

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** November 02, 2016

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<b>Date of facility visit:</b> April 11-13, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Folsom State Prison			
<b>Facility physical address:</b> 300 Represa Rd. Represa, CA 95671			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 916 985-2561			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> R. J. Rackley			
<b>Number of staff assigned to the facility in the last 12 months:</b> 1040			
<b>Designed facility capacity:</b> 3418/523			
<b>Current population of facility:</b> 2370/484			
<b>Facility security levels/inmate custody levels:</b> Level 1 and 2			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> L. Cahayla		<b>Title:</b> Associate Warden	
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<b>Agency Information</b>			
<b>Name of agency:</b> California Department of Corrections and Rehabilitation			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1515 "S" Street, Sacramento, CA 95811			
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Shannon Stark		<b>Title:</b> Associate Warden of Programs	
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## AUDIT FINDINGS

### NARRATIVE

A certified PREA audit was conducted at the Folsom State Prison located in Folsom, California. The audit began in early March with the delivery, via CD, of the statewide and facility documentation and the required Pre-audit Questioner from the facility. The audit tour began Monday, April 11, 2016 and concluded Wednesday, April 13, 2016. The audit team consisted of certified PREA auditors Jim Schiebner, Kris Steece, Yvonne Gorton and myself. The audit began with a facility greeting from Warden Rackley and his administrative team consisting of the Chief Deputy Warden, PREA Compliance Manager, Associate Warden Cahayla, the Public Affairs Officer, several non-custody and custody supervisors and the agency headquarters PREA staff PREA Coordinator Shannon Stark and PREA Lt. Matthew Rustad. The purpose and outline of the audit process and facility tour was explained along with the audit team's expectations and requirements for a successful audit.

Upon arrival to the facility, PREA posters (English and Spanish versions) were visible in the front entrance (gate area) for both staff and visitors to view. As the team toured the facility, posters were present in every building available to offenders and multiple locations within building where offenders, the public and staff had access. Based upon our random discussions with staff and offenders, PREA posters were readily available at any location available to staff and offenders alike. Along with the PREA posters, a memorandum outlining the facilities agreement with WEAVE, a victim advocacy group available to victims of sexual abuse was posted. It is obvious, based upon postings and interviews, that the facility has done an excellent job educating staff and offenders of the agency's zero tolerance policy regarding sexual abuse and harassment as well as the various methods in which allegations may be reported.

The use of cameras at Folsom are limited to exterior locations and some warehouses where prison industries is located. The limited camera coverage is due in part to the age and physical layout of the facility. However, while conducting interviews with the Warden and other administrative staff, it was apparent that the facility has considered the lack of cameras in their staffing plan and supplemented with additional staff to ensure offender safety and the overall security of the facility. The cameras that were implementation of cameras was done in a manner which provided additional monitoring where limited staff were available and to cover any blind spots while not impeding upon prisoner privacy.

During the audit tour, the team observed camera placement, sufficient custody staff coverage in the absence of camera coverage, reviewed log books and offender files, spoke with offenders, staff, volunteers and contractors. The facility has implemented measures such as permanent modesty panels welded to shower doors and partitions placed strategically throughout the bathrooms to ensure prisoner privacy while showering, using the toilet or otherwise in a state of undress. Log books were reviewed for and showed evidence of supervisory rounds on all three shifts as well as announcements about opposite gender staff working within the housing unit. Staff and offenders were questioned regarding PREA and reporting/responding requirements. All answered with appropriate levels of understanding in regard to PREA and agency policy and procedure.

During the interview phase of the audit, members of the audit team spoke with random offenders and staff as well as specialized staff and any specialized offenders present at the facility during the time of the audit. Interviews were conducted in areas of relative privacy. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards and the agency's response and requirements regarding the standards, zero tolerance and reporting. Prisoners had a thorough understanding of their right to be free from abuse and harassment and every knew the appropriate channels in which to report allegations.

On April 13, 2016 the audit team met with Warden Rackley and his administrative team as well as representatives from every administration within Folsom State Prison. Shannon Stark and Matthew Rustad were also present to gather information for agency headquarters in regard to any statewide changes or recommendations. The audit team commended facility staff on an excellent job training staff and informing offenders in regard to the agency's zero tolerance regarding sexual abuse and sexual harassment as well as implementing the various standards applicable to the facility. The overall audit process was explained and instructions given for any preliminary findings of noncompliance with individual standards. The efforts put forth by Folsom State Prison staff were evident and staff commended for their efforts. Of the noncompliant standards found during the Folsom State Prison audit, all fell under the jurisdiction of agency headquarters. It was certainly a pleasure for the audit team to spend time with the staff of Folsom and have the opportunity to assist in their PREA compliance efforts.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Folsom State Prison is operated by the California Department of Corrections and Rehabilitation. It has a general population consisting of level 1 and 2 prisoners with a total level 1 and 2 capacity of 3,418 male offenders and 523 female offenders. The week of the facility tour, the population was 2,370 male offenders and 484 female offenders. The facility was built in the late 1800s and is in remarkably good shape for its age. The facility consists of 151 buildings which include 4 multiple occupancy housing units, 1 single cell housing unit, and 18 open bay or dorm setting housing units. The facility also consists of school areas, libraries, dining facilities, chapels, gym areas and a myriad of vocational and work locations spread across a vast piece of real-estate in North-Central California. Folsom has an intermediate care facility on grounds and utilizes San Joaquin General Hospital for any offender medical needs not handled by its care facility. Approximately 294 volunteers and 11 investigators assist the 1,040 custody staff who work at the facility.

Folsom is California's second oldest prison. Folsom offers rehabilitative programs, to include academic courses and career technical education, which are provided through Folsom's Greystone Adult School. Folsom also has a tremendous prison industries program where offenders manufacture automobile license plates for the state and a outstanding brail project with extraordinarily knowledgeable staff and offenders working to support brail projects throughout the nation.

Under the administration of Folsom State Prison, Folsom Women's Facility (FWF) was activated in January 2013. This 403 bed stand-alone facility provides housing, rehabilitative and reentry programming, substance abuse treatment, and job training to the medium and minimum security female population. FWF is the northern most female facility in the State, allowing female offenders to maintain closer ties to family and relatives in the area.

Folsom has a rich and unique history including ties to legendary country music star, Johnny Cash. Folsom was one of the nation's first maximum security prisons built in the decades following the California Gold Rush and is built almost entirely of locally mined granite.

The facility sits on nearly 1,000 acres of state owned land and is surrounded by a solid granite wall. It's perimeter has multiple gun towers, not all of which are staffed but are available should such a need arise. The buildings are clean and well kept, especially considering the age of the physical plant. It is well staffed and well managed from the Warden to each supervisor and line staff alike. It is apparent there is a significant level of pride with being a Folsom State Prison employee which reflects in its day-to-day operations.

## SUMMARY OF AUDIT FINDINGS

115.13; Does Not Meet; (Corrected during corrective action period)

CDCR does not have a formalized process to conduct staffing plan reviews in consultation with the PREA Coordinator.

115.14; Does Not Apply;

CDCR does not house offenders under the age of 18.

115.17; Does Not Meet; (Corrected during corrective action period)

CDCR does not have a process in which to directly ask applicants information regarding previous incidents of sexual harassment.

115.31; Exceeds;

Folsom has provided and ensured every employee has participated in the required training. Facility policy, and training documents has proved, that every employee participates in this training on an annual basis, exceeding the standard.

115.52; Does Not Meet; (Corrected during corrective action period)

CDCR policy does not meet the time limits imposed by the standard in regard to prisoner's exhaustion of their administrative remedies.

115.83; Does Not Meet; (Corrected during corrective action period)

CDCR policy and practice adheres to sections a-g of this standard. However, the agency does not have a practice in place to ensure known abusers receive mental health evaluations as required by section (h) of this standard.

115.88; Does Not Meet; (Corrected during corrective action period)

CDCR does not have a formalized process in place to meet this standard.

During the Corrective Action Period of 180 days, the agency completed all the required updates and changes to their policies and procedures as well as forms to meet all the applicable standards that were initially found to be noncompliant. In addition, the facility also completed all the required forms and documents as required to be compliant with the standards that were initially found to be noncompliant. At this time, Folsom State Prison is in full compliance with all standards with the exception of 115.14 which does not apply to this facility. Refer to each individual standard in this report for the details and specifics on how each standard was found to be compliant.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

California Department of Corrections and Rehabilitation (CDCR) provided agency wide DOM 54040, article 44 – Prison Rape Elimination Policy, revised July 1, 2015 which specifically states in section 54040.1, the CDCR is committed to providing a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment and the 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. The agency employs an agency-wide PREA Coordinator (Shannon Stark) who has indicated she has the time, resources and authority to perform her duties as the agency's oversight for implementation of the PREA standards.

Folsom State Prison is one of 35 facilities operated by the CDCR and employs an upper level administrator (Associate Warden Cahayla) as the facility's PREA Compliance Manager. AW Cahayla has indicated he has the time, authority and resources to perform his duties as the facility's PREA Compliance Manager and meets the requirements of section (c) of this standard.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR has indicated they do contract for the confinement of offenders. CDCR has not entered into nor renewed any contracts since assuring to comply with PREA therefore no current contracts contain the required language. The new contract template/format was provided to the audit team which is the template/format being used by CDCR for any new or renewed contracts going forward. For this reason, CDCR is in compliance with this standard. The agency has agreed to provide any samples of new or renewed contracts to the audit team should any come available before the final audit report is published.

### **Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR has, in recent years, moved to a standardized staffing plan which has taken into consideration the physical plant layout, security level and type of offender and their specific needs when developing the plan for each of its correctional facilities. The factors considered in developing staffing levels include the operational mission of each facility, video monitoring capabilities, generally accepted correctional practices in conjunction with ACA standards. It is the general practice for CDCR facilities to review its staffing plan at least monthly during the hiring authority meetings and budget meetings. Any requests for additional staffing or electronic monitoring equipment or upgrades are identified at these meetings.

The only deviation from the staffing plan at Folsom is due to decreased work load meaning an officer is reassigned to another assignment if the assigned post is no longer needed to do the closure of services. Such as teachers not conducting class due to spring break which results in the school officer being reassigned to another location before overtime is utilized. Folsom is in compliance with this section of the standard.

Section (c) (1-3) of this standard requires having a formalized process to assess, determine and document whether adjustments are needed to the facility’s staffing plan, deployment of electronic monitoring equipment, or the resources available to commit to adherence of the staffing plan in conjunction with the agency wide PREA Coordinator. The CDCR has developed and implemented an agency-wide form titled Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review to address this standard. The PREA Coordinator is a formal member of this review process.

CDCR DOM 54040.4, Security Rounds section requires a custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time and location the security check was conducted. During the tour of the facility, the audit team was able to verify log book entries of appropriate supervisors on all three shifts.

#### **Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR does not house offenders under the age of 18.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR Department Organization Manual (policy) regarding cross-gender strip searches and cross-gender visual body cavity searches specifically states correctional personnel, other than qualified medical staff, shall not conducted unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. The policy goes on to state that routine unclothed body searches shall not be completed by staff of the opposite biological sex. Policy 5250.16.4 reads body search procedures for clothed female inmates recognize, address, and minimize the effects of cross-gender contact inherent in the body search process by limiting this function to female correctional staff unless an emergency exists that threatens death, inmate escape, or great bodily injury to staff, inmates, or visitors. Policy section 54040.5 requires the documentation of all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5 and shall document all cross-gender pat-down searches of female inmates in accordance with DOM Section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU) form. Completed NOU forms are reviewed by supervisors and routed to the institutional PREA Compliance Manager for retention and audit purposes.

There were no instances of cross-gender strip searches, body cavity searches or pat-down searches within the past 12 months requiring the use of an NOU. This information was verified through random and specialized interviews with both staff and offenders. Policy section 54040.4 requires each institution to enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing. The audit team observed every shower and toilet area for the possibility of cross gender viewing. The facility has done an excellent job either installing permanent modesty screens, such as shower areas within the housing units, or portable modesty screens for use in areas when offenders are strip-searched.

During the audit, the team witnessed a disturbance on the facility yard requiring staff to conduct strip searches of the offenders involved. The portable modesty screens were utilized and were effective in shielding the offenders from view of staff not actively performing the search. CDCR policy specifically states that if staff are unable to determine the genital status (of an offender) through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation, for his/her safety, until the standard intake medical evaluation is completed. The audit team was assured the use of segregation is a last resort only when all available other means have been exhausted and no other means of keeping the offender safe is available until a proper medical evaluation is completed. The medical examination will establish the genital status of the inmate and the institution classification committee determines the appropriate classification and housing of the offender on a case-by-case basis. CDCR requires all staff who may conduct searches of offenders to participate in the Searches and Inmate Property training course. Section 5 – Searches of the course provides training regarding searches of transgender inmates. The training is quite specific regarding details on how to search both transgender female and transgender male offenders. The facility provided signed documentation verifying current staff have completed the training. Random questions asked of staff verified they are aware of how to perform such searches.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility has taken the appropriate steps necessary to ensure offenders with disabilities have equal opportunity to participate in or benefit from all aspects of the agency's efforts. The PREA postings are all available and sufficiently posted in both English and Spanish. The agency has a standard agreement with Interpreters Unlimited Inc. in order to provide interpreter services for any offender who's needs cannot be met by CDCR staff or their current implementations of PREA information for non-English speaking or otherwise developmentally disabled. Agency policy, Title 15 requires assistance to offenders who's TABE score is 4.0 or lower. CDCR policy 54040.12 outlines, except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types or inmate assistance.

### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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CDCR operation manual, sections 31060.1 through 31060.2 and 31060.3 require the hiring agency to not hire anyone who may have contact with offenders who have engaged in or been convicted of engaging or attempting to engage in, or have been civilly or administratively adjudicated to have engaged in any of the activities outlined in 115.17. Interviews and employee records reviewed during the audit show the agency does an excellent job of directly asking the information required within this standard.

The agency has implemented a method to directly ask applicants about incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist another's services. The agency's pre-employment application form (CDCR 1951) is utilized in order to capture this information.

The agency has a method in place and sufficiently executes said method to capture, on a continuous basis via a "Live Scan" system, any and all criminal encounters of all applicants and current staff which exceeds the requirements of this standard. The agency contacts all known employers as a part of an applicant's background checks and willing provides information for other agency employer's requests provided the former employee has provided said employer with a release allowing CDCR to release such information.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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When designing upgrades to existing facilities or electrical surveillance systems, including cameras, CDCR has implemented within its Design Criteria Guidelines the following language "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consider and address how such technology may enhance the agency's ability to protect inmates from sexual

abuse. There have also been communications between agency and section heads within CDCR in regard to an agency wide update and implementation of camera use/installation and how the use/installation will enhance the agency's efforts in protecting offenders from sexual abuse/harassment.

Upon the facility tour, the audit team witnessed significant facility upgrades to its physical plant. In every case, consideration was given to PREA in the planning phase. Some instances the team witnessed were privacy panels in the shower areas, line of sight and elimination of blind spots to name a few.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In regard to investigations of sexual abuse allegations, CDCR has multiple methods in place to ensure compliance with this standard. Staff area required to participate in a specialized training program which is based upon POST Guidelines on Adult/Adolescent Sexual Assault Investigations, PREA Resource Center, National Council on Crime and Delinquency, US Department of Justice and A National Protocol for Sexual Assault, Medical Forensic Examinations, Adults/Adolescents, April 2012. This training is in response to this standard and California Penal Code 13516. Policy 54040.9 Forensic Medical Examinations, requires the victim be taken to the designated outside hospital where contract staff will conduct the forensic exam. A telephone interview with contracted staff responsible for conducting the exam verified staff are appropriately trained in accordance with California State Law to conduct such exams.

A health care services memo to all facilities address the copayment program policy for offenders and states a copayment will not be charged for any offender in that case of treatment services relating to sexual abuse or assault. Victim advocacy and victim support services are addressed in agency policy 54040.8.2 and verified these services are readily available to offenders and staff by conducting random interviews which verified the information is provided throughout the facility and the audit team witnessed sufficient postings throughout the facility where staff and offenders are likely to view them.

Policy requires that the victim has the right to have a victim advocate from a local rape crisis center at the examination. A MOU has been implemented in the past with advocacy groups and is currently being updated/reviewed.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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CDCR departmental policy, DOM Chapter 5, Article 44, Section 54040.12 requires that an administrative or criminal investigation be completed for all allegations of sexual abuse or sexual harassment. Reviews of documents revealed that, in the past 12 months, 10 allegations were received and properly investigated. Of those, four remain with Office of Internal Affairs which, as outlined in DOM Chapter 3, Article 14, Section 31140.4.3, is responsible for determining which allegations of staff misconduct warrant an Internal Affairs investigation and for completing all investigations in a timely and thorough manner. The facility conducts its own criminal investigations and all allegations are referred to the unit responsible for these investigations. Department web site shows that all information regarding agency policy is published on the Department website. The agency does document all allegations referred for criminal investigation and indicated that 1 of the 10 received in the past 12 months was referred for criminal investigation.

Sections c, d and e do not apply to this facility.

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The agency trains all staff who may have contact with inmates on the agency's zero-tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A review of PREA training curriculum and staff training records revealed that all staff who have contact with inmates have participated in a comprehensive training program that gives detailed information addressing all 10 required topics complying with section (a) of this standard. CDCR §3391 also address employee conduct which directly responds to this standard. The training provided by the agency is gender specific and includes information on working with both male and female inmates.

Folsom houses both male and female offenders and all staff have participated in training addressing both genders. Folsom has provided and ensured every employee has participated in the required training. Facility policy, and training documents has proved, that every employee participates in this training on an annual basis, exceeding the standard. An agency memorandum was provided verifying proof of practice that all agency institutions have verified completion of the training. The agency requires employees to verify receipt and knowledge of the training through mandatory knowledge quizzes to ensure all participants understand the material provided and a signature sheet for the employee to sign upon completion of the training.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The agency's Prison Rape Elimination Policy, Volunteer/Contractor Information Sheet outlines and complies with all the requirements stated in sections (a) through (b) of this standard and require the volunteer/contractor to sign and date receipt of the documentation. The agency maintains the signed documentation confirming the volunteers/contractors receipt and understanding of the agency's zero tolerance standard and reporting duties.

### **Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy requires, under Offender Education, that verbal and written information shall be provided to offenders which will address prevention/intervention, reporting and treatment and counseling in regard to sexual abuse/harassment. Initial offender orientation on PREA is provided to all offender populations in reception centers via either written or multi-media presentation on a weekly basis in both English and Spanish. Inmates are provided information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. CDCR's general practice is to require inmates to meet with the Classification Committee within 14 days of arrival at a new facility where they receive comprehensive education regarding their rights to be free of sexual abuse/harassment and to be free from retaliation for reporting such incidents and procedures for reporting such incidents.

Auditors interviewed staff who participate in risk screening and reviewed documents created during those meetings indicating that inmates are informed and are given printed information. In addition, both staff and inmates who were interviewed said the information is available regularly on the facility TV channel and the facility tour revealed that the printed information is adequately posted throughout the facility. All CDCR have received this training in compliance with the Proof of Practice Memorandum sent to all facilities. It was evident from auditor interviews that the information has been sufficiently disseminated throughout the facility. The agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills by printing materials in English and Spanish, maintaining agreements with translation services in order to telephone the service when in need of a translator and utilizing bi-lingual staff when appropriate. Offenders sign documents verifying they have received the required training and the signed verifications are maintained in the offenders files. The facility has posted in every housing unit and prisoner work assignments as well as other areas offenders have access to, PREA posters in both English and Spanish and staff have printed information available to assist offenders who are limited English and developmentally impaired.

### **Standard 115.34 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In addition to the general training provided to all employees pursuant to Standard 115.31, the agency also trains all employees assigned to investigate sexual abuse investigations on conducting such investigations in confinement settings. This training requirement is specifically outlined in CDCR policy 54040.4 Education and Prevention, Staff Training which states all employees who are assigned to investigation sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c). Auditors reviewed the training curriculum used for this training and verified it meets the requirements of this standard including the proper use of Miranda and Garrity, sexual abuse evidence collection and criteria used to substantiate a case. The agency requires signatures from every employee who has participated in the training. The agency provided examples of the signature sheets verifying those employees assigned investigations have participated in the specialized training.

Section (d) does not apply to this facility.

### **Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR policies 54040.4 Education and Prevention, Staff Training, 54040.7 Detection, Notification and Reporting, and 54040.8 Response apply to all staff employed by the facility. Additionally, 54040.8.3 Medical Services Responsibilities is required of all California Correctional Health Care Services (CCHS) medical staff which requires medical staff to provide indicated emergency medical response taking steps not to contaminate evidence. The training required of CCHS staff covers how to detect and assess, how to preserve physical evidence, how to respond effectively and professionally to victims and how, and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Auditors reviewed the training curriculum and verified all aspects of this standard are covered in the training. In addition, training staff provided signature sheets verifying specific staff participation. Interviews with both medical and mental health staff verified that they had received the appropriate training. Medical staff employed by the facility do not conduct forensic examinations. Such examinations are conducted at the San Joaquin Hospital. A telephone interview with the staff responsible for conducting such exams verifies they are properly trained to do so in accordance with California State Law. The agency documents all training of staff conducted by the facility and maintains knowledge quizzes and signature sheets, as well as training sign-in sheets to verify staff attendance. The facility provided samples of training sign-in sheets, knowledge quizzes and staff signature sheets from trainings conducted at the facility.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In accordance with CDCR policy 54040.6, and Article 1.6 Inmate Housing, the process for review and evaluation for single cell status is initiated during the receiving process. Single cell status is CDCR's procedure to separate abusive offenders from non-abusive offenders. All inmates received at the facility are processed into the facility through the Receiving and Release area where they are screened for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The same screening takes place when prisoners are reviewed for transfer to another facility, a process called Endorsement. Intake staff provided copies of Initial Housing Reviews containing a checklist of information reviewed in making bed assignments and single cell determinations. The information is collected from the inmate's file, contained on the department's computerized database, and from an interview with each individual inmate, and contains information regarding the inmate's risk of being sexually abused by or sexually abusive toward other inmates. The same information is reviewed, along with information contained on the Classification Committee Chrono and information collected during an interview with the inmate, when the inmate is reviewed for transfer to another facility. This screening process is conducted immediately upon arrival at the facility.

Auditor interviews with Intake Staff revealed that prisoners are processed into the facility, immediately upon arrival, through this process. Documentation provided included the Initial Housing Review demonstrating the screening that takes place upon arrival. The intake screening includes a review of information contained in the inmate's file, an interview with the inmate. Specific information gathered from the file reviews and interviews specifically address and consider whether the inmate has a mental, physical or developmental disability, the age and physical build of the offender, previous incarcerations, the inmate's criminal history, prior convictions for sex offenses and the inmates own views of sexuality or gender conformity as well as the inmates perception of their own vulnerability or safety. The file review conducted during the screening process identifies the inmates prior acts of sexual abuse, and any act of abuse while incarcerated as well as prior institutional violence prior to arrival at the facility. The facility was able to demonstrate these reviews were conducted timely and interview with staff demonstrated their knowledge of the process. A review of this screen is conducted during committee reviews. A directive memorandum was published agency wide by the Director, Division of Adult Institutions requiring the Classification Committee to ask offenders if they have any new, relevant information related to PREA which has come to light since their last intake interview. This discussion and/or findings are documented in the file. Auditor interviews revealed the process occurs within 14 days at the audited facility. The above mentioned memorandum directs facilities to reassess an inmates risk of victimization or abusiveness based upon any additional, relevant information which is received by the facility. CDCR policy 54040.6 prohibits inmates from being disciplined for refusing to answer, or not disclosing complete information related to their sexual orientation or sexual violence history. Controls which limit the dissemination of information acquired during these screens in order to protect sensitive information are in place. CDCR responds to this standard by limiting this information to staff on a need to know basis. Interviews with staff reveal that profiles determining employees' access to information contained in the agency's computerized database are controlled and are based upon job description limiting who has access to this information.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy 54040.6 outlines the process for utilizing the information from the risk screening to identify offenders who are at high risk for sexual victimization, as identified on the electronic Initial Housing Review, and ensuring their placement in an area free from likely abusers. Interviews with staff responsible for risk screening confirmed that information contained on Initial Housing Review forms and Classification Committee Chronos, as well as any information obtained by ISU staff during investigations, would be used to fulfill this requirement. Facility has not had any allegations of sexual abuse in the last 12 months but staff confirmed the process that would be followed if an allegation is made. CDCR operations manual sections 3377.1, 3377.2 and 3269, address offender security levels and inmate housing assignments. The requirement is that each inmate is assessed in order to determine appropriate classification and placement. Interviews with staff confirmed that all inmates are individually assessed in accordance with policy. Agency policy, DOM Chapter 6, Article 12, Section 62080.14 outlines that inmates who have been diagnosed as transgendered, as documented on the CDCR Form 128-C3, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and

housing assignment. This is handled on an individual case-by-case basis. This facility currently does not house any transgender or intersex offenders. The facility did not have any transgender or intersex offenders at the time of the audit nor within the past 12 months. However, agency policy 54090 requires that each placement and programming assignment for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmates. Interview with PREA Compliance Manager verified that agency policy requires a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration in the twice yearly reassessment. DOM 61020.2 also supports this standard if it were applicable to the facility.

Section (f) does not apply as the facility does not currently house any transgender or intersex offenders.

Section (g) is met because the facility does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated units or wings solely on the basis of such identifications. Auditor interview with agency heads determined some CDCR facilities have higher concentrations of transgender or intersex populations solely due to required medical treatments and specialized housing requirements are available at limited facilities throughout the agency.

### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR policy, Title 15 Sub-chapter 4 Article 10 Section 3377.1(c) and DOM, Chapter 5, Article 44, 54040.6 require that inmates at high risk of victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative. The facility has not had an instance of an inmate being housed in segregated housing the sole purpose of protection in at least the last 12 months. CDCR policy, Title 15, Sub-chapter 4 outlines that inmates placed in involuntary segregated housing for the purpose of protection shall have access to programming, privileges, education and work opportunities and that the facility must document any restrictions identifying any opportunities that are limited, the duration of the limitation and the reason. Interviews with the Warden and with staff in segregated housing verified that the facility has had no such instances, at least within the last 12 months, and that this type of occurrence is very rare at this facility. Segregation staff verified that inmates in such a position would not have their opportunities limited and that Classification committee would reassess them within 10 days for placement and/or transfer. Agency policy 54040.6 requires an immediate assessment, or an assessment within 24 hours if one cannot be completed immediately addressing the reason for segregation. If the assessment determines there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing in an Administrative Segregation status until appearance before the Institution Classification Committee for discussion of his/her housing needs. Agency policy stipulates that if this situation occurred, the facility will clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Subsections 3335(b)(4) through 3335(b)(4)(C) require the placement last no longer than necessary in order to find an alternative means of separation. Agency policy outlined above also requires that if no alternative to segregated housing was available, the facility would review the case at least every 30 days.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Agency DOM, Chapter 5, Article 44, Section 54040 along with the local facility supplemental DOM titled, “PREA Supplemental DOM” indicates that prisoners may report through verbal/written report to any staff member, by utilizing the CDCR PREA Hotline (the number is available on the posters found in each housing unit and throughout the facility) or through the prisoner appeal (grievance) process. Reporting may also be done by contacting the Office of Internal Affairs (OIA) and Ombudsman’s Office. Random staff and offenders who were interviewed were all aware of various methods for prisoners to report. This process, and verification through the interview process and postings throughout the facility. The PREA Coordinator stated that prisoners can use the OIA for private reporting purposes as well as the outside advocate posted on the all PREA posters within the facility. Again interviews were conducted which sufficiently support this information is readily available to all. Investigations are initiated as soon as the information is relayed to the PREA Coordinator or Investigative Services Unit (ISU). Random staff interviewed were all aware that reports shall be accepted whether verbal, in writing, anonymous or from a third party and that documentation and reporting to their supervisors was immediate. The Agency DOM and Facility Supplemental DOM indicate that staff may privately report sexual abuse or sexual harassment. They were aware of the hotline and all avenues available to report. A random sample of prisoners indicated that they knew how to report (staff, appeal, hotline, chrono). All indicated that they could also tell a family member. Most were aware that a report could be made without giving their name.

**Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CCR Title 15, Chapter 1, Article 8, section 3084 and DOM, Chapter 5, Article 53, Section 54100 covers the appeals process for the CDCR. The agency has a formalized appeals process that allows inmates to file an appeal without having to submit to the staff member who is the subject of the appeal and that the appeal will not be forwarded to the staff member. DOM Chapter 5, Article 44, Section 54040.7.2 and 54040.7.3 allows a third part to file on the behalf of an inmate. The agency does not allow an inmate to decline the pursuing of an allegation and will investigate all alleged sexual abuse claims regardless of who filed the original appeal.

Standard 115.52 clearly states the agency shall not impose time limits on when an inmate may submit a grievance, an inmate can file without having to submit to the staff member who is the subject of the grievance, a final decision will be made within 90 days from initial filing, third parties may file on behalf of an inmate and emergency grievances will have a final agency decision within 5 calendar days. The agencies policies and practice meets all aspects of this portion of the standard.

CDCR §3084.2 Appeal Preparation and Submittal, section (g) states an inmate or parolee shall not submit an appeal on behalf of another person, unless the appeal contains an allegation of sexual violence, staff sexual misconduct, or sexual harassment. This sufficiently address the requirements set forth in this standard. §3084.6 section (c)(5) states an appeal may be cancelled for any of the following reasons, which include, but are not limited to.....(5) the appeal is filed on behalf of another person, unless it contains allegations of sexual violence, staff sexual misconduct, or sexual harassment of another inmate. Again, this language sufficiently address the requirements of the standard.

DOM, Chapter 5, Article 44, Section 54040.15.1 does allow for an inmate to be disciplined for filing an appeal alleging sexual abuse in bad faith. The facility reported on the Pre-Audit Questionnaire (PAQ) that they had no such appeals filed resulting in disciplinary action.

### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Folsom State Prison has entered into an agreement with WEAVE crisis center to provide victims support in sexual abuse cases. The facility is currently operating under an old agreement with WEAVE and has provided a pending MOU that will extend this agreement which sufficiently addresses sections (a) and (c) of this standard. The facility posts notices in all of the units and other commonly accessed areas for the offenders to review. The posting has the contact information for WEAVE, including a toll free number and an address to be utilized by inmates to contact them. During the interviews with random prisoners, it was discovered that not all offenders knew this information was available. However, during the tour it was noted that this posting was adequately posted throughout the facility. Prisoner orientation notifies offenders that all telephone calls are monitored and that any PREA related issues discovered during monitoring will be reported.

### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The CDCR has created a Sexual Abuse Hotline available to prisoners, staff, and the community and the CDCR website has a reporting option. Additionally, the CDCR has entered into an agreement with the Office of Internal Affairs and the Ombudsman's Office to accept reports. Verified the website address as a third party reporting tool.

### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR provided DOM, Chapter 5, Article 44, sections 54040 to support compliance with this standard. Polices provide adequate instruction to verify compliance with the standard. Staff interviews also confirmed compliance and all were able to articulate the reporting process and what is required of them when doing so.

#### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The DOM addresses this standard and specifically states that the facility shall take immediate action to protect prisoners that are at risk of imminent sexual abuse. This was also confirmed by speaking to many staff members during the tour. All staff members were aware to immediately remove the prisoner from the area of the imminent threat. The facility didn’t determine that any prisoner was subject to substantial risk of imminent threat in the past 12 months.

#### **Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency DOM, Chapter 5, Article 44, Section 54040.7.4 specifically address this standard ensuring compliance. It was also confirmed through staff interviews. The facility didn’t have any allegations of sexual abuse from other facilities in the past 12 months.

#### **Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provided the CDCR staff at Folsom a pocket reference book to show compliance. The pocket reference guide is given to all staff as a quick reference guide for staff response to allegations of sexual violence against prisoners. The facility also provided the DOM which addresses this standard to ensure compliance. All staff that were interviewed during the tour and during random staff interviews knew how to respond and appropriately handle allegations of sexual assault as a first responder.

### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Facility provided their agency DOM to show compliance with this standard. This was confirmed by the Warden during the interview process. The facility pocket guide also addresses this and is available to all staff. FSP also has a local DOM Supplement that covers all aspects of reporting, staff response, health care response, the investigation process and a list of documents to use during the process.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provided the collective bargaining unit that was effective on July 13, 2013 in order to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in the bargaining unit contract restricted the department’s process involved in the managing or reporting of sexual abuse.

### **Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provided DOM’s addressing this standard. The staff interviews also confirmed compliance with the standard. The DOM requires 90 day retaliation monitoring of any sexual abuse allegation for both staff and prisoners. The Facility created a “Protection Against Retaliation” form (PAR) as a tracking device to ensure compliance with this standard. A completed form was submitted showing the facility monitors retaliation by tracking disciplinary records, housing changes/assignments, program assignments, work performance evaluations and conducts face-to-face interviews.

DOM 54040.13 Allegation Follow-Up regarding 90 day retaliation monitoring has been updated to state when an inmate is transferred to another institution within the 90 day monitoring period, the CDCR Form 2304 (PAR) shall be forwarded to the receiving institution. The PCM/designee at the sending institution shall make contact with the PCF/designee at the receiving institution to provide an overview of the case, noting the remaining monitoring timeframes. Upon completion of the monitoring period, the PCM/designee at the receiving institution shall return the completed CDCR Form 2304 to the PCM/designee at the sending institution for retention in the file and for auditing purposes.

**Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The CDCR DOM addresses this standard to ensure compliance. The facility will assess any inmate in these circumstances within 24 hours and then within 10 days by the security classification committee. During the interviews, all segregation staff and the Warden indicated that they have available alternatives to segregation and their process is to place them in alternate housing as soon as possible. They indicated they would not house an inmate in segregation longer than a couple of weeks to make the placement or transfer. The facility did not segregate any offenders in the past 12 months. The staff interviews confirmed compliance and that no offenders were segregated in the past 12 months.

**Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR DOM Chapters 3 & 5 address investigations of sexual abuse and sexual harassment. The Department’s Basic Investigator Training and PREA Locally Designated Investigator (LDI) training details how and when investigations are conducted. California staff and investigators are sworn Peace Officers and they handle criminal as well as administrative investigations. Documentation was provided to show compliance of the standard. Documents included referrals to the prosecutor’s office for any criminal investigations. Staff interviews also confirmed compliance of the standard and detailed how and when the investigations took place. Samples of investigations were reviewed and were all in good order covering all the elements of the standard.

### **Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The DOM, Chapters 3 & 5 clearly states the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with staff confirmed the same.

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCR DOM, Chapter 5, Article 44, Section 54040.12.5 addresses this specific standard. The Facility also created a notification form (CDCR 128-B) to notify offenders of the findings of the administrative investigations. Documents of completed investigations from start to finish were provided to support compliance with this standard. Documentation in files showed that prisoners had been informed. Prisoners that had reported sexual abuse/harassment that were interviewed stated that they had received the notification form.

### Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Article 2, Section 3401.5 DOM, Chapter 3, Article 22, Section 33030.17 Disciplinary Matrix D17, D18, and D19 outline disciplinary standards for employees, volunteers and contractors. Interviews with staff also confirmed the facility is following the standard as written. The facility reported no incidents of sexual abuse within the past 12 months involving staff. They currently have one investigation open for consensual over-familiarity in which the employee has resigned. The case is still open and staff indicated they will forward for prosecution if evidence warrants.

### Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Requirements covering this standard are provided in Agency policy, CDCR Special Terms and Conditions, Attachment D, DOM Chapter 5, Article 44, Section 54040.12.4 Facility reported no cases of sexual abuse/harassment involving contractors or volunteers. Folsom Investigative Services Unit stated that they would investigate allegations of contractors/volunteers as any other PREA case and refer for criminal prosecution if warranted. Information regarding remedial measures is written into Agency contracts.

### Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

Agency policy CCR, Division 3, Subchapter 4, Article 5, Sections 3316, 3320, and 3323 covers this standard. Administrative findings were reviewed during the audit and offenders were disciplined in accordance with this standard. The Agency does not allow for consensual sexual relations. The Facility Investigative Services Unit (ISU) investigates all reports of consensual sexual acts to ensure abuse is not occurring and appropriate disciplinary action is taken. Investigative files covering consensual sexual acts were reviewed and were investigated by the ISU.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy IMS&P, Volume 4, Chapter 2, Section 4.2.2 covers the process to request mental health services. DOM 54040.7, Article 44, complies with sections a-d of the standard. All screens cover sexual abuse and prisoners are screened by medical and mental health staff upon intake to the facility. Agency policy does not speak of informed consent (section e of this standard). The PAQ indicated that they were not complying with this section of the standard. During the audit the Agency reported that they were in the process of updating this policy and forms to document consent. The Agency submitted documentation following the audit that indicated they had a previous meeting/training where informed consent was discussed and additional language was added to their consent forms to cover sexual abuse. The documentation specifically outlines that information regarding information shared in treatment is confidential and will be discussed only with the treatment team except in the following circumstances; if it poses a threat to the safety of the offender or others or if the offender is unable to care for him/herself and/or engage in the acts of sexual misconduct, or have been sexually assaulted or harassed by other inmates or staff. Because the language is specific as to the confidentiality of any information obtained unless it pertains to sexual abuse/harassment involving staff or other offenders (i.e. institutional setting) it is evident that such information will not be shared without consent.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy indicates that these services will be provided. Reports reviewed during audit showed that victims had immediate medical response. Victims of sexual abuse are allowed medical or mental health services without financial costs to them. Interviews with Medical and Mental Health Staff during the audit confirmed that services would be provided and there would be no charge to the victims for seeking medical or mental health care. Handout information for prisoners regarding sexually transmitted diseases was reviewed and is made

available.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy IMSP&P Volume 4, Chapter 4 Access to Care; Chapter 12 Emergency Response; IMSP&P Volume 1, Chapter 16, PREA Policy; Mental Health Program Guide 2009 adhere to sections a-g of this standard. Investigative Reports and medical/mental health reports reviewed during the audit reflect that prisoner victims are receiving medical and mental health care as required. During audit interviews all staff reported that prisoners who report being sexually abused are immediately referred to medical and mental health. Medical and mental health staff interviewed all indicated that prisoner victims would be immediately evaluated and treated. Treatment and evaluation of prisoners appeared consistent with community level of care and included follow-up evaluations, treatment plans and referrals where necessary.

However, Agency policy does not indicate that attempts to conduct a mental health evaluation on known abusers will be conducted (section h). To correct this deficiency the Agency will need to revise/update their policy to ensure that attempts to evaluate known abusers is required and the attempt/evaluation is being documented. Once completed the agency and facility will be in full compliance with this standard.

Implemented changes to DOM 54040.11, Suspect Processing addresses offender reporting of abuse. The addition of the following language sufficiently address the elements of this standard. CDCR has added “the custody supervisor will complete a referral to mental health for a mental health evaluation and assessment of treatment needs”, regarding the suspect in a sexual abuse case. Agency policy requires mental health staff to see offenders, once referred, within 5 days.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy DOM Chapter 5, Article 44, Section 54040.17 requires reviews to be held within 60 days of discovery of the sexual abuse incident. The Agency reported that their policy changed in July of 2015 to require these reviews be conducted. The Agency was questioned as to how this 60 day policy complies with the standard, which states that a review ordinarily occurs within 30 days of the conclusion. Their explanation was that they exceed the standard because regardless if the investigation is complete, they meet monthly to discuss the incident to determine if there were contributing factors that may have led to the abuse. By setting the standard that they meet within 60 days of

discovery, as well as monthly, ensures that issues that may have contributed do not go without being addressed if the investigation is prolonged for any reason. Investigations into reported sexual abuse were reviewed during the audit. All incident reviews since the policy change have been completed and are documented. Documentation reviewed confirmed that appropriate staff attend these incident reviews and all areas from section (d) of this standard are considered.

### **Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy DOM Chapter 5, Article 44, Section 54040.20 and 54040.19 cover this standard. The policy does discuss that the Agency shall collect the data annually. Facilities are required to send the SSV-IA form reporting allegations within 48 hours. Investigation files reviewed during audit confirmed that the forms are being sent. Data is compiled on the Agency yearly tracking report and updated as investigations are concluded. Tracking reports do show data from contracted facilities.

### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy requires data to be collected and reviewed, requires comparison of data and assessments, requires data to be available to the public and allows for data to be redacted. However, there is not a formalized process in place. The agency reported that the foundation has been laid for a formalized process and it should be completed in the near future and documentation will be posted on the agency’s website. The agency will need to finalize this process to be compliant with this standard.

The agency has sufficiently finalized the process of implementing a formalized process of collecting and reviewing data in order to make annual comparisons and assessments of its efforts to address sexual abuse. The agency drafted a formal report and has published it on their website at <http://www.cdcr.ca.gov/PREA/index.html>.

### **Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy DOM Chapter 5, Article 44, Section 54040.20 requires data to be securely maintained, requires that the data is made available to the public through their website, requires identifiers will be removed and requires data to be maintained for at least 10 years. Facility files were found to be in a secure area and only accessed by authorized staff. Agency website was reviewed and PREA information was posted and easily available to the public.

### **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.

Todd W. Butler

November 02, 2016

Auditor Signature

Date