *"consider substantiated incidents of sexual harassment in all hiring decisions".* Ms. Chavez stated that ALL references to any sexual misconduct, including sexual harassment, would require further scrutiny on the applicant. She stated that a person with a sexual harassment report in their past would not be hired until they provided verification that the allegation was false, and the case had been resolved without a finding of guilt of the applicant.
There were no incidents noted in any of the files reviewed.

(c) DOM 31060.16 *(Criminal Records Check)* states that a criminal records check is a requirement for employment with CDCR and includes consent to be fingerprinted, which is also known as "*Live Scan*". *Live Scan* refers to the technology used by law enforcement agencies to electronically capture fingerprints and palm prints. The interview with a Staff Services Manager Nunez indicated that *Live Scan* allows for a national criminal history search, to include FBI records. The agency will be notified of any arrest of any employee on the following business day until a "no longer interested" form is submitted by the agency. Questions regarding prohibited conduct are asked on the Supplemental Application for all CDCR Employees, form 1951, effective August 1, 2016. Applicants are also required to list all previous confinement facility employers for whom they have worked, regardless of when they were employed there. In accordance with DOM 31060.17, those files are maintained at the local facility (CIM).

(d) CDCR utilizes the *Live Scan* system to conduct criminal background checks of contractors who may have contact with inmates. Contractors carry an identification card for the duration of their project, or up

to five years from the date of issue. Background checks must be conducted prior to the issuance of a new identification card. Contractors are also required to hold subcontractors to the same provisions. Volunteers carry an identification card that expires on an annual basis. Background checks much be conducted prior to the issuance of a new identification card.

(e) CDCR and CIM exceed the standard requirement to conduct criminal background checks at least every five years, through their use of *Live Scan*. An arrest that may not otherwise be discovered until a manual background check is reported in "real time" to the agency via their agreement with the FBI.

(f) DOM 31060.3 *(Power of Appointment)* directs the hiring authority to *"ask all applicants and employees who have contact with inmates directly about previous staff sexual misconduct and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations as part of reviews of current employees".* From a review of applications supplied and staff interview, this provision is part of hiring and promotion practices.

(g) The applicant's signature certifies there are no *"misrepresentations, omissions, or falsifications in the foregoing statements and that all statements and answers are true and correct".* It also acknowledges, *"I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service."*

(h) Documentation from the CIM and auditor interview of Shereda Tate of Staff Services, indicate that information is provided to other institutional employers regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee.

CIM meets all provisions of this standard in regard to Hiring and Promotion Decisions. Documents such as employment applications, pre-employment forms, and background checks were provided by CIM as part of their PAQ and were examined during the on-site review. Also, staff interviews of the Director, Warden, PCM, and Human Resources staff were completed with regard to this standard. CIM, and all of the CDCR, utilizes the *Live Scan* system (see section c above) to conduct background checks. Unlike traditional background checks that must be initiated by the institution (as required by standard, at least every 5 years), the facility is the recipient of the information. The system automatically sends the facility information related to law enforcement contacts of an employee. This information is sent immediately upon the initiating law enforcement agencies input of the data (usually upon arrest). Therefore, not only does CIM receive information that would be provided in a typical background check without significant delay, they get the information for EACH contact entered. In contrast, a facility initiated National Crime Information Center request done every five years could contain multiple events ranging anywhere from as recent as yesterday to 5-years old. The use of Live Scan allows CIM to better detect any criminal behavior, including offenses of a sexual nature, of staff or contractors in virtually real-time to prevent those persons from having contact with the inmate population.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- 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 ☐ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The CDCR Design and Construction Policy Guidelines Manual, Volume I, For Adult Prisons, states, *"When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse."*
The CDCR Design and Construction Policy Guidelines Manual, Volume I, For Adult Prisons, states, *"When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse."*
Warden Borders stated that it has been several years since a major construction project was undertaken at CIM. However, he emphasized that he and his administrative staff have input into any changes that occur at CIM, whether physical plant changes or changes to policy. He stated that he would be required to provide a report to Headquarters detailing how a change would impact the facility in regard to all aspects (physical, operational, staffing, inmates, etc.). He stated that the effect of any changes would be viewed with the safety of the inmates in mind. He again stated his awareness of the benefits of video monitoring. AW Parker also stated during his interview that physical changes tended to be more along the lines of maintenance issues at CIM due to its age. Because of his position as PCM, he would be included in discussions related to physical plant changes or implementation of video monitoring equipment.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- 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 ☐ No ☐ NA

115.21 (b)

- 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 ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- 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 evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- 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 ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CIM supplied a Justification Memo in reference to this standard that states, “When conducting sexual abuse investigations, CDCR ensures that any potential evidence is identified, preserved and collected.”

It goes on to clarify collection procedures, types of evidence collected, and transfer to evidence to appropriate authorities. The memo references DOM 54040.8.1 which contains even more information on how to treat evidence collected from a potential sexual assault scene. The SANE nurse is mentioned as having a part in the collection of evidence and the ISU is responsible for "on-site" investigations related to the crime scene and evidence collection.
ISU agents receive specialized training on sexual abuse and sexual harassment investigations. This training is based off the April 2012 edition of *"A National Protocol for Sexual Assault Medical Forensic Examination",* published by the US Department of Justice. The training lesson plan was provided by CIM. Additionally, the CDCR Office of Correctional Safety *Specialized PREA Training for Locally Designated Investigators* was provided as investigators are also required to obtain this training. There are no youthful offenders housed at CIM. Interviews with ISU agents and random staff indicated they are knowledgeable on obtaining usable physical evidence.
DOM 54040.9 *(Forensic Medical Examination)* provides detailed information on the forensic examination procedures that are followed after a sexual abuse incident.
California Correctional Health Care Services has written directives in its Governance and Administration, Chapter 10, 1.10 Copayment Program Policy stating that copayments are not charged (no cost is incurred by the inmate) for health care service(s) considered to be treatment services relating to sexual abuse or assault. This meets the compliance requirements of §115.21 (c). Auditor Steimel interviewed Erika Sigala, from Project Sister Family Services, who stated that she coordinates with Lt. Tristan, ISU when/if a SANE examination is required. Ms. Sigala is the Hotline/SART Assistant. Her responsibility would be to dispatch a therapist to provide advocacy services to a victim of sexual abuse at CIM. As part of the collaborative SART, Project Sister generally receives a call from Riverside University Health System letting them know they have someone coming in for a SART exam. It is recommended that CIM continue to foster this relationship and maintain good communication, to include incorporating Project Sister in on-going training efforts.
There was no documentation to suggest that forensic medical examinations had ever been provided on-site or by someone other than a SANE. There were six documented SANE/SAFE exams conducted by Riverside University Health Systems on inmates housed at CIM in the prior 12 months.
The CIM has a MOU with the Riverside University Health Systems (RUHS), 26520 Cactus Avenue, Moreno Valley, CA 92555, that clearly defines each party's role in the forensic exam (SAFE) process. It clarifies that billing will be directed to the facility and the patient has no financial responsibility. The MOU runs to June 30, 2020. Project Sister Family Services provides emotional support to those involved in sexual assault cases. Their posters were hung throughout the facility near other PREA related information.
DOM 54040.8.1 *(Custody Supervisor Responsibilities)* states that "*A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed…the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate…*
Both the DOM and the MOU state that the Victim Advocate will be made available to the victim throughout the forensic examination and the investigatory process. Additionally, the MCRCC agrees to provide emotional support services, crisis intervention, information, and referrals.
CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations.
CDCR and CIM do not utilize qualified agency staff members in an advocacy capacity.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM section 54040.12 *(Investigation)* states, *"All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing."* Allegations of inmate on inmate sexual abuse and sexual harassment are reported through the Watch Commander at CIM, and investigated by a member of the Investigative Services Unit (ISU).

Substantiated allegations are referred to the District Attorney to make a determination on prosecution. The collection of preliminary information concerning an investigation of staff sexual abuse or sexual harassment is conducted by the ISU. If allegations are found to have potentially occurred, ISU refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to make a determination on prosecuting the perpetrator. Auditor Mora interviewed a Sergeant and a Lieutenant assigned to the ISU. Both were able to articulate an understanding of their role is sexual abuse and sexual harassment investigations. A review of investigation files found that they were consistent with establish policy and protocol stated above.
This subsection of the standard is not applicable to CDCR/VSP, as all investigations are completed by ISU or OIA.
Department Operations Manual, Chapter 5, Article 44 governs the conduct of administrative and criminal investigations of sexual abuse and sexual harassment, and this policy is available on the agency's website.
Subsection (d) of the standard is not applicable to CDCR/VSP, as all investigations are completed by ISU or OIA.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- 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 ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM section 54040.4 (*Staff Training*) states, *"All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."* This auditor reviewed all curriculum noted in the policy to ensure a comprehensive training program that provides detailed information on all ten required elements.
DOM 54040.4 (*Staff Training*) states, *"The training will be gender specific based on the offender population at the assigned institution."* The curriculum provided by CDCR is gender specific and includes information on working with female, male and transgender inmates.
AW Parker provided a list of all employees who had received PREA training at CIM. Additionally, the On-the-job training lesson plan was provided to show training content. The curriculum covers CDCR's Prison Rape Elimination Act Policy, LGBTIQ specific information, prevention and recognition of sexual violence, staff sexual misconduct, and sexual harassment, and response to sexual abuse of inmates. Staff interviews verified that the training was provided and that staff have a basic understanding of PREA standards.
Both electronic and written signatures are maintained of training delivery, verifying that employees understand the information they received. Documentation of the training acknowledgements were provided showing the staff member acknowledged both receiving the training and understanding the contents of the training material. These training logs were provided prior to the on-site review and updates were provided during the on-site review.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.4 (*Staff Training*) states, *"All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."* In addition, volunteers and contractors receive a PREA informational sheet that outlines the historical perspective of PREA, CDCR's zero tolerance policy, expectations regarding professional interactions and how to prevent, detect and respond to information regarding sexual abuse and sexual harassment.
All volunteer and contractors are provided a mandatory, one-hour training class to aid them in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. Staff who have duties that require them to be in more contact with inmates, receive more extensive training. Auditor Steimel was able to interview a contract staff member who indicated that he had received the training, understood the training, and was able to apply the training when interacting with inmates.
CIM records staff training attendance on CDCR Form 844 to record staff's receipt of the required PREA training. These forms were available for review showing that staff received the training required.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- 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 ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.4 (*Offender Training*) states, *"Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish."* PREA posters, containing departmental policy and reporting telephone numbers are posted at designated locations throughout the institution, to include receiving and release areas. Two PREA brochures (*"Sexual Violence Awareness" and "Sexual Abuse/Assault – Prevention and Intervention")* are distributed to all inmates at receiving and release areas. These brochures outline CDCR's no tolerance policy, and provides information on how to report by telephone, in writing and anonymously.

The written informational resources provided upon arrival to CIM are provided again by the inmate's counselor within 14 days. Receipt of this information is documented on the CDCR-128-B form.

CIM provided a memorandum from Jay Virbel, Associate Director of Female Offender Programs and Services/Special Housing, dated November 4, 2015. The memorandum states that all CDCR institutions shall provide *the "informational sheet titled;* ***PREA INFORMATION FOR ORIENTATION HANDBOOK****, to the current population."* It further states that all institutions have provided "Proof of Practice memorandums" verifying completion of the directive by September 2, 2015. Interviews with inmates confirmed that they receive this information upon arrival at CIM.

Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. When an inmate's Test of Adult Basic Education score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on CDCR-128-B forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. If the inmate requires other accommodation for understanding educational material, the counselor will make arrangements to provide it. Interviews with random inmates indicated they are aware of PREA and the agency's zero-tolerance policy.

Documentation of inmate education is captured on CDCR-128-B forms, signed by the inmate and an employee, and retained in the inmate's file. While onsite, this auditor reviewed a random sample of inmate files to ensure proper documentation.

Written information about PREA is readily available to inmates through the use of inmate handbooks, as well as posters in housing units and common areas of the facility.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 have received 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 ☐ No ☐ NA

115.34 (b)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- 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 ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 *(Definitions)* outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct in a confinement setting (certificates were

provided). This specialized training is required per California Penal Code 13516. Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, "*All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC section 13516(c). The curriculum utilized in the class must be OTPD [Office of Training and Professional Development] approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained.*"
The auditor reviewed the curriculum utilized for CDCR's Basic Investigators Course, which was most recently updated in December 2016. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with two of the LDIs at CIM indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.
CIM has 13 Locally Designated Investigators. The audit team reviewed training records for the investigators to ensure the required training was received and documented.
Subsection (d) of the standard does not pertain to CDCR/CIM.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

115.35 (b)

- 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.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- 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?
  ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.4, denotes all staff including volunteers and contractors, shall receive training and education related to prevention, detection and response to incidents of sexual abuse and sexual harassment. The same policy provides all staff, to include contractors and volunteers, are trained to understand all incidents of sexual abuse and sexual harassment will be investigated.
CIM provided the auditor the specialized training curriculum for review; Inmate Medical Services Policy and Procedures (IMSP&P), Volume I, Chapter 16.1, Prison Rape Elimination Act Policy. The training provided for all required elements of this standard.
Medical and Mental Health staff are also provided training as required by standard §115.31.
This standard, according to the PAQ, was not in compliance prior to the on-site review. This fact was presented to AW Parker during our initial discussions. Prior to the teams departure on day four of the on-site review, AW Parker provided documentation (completed certifications and attendance logs) showing that all of the medical/mental health staff at CIM had completed the required specialized training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 ☐ No

- 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 ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- 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 ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- 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 ☐ No

115.41 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The CDCR utilizes a screening for victimization and abusiveness tool made available to screening staff in the Strategic Offender Management System (SOMS).
DOM 54040.6, denotes the elements and factors considered during the "Initial Housing Review" which occurs upon arrival at the facility. The initial screening is conducted by a Correctional Lieutenant or above. The initial screening is completed within the 72-hour requirement of this standard. Documentation provided by CIM shows completion of the screening within the time frame. On-site observation (a walk-through demonstration) of the intake process by intake staff (Lt.) demonstrated that the provisions of the policy are put into practice.
The California Code of Regulations (CCR) Title 15, Article 1.6, Subsection 3269; Inmate Housing Assignments, also denotes the elements and factors to consider when conducting the initial housing review.
The initial screening takes into account elements (1) through (10) of §115.41(d). A follow-up screening is conducted within a 5 to 15-day time frame. Intake staff and members of the review team (Investigative Lt. and PCM) interviews, in addition to documentation of the process, demonstrated that this provision is being met. Documentation included screening examples from inmates showing that a follow-up screening had been conducted between 5-15 days of the initial screening.
CCR Title 15, Article 1.6; Inmate Housing, Section 3269; Integrated Housing, denotes offenders will be reassessed by the Unit Classification Committee (UCC). The UCC is required to meet with the offender within 14 days of intake. Information gleaned from interviews and documentation review revealed the UCC meeting with the offender took place within the 5 to 15-day period. This information was documented on a screening form.
DOM 54040.7; Referral for Mental Health Screening, denotes if an offender discloses prior sexual victimization or abusiveness whether in confinement or in the community, a referral is to be made to mental health via CDCR Form 128-MH5.
DOM 54040.7; Detection, Notification, and Reporting; Screening for Appropriate Placement (revised July 27, 2017), notes; "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of information that bears on the inmate's risk of victimization or abusiveness".

California Correctional Health Care Services, Inmate Medical Services Policies and Procedures (IMSP&P) Volume I; Governance and Administration, Chapter 16, 1.16.2; Prison Rape Elimination Act Procedure, notes offenders are provided emergency and follow-up treatment to include referrals for care.
DOM 54040.6; Offender Housing, denotes an offender shall not be disciplined for refusing to answer or disclosing complete information during the risk screening.
CDCR maintains control of sensitive offender information and dissemination through a system of staff permission levels within their database systems. The documentation review and interviews with staff involved in the screening and intake process indicate that the protocols followed meet the standard requirement.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 ☐ No

- 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 ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would

ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 62080.14; Transgendered Inmates (revised November 20, 2012), denotes, inmates diagnosed as transgendered be documented on CDCR Form 128-C3 and be referred to a classification committee for review of all case factors and determination of appropriate institutional placement to include housing assignment.
DOM 54040.7; Detection, Notification, and Reporting, (Revised May 15, 2018), added; "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law."
The facility UCC is the primary governing entity for determining the case management status for each transgender offender. Interviews with UCC members revealed the management status of each transgender offender are considered on a case-by-case basis. Documentation from UCC reviews were reviewed and revealed the offender's own views of his safety were considered. CDCR policy provides Transgender and Intersex offender offenders are allowed to shower separately.
CIM provided a State of California Memorandum, dated August 25, 2017, requiring bi-annual risk assessments for transgender and intersex offenders. Case managers conduct the risk screening incorporating information from the initial risk screening and UCC reviews.
Case management staff also conduct the risk screening, are involved in the UCC process and make referrals to medical and mental health. Case managers are provided training on the risk screening process for Transgender and Intersex offenders. This was confirmed through documentation review and staff interviews.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 ☐ No

- 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 ☐ No

115.43 (b)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- 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 ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- 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 ☐ No

- 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 ☐ No

115.43 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.6 denotes; "Offenders at a high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers."
The same policy requires the offender's case manager to schedule the offender for an appearance before the Institutional Classification Committee (ICC) in order to determine the offender's housing needs. The policy also requires the offender's placement in segregation should not ordinarily exceed 30 days.
CCR Title 15, Subchapter 4, Article 7, Section 3335; Administrative Segregation, denotes that an offender placed in non-disciplinary segregation subsequent to an allegation of sexual abuse, shall have access to programs, privileges and education. The policy also requires documentation if the opportunities have been limited, the duration of the limitations, and the reasons for such limitations. The policy also provides that such placement cannot exceed a period of 30 days, or until alternative housing can be arranged.
Inmate and staff interviews suggest that there is no practice of immediately placing inmates in segregated housing following a report of sexual abuse or harassment. The practice does consist of separating the alleged victim from the alleged perpetrator. Line staff were quick to note that they would immediately call for assistance from a supervisor if they were the First Responder to a sexual abuse allegation. The PCM indicated that placements of alleged victims in restrictive housing would require a multi-disciplinary team review and the inmate's perspective would be considered.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.51 (b)

- 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 ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.7, addresses how offenders may report an allegation of sexual abuse or sexual harassment. Offenders can report verbally, in writing, by calling or writing the Office of Internal Affairs, and by third party.
The CDCR maintains an external reporting system through the Office of the Inspector General (OIG). Offenders can write or call the OIG Ombudsman. Offenders are advised on multiple ways to report. Information is included in the Orientation Handbook entitled, “Sexual Abuse/Assault – Prevention and Intervention”, posters throughout the facility, and in the sexual assault brochures entitled, “Sexual Assault Awareness”, made available to offenders.
The PREA brochure included the advisement to offenders that correspondence with the OIG was processed as legal correspondence.

Offenders interviewed articulated a number of ways to report an incident of sexual abuse or sexual harassment, most notably, the availability of the telephone reporting system. Not all offenders were aware they could remain anonymous when making a report of sexual abuse or sexual harassment. During the on-site portion of the audit, the telephone reporting system was tested and confirmed functioning.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 ☐ No ☐ NA

115.52 (b)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.52 (c)

- 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 ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.52 (f)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.52 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CCR Title 15, Article 8, Appeals, provides, a grievance, which in whole or part alleges sexual violence or staff sexual misconduct shall be processed as an emergency grievance. If the initial determination made by the Hiring Authority determines the offender is in imminent risk of sexual abuse, the Hiring Authority shall take immediate corrective action. CDCR does not impose a time limit on offenders for submitting a grievance regarding sexual abuse. Offenders do not have to submit the grievance to the alleged staff or offender perpetrator, or subject of the grievance. The grievance process does not require an offender to use any informal process, or otherwise attempt to resolve with staff, an incident of sexual abuse. Grievances are not referred to the staff member who is subject of the complaint.
The offender is provided an initial response from the appeals coordinator within (48) hours noting if the grievance is being processed as an emergency staff-on-offender or offender-on offender complaint. A risk assessment is completed and documented within (48) hours. Within (5) calendar days the Hiring Authority provides the offender a response indicating the determination of whether or not the offender was in imminent risk of sexual abuse and the actions taken in response to the grievance.
The Hiring Authority provides the offender a determination in writing within (5) calendar days the action(s) taken in response to the grievance and the determination made whether or not the offender was in imminent risk of sexual abuse.
The offender may consider an absence of a timely response at any level, to include a properly noticed extension, a denial at that level.
DOM 54040.7.2, Notification via Third party Reporting of Misconduct Against an Employee, Contractor, or Volunteer, notes, third parties, to include fellow offenders, staff members, family members, attorneys, and outside advocates are allowed to assist offenders in filing requests and may submit such requests for administrative remedies relating to allegations of sexual abuse.

DOM 54040.15.1, Alleged Victim – False Allegations, notes, the facility may discipline an offender for making a false report of sexual violence or staff sexual misconduct noting; "Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action."

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 ☐ No

- 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? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- 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 ☐ No

115.53 (c)

- 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 ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.8.2; Victim Advocate and Victim Support Person for Medical Examinations, notes; "A Memorandum of Understanding (MOU) between the institution and Local Rape Crisis Center (Victim Advocate) shall be established to ensure that both agencies understand their roles and responsibilities when responding to sexual violence or staff sexual misconduct".
DOM Chapter 5, Article 44, Section 54040.8.2; Victim Advocates for Emotional Support Services, notes; "For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential manner as possible."
Offenders detained solely for civil immigration purposes may also contact the OIG for information on local consular officials or the Department of Homeland Security. The recommendation was made to have this information added to offender PREA related materials and postings.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Sections 54040.7.2; Notification via Third Party Reporting Misconduct Against an Employee, Contractor, or Volunteer, 54040.7.3; Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender, notes the process for responding to third party reports of offender sexual abuse and sexual harassment.
The process is initiated by the report being forwarded to the Hiring Authority who in turn forwards the complaint to an ISU LDI. For cases involving staff, after initial inquiry by the LDI, the determination is then made by the LDI whether or not to involve the Office of Internal Affairs (OIA). The entire process is documented by the LDI and/or OIA.
The CDCR publishes the third party reporting process on the agency web site:

http://www.cdcr.ca.gov/prea/reporting.html

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- 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 ☐ No

- 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 ☐ No

115.61 (d)

- 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 ☐ No

115.61 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.7: Detection, Notification, and Reporting, notes; "All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment."
DOM 54040.8; Response, notes; "Incident specific information shall be treated as confidential, and disclosure made to employees who have a "need to know" and to no other persons and entities as permitted by law."
CCR Title 15, Section 3401.5(5)(c); Staff Sexual Misconduct, Reporting Requirements, notes; "Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty".
CCR Title 15, Section 3401.6(c); Staff Sexual Harassment, Reporting Requirements, notes; "Any employee who observes, or who receives information from any source concerning staff sexual harassment shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest ranking-official on duty."
California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume I; Governance and Administration, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure, section III. Procedure A. Initial Encounter, 1. A. 3)., notes; "Notify the patient of health care staff's duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment, and the limitations of confidentiality, at the initiation of services."
DOM 54040.12; Investigation, notes; "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing."
DOM 54040.7.3; Notification via Third Party Reporting Sexual Violence or Sexual Harassment Against an Offender, notes; "The custody Supervisor shall forward the documented third party report of the allegation to the Locally Designated Investigator (LDI) for investigation and determination of the appropriate disposition."
CCR Title 15, Section 3084.9; Exceptions to the Regular Appeal Process; notes, when an offender files an appeal indicating being in risk of imminent sexual abuse, a risk assessment is conducted. If the determination is made the offender is in imminent risk of sexual abuse, the facility (Hiring Authority) will take immediate corrective action.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.7; Detection, Notification, and Reporting, notes "CDCR employees have a responsibility to protect offenders in their custody"
DOM 54040.7; Screening for Appropriate Placement, notes, "Any staff member with a significant concern that an offender may be subject to sexual victimization, shall immediately notify a custody supervisor who will refer that offender for a mental health evaluation…"
Compliance is met with this standard. Staff interviews indicated that they were aware of the stated policy and followed them in practice. Inmate interviews also indicate that the policy was adhered to. Reports reviewed indicate that immediate action is taken following the report of an inmate being in imminent danger of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.7.4 *(Notification from/to Other Confinement Facilities)* states, *"Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation…The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported."*
The facility provided examples of an offender that reported sexual assault at two separate locations. The evidence supports the notification requirements and the communication that occurred between the two entities to ensure appropriate follow-up occurred.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.64 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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DOM section 54040.8 *(Response)* states, *"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 a form (*"Sexual Assault Interview Guidelines")* to assist with first responder duties. This form has a checklist to indicate if action has been taken that could compromise physical evidence, as well as identifying information critical for isolating a potential crime scene until appropriate steps can be taken to collect any evidence. This auditor reviewed training materials that indicated all staff are trained on first responder duties. The facility also has a Prison Rape Elimination Act: Custody Supervisor Checklist. This document maintains the notifications and times completed to ensure the Standard and DOM are being followed. Interviews with custody and non-custody staff indicated that staff are aware of their first responder duties and could articulate how to implement proper procedures.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.8-54040.10 covers the initial response to sexual abuse. Custody Supervisor responsibilities, including the Watch Commander Notification Checklist (aka Custody Supervisor Checklist), are detailed as well as: Crime Scene Preservation, Evidence handling, Victim Advocate services, Medical Services responsibilities, Transportation staff responsibilities, the Forensic Medical Examination, and Mental Health responsibilities. Additionally, California Correctional Health Care Services, Volume 1, Chapter 16, 1.16.2 *Prison Rape Elimination Act Procedure, "is established…to provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to CCHCS patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties…"*
Interviews of Sergeants and Lieutenants indicate that the procedures listed are being held to. The auditor was shown the checklist and walked through a scenario with custody supervisors.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR employees are represented by the California Correctional Peace Officers Association, Bargaining Unit 6. This auditor reviewed the Collective Bargaining Agreement (CBA) effective July 3, 2015 through July 2, 2018. Due to this CBA being expired, the auditor requested a current copy be included in the PAQ. Page 23 of the CBA states that management retains the right to … *"establish and change work schedules, assignments and facilities locations; to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees."* This auditor's interview of the Director indicated there is good communication between management and labor. The disciplinary and grievance process outlined in the CBA are consistent with the provisions of 115.72 and 115.76.
DOM Article 22- *Employee Discipline* speaks to the department's Code of Conduct and Code of Ethics. Additionally, the responsibilities of the Hiring Authority in response to employee behavior/conduct is explained. Interviews with the PCM and the Human Resources staff indicate that the facility maintains the authority to pronoun discipline, up to and including dismissal, for employee conduct in regard to sexual abuse and sexual harassment.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- 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 ☐ No

115.67 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- 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 ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

California Code of Regulations § 3401.5 (e-f) states," *(e) Retaliation Against Employees. Retaliatory measures against employees who report incidents of sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.*
(f) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct."
DOM 54040.13 (Allegation Follow-up) states*, "For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation."*
The PROTECTION AGAINST RETALIATION form lists housing unit/facility change, removal of the alleged inmate/staff from contact with victim, and emotional support services offered to inmate as protective measures. Additionally, the PCM, ISU, and custody staff interviews reiterated that all available options would be considered to maintain inmate safety.
For at least 90 days following a report of sexual violence or staff sexual misconduct, the PCM monitors the conduct and treatment of inmates or employees who reported or cooperated with an investigation, to ensure there are no changes that may suggest retaliation. This monitoring is documented on form CDCR 2304. Auditor Mora reviewed investigative files, and each file contained the appropriate documentation to indicate the monitoring was occurring at CIM. The Warden

indicated in his interview that retaliation of any form would not be tolerated at CIM. This auditor's interview with the facility PCM indicated that he is aware of and adhering to his responsibilities with regards to protection against retaliation. The facility does not continue monitoring for retaliation when an allegation has been deemed unfounded.
Periodic status checks are documented on the PAR. Examples provided showed that these checks occur.
As stated prior, the documentation, as reviewed by auditor Mora, indicates that the policies are being adhered to and the standard is being met. Auditor Mora was complimentary on the ease with which the files containing the information could be navigated. Auditor Knowles

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 54040.6 *(Offender Housing)* states*, "Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender's retention in segregation should not ordinarily exceed 30 days."* Staff and inmate interviews indicate that this policy is adhered to. The PCM and Warden both stated that they had not placed and do not currently have any offenders placed in segregated housing due to sexual abuse.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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 ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- 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 ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- 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 ☐ No

115.71 (e)

- 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 ☐ No

- 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 ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

115.71 (g)

- 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 ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- 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 ☐ No

115.71 (j)

- 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 ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR correctional staff have peace officer status under California Penal Code 830.5, and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). DOM 54040.3 *(Definitions)* outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. This specialized training is required per California Penal Code 13516. DOM 54040.4 (*Staff Training*) states, "*All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be OTPD [Office of Training and Professional Development] approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained."*
The auditor reviewed the curriculum utilized for CDCR's Basic Investigators Course, which was most recently updated in December 2016. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with LDIs at CIM indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. CIM has 15 Locally Designated Investigators. The auditor reviewed training records for all 15 staff to ensure the required training was received.
Credibility assessments are made individually, and not determined by the person's status as staff or inmate. Auditor Mora reviewed investigative reports, and the reasoning behind credibility assessments are clearly articulated in each report. Substantiated allegations were referred for prosecution. Auditor Mora interviewed the ISU supervisor (Lieutenant). He was able to articulate investigative processes, training, ISU's role in the coordinated response to an incident of sexual abuse or sexual harassment. ISU also conducts administrative investigations. Investigations involving staff which progress to criminal charges are turned over to the Office of Internal Affairs (OIA). The Lt. able to articulate all elements of investigations and PREA.
DOM 14030.5 (*Who May Request a Polygraph Examination)* states, *"An employee, inmate, or parolee under investigation for an alleged violation of the law or a regulation may make a request for a polygraph examination. No person shall be ordered to take a polygraph examination."*
Auditor Mora commented that the administrative and criminal investigation files contain the required information on employee actions or failures to take actions, descriptions of physical and testimonial evidence, credibility assessments and investigative facts and findings. As a former investigator, Auditor Mora commented that the files were thorough and easy to navigate while containing all necessary elements to meet standards. He has found them consistent with two prior CDRC audited facilities.
DOM 54040.20 (*PREA Data Storage and Destruction)* states, *"CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs* [sic] *direct control and private facilities with which it contracts, shall be made readily* change *available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection."*

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM 33030.13.1 (*Investigative Findings)* states that allegation findings will be made by the Hiring Authority. The definition for *"not sustained"* and *"sustained"* indicate that a preponderance of evidence is necessary to prove or disprove an allegation. Interviews with the warden and ISU staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated or unfounded. Auditor Mora reviewed investigative files, and found this determination is made based on a preponderance of the evidence.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- 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 ☐ No

- 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 ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM section 54040.12.5 (Reporting to Offenders) states, *"Following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded."* The policy directs the PCM or designee to inform the offender if the alleged abuser is no longer posted within the inmate's unit, no longer employed at the facility, indicted on the alleged sexual misconduct, or convicted on the alleged sexual misconduct.
DOM 54040.8.1 *(Custody Supervisor Responsibilities)* states, *"Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5."* Following an investigation into an inmate's allegation that he suffered sexual violence by another inmate, the institution will inform the alleged victim if the allegation is substantiated, unsubstantiated or unfounded on form CDC 128-B. The institution will inform the inmate whenever the alleged abuser has been indicted on the alleged sexual violence or convicted of the charge. The agency's obligation to report/inform terminates if the alleged victim is released from the agency's custody. CIM provides outcome notifications to inmates in writing of which examples of completed forms were provided. For completed cases, appropriate reporting had been provided. During the review of sample of offender's that reported sexual abuse, those whose cases have been completed acknowledged that they had been advised of the findings. Multiple offenders that had reported sexual abuse in their records had been transferred or released prior to the on-site review other.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- 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 ☐ No

115.76 (d)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During the audit period, there were five (5) Correctional Institute for Men (CIM) staff that violated agency sexual abuse or sexual harassment policies. One (1) staff member had been terminated or resigned prior to termination and two (2) were reported to law enforcement or licensing boards following their termination. CIM originally reported two (2) alleged incidents that were either handled as an administrative or a criminal investigation.
CDCR Title 15, section 3401.5 (a) - Staff Sexual Misconduct states that any sexual behavior between an inmate/parolee, departmental employee, volunteer, agent or individual working on behalf of CDCR shall subject the employee to disciplinary action and/or prosecution under the law. DOM, section 33030.15 relates the types of adverse action penalties. Section 33030.16 displays the Employee Disciplinary Matrix Penalty Levels, there are nine levels ranging from official reprimands, suspensions, salary reductions and dismissals.
CDCR DOM 54040.12.3 and 12.4 states for all employees, contractors or volunteers that all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During the past 12 months, there were no CIM volunteers, agents or individuals working on behalf of CDCR that violated agency sexual abuse or sexual harassment policies.
This is outlined in CDCR DOM 54040.12.4, "Any contractor or volunteers who engages in staff sexual misconduct shall be prohibited from contact with the offenders and shall be reported to relevant licensing body by the hiring authority or designee."
CDCR DOM 101090.9 states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services.
CDCR contractor/volunteer Bid/Agreement provision explains that any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies. The agreement also states that by signing the contract they agree to all provisions and shall abide by the laws, rules and regulations governing conduct in associating with inmates.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 ☐ No

115.78 (b)

- 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 ☐ No

115.78 (c)

- 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 ☐ No

115.78 (d)

- 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 ☐ No

115.78 (e)

- 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 ☐ No

115.78 (f)

- 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 ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During the past 12 months, there was one case of administrative finding of inmate-on-inmate sexual abuse and one criminal finding of inmate-on-inmate sexual abuse.
CIM subjects inmates to a disciplinary process and sanctions for those who engage in sexual abuse and sexual misconduct. If the allegations of sexual violence warrants, a disciplinary/criminal charge, a

CDCR form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR, Title 15, sections 3316, 3320 for hearing procedures, time limitations and referral for criminal prosecution.
Title 15, 3323 outlines that an inmate who commits rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will shall be assessed credit forfeiture ranging from 181-360 days.
DOM 54040.15.1 states that its facilities will not apply disciplinary action against an inmate for filing any report of sexual violence, or staff sexual misconduct, unless it is clearly demonstrated and documented that the inmate knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting.
Title 15, section 3007 states inmates may not participate in illegal sexual acts.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 ☐ No ☐ NA

115.81 (b)

- 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 ☐ No ☐ NA

115.81 (c)

- 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? ☒ Yes ☐ No

115.81 (d)

- 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 ☐ No

115.81 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR DOM 54040.7 states that if an offender reports during the initial intake screening, that he 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 information is kept confidential and secured in the electronic health records. The medical and mental health staff interviewed were able to articulate this practice and relayed that information related to sexual victimization or abusiveness is shared on a need-to-know basis.

CIM utilizes Authorization for Release of Information (CDCR 7552) to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Form CDCR MH-7488, Informed Consent for Mental Health Care is utilized for mental health services while at CIM.
Auditor Steimel asked to review eight additional files for documentation on inmates who disclosed victimization and/or prior perpetration to ascertain if they were seen within 14 days by Mental Health. Out of the eight, one had the CDCR-128-MH5 completed showing that mental health had followed up and three had a note in the EHR indicating they were seen by mental health within the established time frame. Two of the offenders had transferred to another facility before mental health had the opportunity to follow up with them.
It appears that referrals to Mental Health are being made and the standard is met, this was supported by the above document review and through staff interviews. However, the auditor recommends that a tracking system be devised to document the follow-up session of each referral. This could be accomplished by amending current forms or by developing a standalone electronic spreadsheet.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 ☐ No

115.82 (b)

- 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 ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- 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 ☐ No

115.82 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Health Care Services policy states that California Correctional Health Care Services (CCHCS) shall provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to inmates who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment.
Health care staff are responsible for providing emergency care until the alleged victim or suspect can be sent to the designated medical facility for a forensic medical evaluation and treatment, and/or for medical stabilization and to make the determination if the injuries sustained by the alleged victim qualify as serious bodily injury and report the injuries. The policy further states that health care must ensure a follow-up

testing for sexually transmitted infections/diseases (STI/STD), and HIV, as indicated; and provide follow-up care as indicated.
CCHCS shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty-four hours per day to inmates, employees, contract staff, volunteers, and visitors. The policy also covers operating procedures in the event of an emergency and ensures that at least one Registered Nurse is available on-site twenty-four hours a day, seven days a week for emergency health care.
According to Health Care Services policy, there is no financial cost for the inmate regarding treatment and services related to sexual abuse, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 ☐ No

115.83 (b)

- 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 ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- 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.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- 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 ☐ No

115.83 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Health Care Services policy addresses medical and mental health evaluations, treatment, and follow up services offered to all inmates who have been victimized by sexual abuse in any institution. CIM provides follow-up medical and mental health services to include treatment plans and when necessary referrals for continued care when transferred or placed in other facilities.
During interviews, CIM's mental health staff outlined the evaluation and treatment of a victimized inmate to include forwarding treatment plans if needed. They also affirmed that the level of care at CIM is better than that offered in the community.
PREA standard 115.83(d)-1 and PREA standard 115.83(e)-1 (pregnancy related) is not applicable to CIM, because the facility does not house female inmates.
Mental Health staff stated that as soon as they get a mental health referral for an inmate-on-inmate abuser, whether during intake or from any other source, the inmate would be seen immediately.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- 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 ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- 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 ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- 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 ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR DOM 54040.17 states that each Hiring Authority is required to conduct an incident review at the conclusion of every sexual abuse or staff sexual misconduct investigation, including allegations that have not been substantiated. Reviews are not required for allegations that have been determined to be unfounded. This auditor did not review any other supporting documentation other than the IPRCs that were provided in the initial documentation.
DOM 54040.17 Institutional PREA Review Committee states that the PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery. During the past 12 months, CIM had one allegation of sexual abuse that required an IPRC. The IPRC includes upper-level management officials that includes input from line supervisors, investigators, and medical or mental health practitioners.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
  ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- 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 ☐ No

115.87 (e)

- 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 ☐ No ☐ NA

115.87 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR DOM 54040.19 has a procedure to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control. CDCR uses the SSV-IA form as a standardized instrument with a set of definitions for all allegations of sexual abuse and misconduct incidents.
The Office of Internal Affairs maintains records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory; whether the allegations were sustained; and whether a DA referral was made. CDCR Corporate aggregates the incident-based data annually. CDCR Corporate maintains, reviews, and collects data from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR Corporate also obtains incident-based and aggregated data from the contracted facility.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.88 (b)

- 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 ☐ No

115.88 (c)

- 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 ☐ No

115.88 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR DOM 54040.17 states that the agency is required to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices and training. On an annual basis the PREA Coordinator forwards to each institution, a data collection tool which is utilized by the PCM to summarize information gathered through the PREA committee. The PREA Coordinator prepares an annual report of the findings and corrective actions for each facility, as well as the entire agency. The final report is routed through the chain of command to the agency Secretary for review and approval and once it is approved the report is forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.
The PREA Coordinator reports that the facility collects data, aggregates data, and analyzes the information to assist them in creating a safer environment for the inmates and staff. The Agency Head/Designee approves the agency's report annually.
The annual reports for 2015, 2016 and 2017 are available on the agency's website for review.
The PREA Coordinator stated that any personal identifiers are redacted from any reports, but she usually does not include any personal identifiers that would warrant redaction.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

- 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 ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to CDCR DOM 54040.20 CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. The PREA Coordinator stated in the interview that only the PREA Headquarters have the data on a share point (on one log) that is accessible only by people assigned to PREA.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The California Department of Corrections and Rehabilitation began PREA audits within its 35 facilities in 2016. This was the California Institution for Men's first PREA audit. To date, 20 facility audit reports are posted on the agency's website with another three pending. The reports can be viewed at: https://cdcr.ca.gov/PREA/Reports-Audits.html.
During the initial 1.5 days of the onsite portion of the audit, the audit team broke down into two two-person teams to tour the facility. The team received access to all areas of the facility. Requests to revisit specific areas or meet with staff/inmates in certain locations was readily granted. This auditor received nine (9) letters from inmates prior to the onsite visit. All nine inmates were interviewed during the onsite review. Documents that were not initial received were sent expediently by either agency or facility staff. PCM Parker (Associate Warden) made himself available through email and telephone to assist with clarification and other questions.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Of the 35 CDCR facilities, the agency website lists 20 audit reports and three pending audit reports. These reports begin with the first agency's first audits in 2016 and extend to the present. The website containing the PREA information can be viewed at: https://cdcr.ca.gov/PREA/Reports-Audits.html.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Douglas K. Lawson 9-18-2018

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.