

# PREA Facility Audit Report: Final

**Name of Facility:** California State Prison Los Angeles County

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 04/20/2020

**Date Final Report Submitted:** 10/05/2020

AUDITOR DECLARATION	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robin M. Bruck	<b>Date of Signature:</b> 10/05/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bruck, Robin
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<b>Start Date of On-Site Audit:</b>	03/02/2020
<b>End Date of On-Site Audit:</b>	03/06/2020

FACILITY INFORMATION	
<b>Facility name:</b>	California State Prison Los Angeles County
<b>Facility physical address:</b>	44750 60th Street West, Lancaster, California - 93536
<b>Facility Phone:</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Zanzi Neblett
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<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	R.C. Johnson
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<b>Facility PREA Compliance Manager</b>	
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<b>Facility Health Service Administrator On-site</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	3517
<b>Current population of facility:</b>	3213
<b>Average daily population for the past 12 months:</b>	3200
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-80
<b>Facility security levels/inmate custody levels:</b>	1 through 4
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	1564
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	100
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	375

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	California Department of Corrections and Rehabilitation
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1515 S St, Sacramento, California - 95811
<b>Mailing Address:</b>	
<b>Telephone number:</b>	916 324-6688

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Dr Muhammad Nasir
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<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Shannon Stark	<b>Email Address:</b>	shannon.stark@cdcr.ca.gov

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) site review of the California State Prison-Los Angeles County (LAC), located at 44750 60th Street West, Lancaster, California was conducted on March 2-6, 2020 by Robin M. Bruck, U.S. Department of Justice Certified Auditor for adult facilities, lead auditor and author of this report. In August 2019 an Intergovernmental Agreement was finalized between the State of New Mexico Corrections Department (NMCD) and the California Department of Corrections and Rehabilitation (CDCR), both parties are members of the Western Consortium. The purpose of the audit is to determine the facility's compliance with the Federal Prison Rape Elimination Act standards. The auditor was assisted by support staff, NMCD Deputy Director Anthony Romero, Major Michael Baca and NMCD Compliance Officer Jodi Upshaw.

### **PRE-ONSITE AUDIT PHASE**

The auditor did not conduct a formal kick off meeting with the facility, as the facility has participated in at least one previous audit, which occurred in December 2016. The facility and staff are familiar and understands all aspects of the audit process, to include the purpose, role of the auditor and the purpose of corrective action. On January 3, 2020, the auditor sent an introduction email to the facility administration, which included the agency PREA Coordinator and the facility PREA Compliance Manager. The email included an introduction of the auditor, the audit process map and the auditor's goals, expectations and future communication instructions, for this PREA audit.

During initial communications with the facility, logistics, unimpeded access to the facility, documents, inmates and staff, were discussed. The auditor and the agency PREA Coordinator discussed the use of the Online Audit System (OAS) for the duration of this audit. On December 9, 2020 a "new" audit was added to the auditor page of the OAS system. The facility and the auditor discussed the completion of the facility Pre-Audit Questionnaire (PAQ) and documentation of compliance. The facility completed the Pre-Audit Questionnaire on January 14, 2020, in addition the facility sent all documentation on a DVD, which was received on January 21, 2020.

On January 3, 2020, the auditor sent the facility the Notice of Audit in both English and Spanish. The facility was given instructions, to print in large font and on brightly colored and to post within the facility in all areas frequented by offenders, visitors and staff, no later than January 20, 2020. It was requested that the facility provide time stamped photographs of the postings and to ensure that mailroom staff are aware that all correspondence addressed to the auditor shall not be opened and shall be treated as all other confidential or legal mail, as recommended by the PREA Auditor Handbook. In addition, the auditor requested that inmates that were unable to move freely, such as inmates housed in segregation, be hand-delivered a copy of the notice. On January 23, 2020, the auditor received time stamped photographs and documentation of hand-delivered notices, from the facility indicating that the auditor notice had been posted in various areas of the facility. The auditor received a total of ten (10) letters from inmates housed at the facility. All letters received did not appear to have been opened prior to being sent to the auditor. During the site review, the audit team interviewed five (5) of the inmates that

sent a letter. Two (2) letters received were not PREA related and two (2) inmates were no longer housed at the facility, one (1) additional letter, appeared to be a report of an allegation, and was immediately sent to the facility PREA Compliance Manager to begin the investigation protocols. While on site, the auditor verified the allegation had been received and an investigation was initiated.

On January 20, 2020 the auditor began a thorough review of the facility PAQ, documentation and materials provided by the facility. The documentation and materials included but not limited to the agency policies and procedures, education material, training curriculums, organizational charts, mission statements, posters, offender handbook, website information, staff and offender rosters and other PREA related material used to demonstrate compliance with each of the PREA Standards.

This review prompted a series of questions, which were sent via email to the facility PREA Compliance Manager and the agency PREA Coordinator. The auditor did not use an "issue log" but chose to communicate with the facility through email. As the auditor identified gaps, missing information or had questions regarding the facility processes, an email containing a series of questions or requests for additional information was sent to the facility. The facility was very responsive and responded quickly and efficiently to each request. During the Pre-Audit phase a total of five (5) request emails with multiple questions were sent to the facility. The facility was quick to respond to each request.

On January 6, 2020, the auditor reviewed the agency website. Information regarding the Prison Rape Elimination Act was difficult to find. The auditor had to search "PREA" on the website. The site contains the agency PREA policy, PREA definitions, PREA reporting information, the PREA Annual reports and all facility PREA Audits reports. In addition, the auditor reviewed the previous facility PREA audit report, dated September 19, 2017.

While reviewing the agency website, the auditor "clicked" on the Office or Inspector General tab, and located the "report misconduct" tab. Utilizing this reporting function, the auditor submitted a report, instructing the reader to treat as an actual report of sexual abuse. The auditor received a call from the Office of Inspector General, notifying that the report had been received. This gave the auditor an opportunity to learn the process that is taken when an actual report is received. The caller stated that if it had been an actual report, they would have notified the facility PREA Compliance Manager and the assigned facility PREA Ombudsman of the allegation. In addition, they would also follow up a few days later to ensure that the report had been referred for investigation.

### **External Contacts**

On January 6, 2020, the auditor conducted an internet search for any articles relevant to the facility. The auditor did not locate articles regarding sexual abuse or sexual assaults at the facility.

The auditor researched the State of California's mandatory reporting laws. The auditor and the audit team are considered mandatory reporters if there is abuse of child under the age of eighteen or a vulnerable adult. LAC does not house youthful offenders.

Just Detention International (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the world dedicated exclusively to ending sexual abuse behind bars. On January 3, 2020, the auditor sent an email to JDI, inquiring about any/all reports that had been received from or regarding LAC. On January 8, 2020, the auditor received a response to the email. JDI reported that they have received seven (7) letters from the inmates housed within the facility. JDI reported a common theme that runs through the letters they have received, are regarding body searches performed by staff and over stepping professional boundaries

during the search. In addition, JDI reported that as part of JDI's California Advancing PREA project, they worked with the agency to establish MOU agreements with the local rape crisis centers. The auditor did review the agreement that is in place with Antelope Valley Oasis.

CDCR has secured an MOU with the Antelope Valley Oasis for advocacy services. On February 5, 2020, the auditor spoke with the Director of Valley Oasis. During the call, the auditor confirmed that there is currently an agreement with Valley Oasis and CDCR. Valley Oasis does provide services to the facility. These services include but are not limited to, a rape crisis hotline, providing advocacy during a SANE exam, investigative interviews and court proceedings. If an inmate called the hotline to report an incident, the agency must obtain a signed consent form from the inmate, prior to reporting to the facility. However, she did state that inmates do not use the line for reporting an allegation. Valley Oasis staff have been to the facility for tours, to update security clearances and to attend trainings with the correctional staff. She reported that the relationship between Valley Oasis and LAC has been a good one.

On January 24, 2020, the auditor spoke with a member of the SANE Unit at Antelope Valley Health Care. The auditor confirmed there is a contract with Antelope Valley Health Care and CDCR to provide SANE exams. The exams are free of charge to the inmate. It was confirmed that there have been several SANE exams completed during the past twelve months, however she could not confirm an exact number. The SANE Unit staff recently began traveling to the facility to perform the exams. Implementing this process does not require the inmate be transported off sight for these services.

All investigators with the agency are sworn peace officers. The agency investigates both criminal and administrative allegations, therefore the auditor did not attempt to contact external investigators.

Due to time allotted for the tour of the facility and interviews of staff and inmates, on February 13, 2020, the auditor requested the facility send a list of current employees, inmates and investigations. The auditor randomly selected names from each list and requested the facility obtain the following information from each file, to ensure that the audit team could complete file reviews. The facility scanned the information, into the Online Audit System (OAS).

### **Employee Files**

- Date of Hire
- Criminal History Check (prior to hire) (if employed longer than 5 years-Criminal History within the five years)
- Application
- CDCR 1951 Supplemental Application
- Institutional Reference Check – if applicable
- PREA Training Documentation
- Specialized PREA Training – if applicable (investigator, medical or mental health)

### **Inmate Files**

- Inmate Date of Arrival (inmate transfer history or similar document showing date of arrival at LAC)
- Intake Screening (initial PREA screening completed upon inmate arrival at facility)
- 30 Day Screening (30 day PREA screening)

- Any Screening (based on new information)
- Inmate PREA Intake Information (PREA information provided to inmate upon arrival)
- Referral to Medical or Behavioral Health if applicable (CDCR 128 MH5)
- Documentation of Comprehensive PREA education provided to inmate

### **Investigation files**

- Complete investigation Report
- Specialized training for the investigator who completed the investigation
- Any referral for mental health
- Retaliation Monitoring documentation
- SART Review
- Inmate Notification Documentation

On February 18, 2020, the auditor sent the facility an audit schedule and requested the following lists be available on the first day of the site review:

- Complete Offender Roster
- Youthful Offenders
- Offenders with physical disabilities or cognitive disability
- Offenders who are Limited English Proficient (LEP)
- Transgender or Intersex offenders
- Lesbian, gay, bisexual offenders
- Offenders placed in Segregated housing for their own protection from sexual violence
- Offenders who reported sexual abuse
- Offender who reported sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff- please identify
- Agency Contract Administrator
- Intermediate or higher level facility staff who conduct unannounced rounds
- Staff who supervisor Youthful Offenders
- Education and Program staff that work with Youthful Offenders Facility HR Staff
- Investigator Staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise offenders in Segregation
- Staff on the Sexual Abuse Incident Review Team
- Staff responsible for Retaliation Monitoring
- First Responder both security and non-security
- Intake Staff
- Contractors who have contact with offenders
- Volunteers who have contact with offenders
- All Grievances (appeals) in the past twelve months
- All allegations of sexual abuse and sexual harassment in the past twelve months



- All hotline calls made during the past twelve month

## **ON-SITE AUDIT PHASE**

The auditor and the audit team arrived at the California State Prison – Los Angeles County on March 2, 2020 at 8:30 a.m. The team was greeted by facility staff and escorted to the executive conference room, which would serve as home base for the audit team, for the duration of the site review. An entrance meeting began at 9:00 a.m. Each member of the Administration introduced themselves and welcomed the auditors to the facility.

After opening remarks and introductions, the auditor was given an opportunity to discuss logistics and an overview of the audit process. Timelines and milestones were discussed regarding the completion of the on-site phase, post audit phase, interim report and the final report. The auditor briefly discussed the purpose of corrective action, as not being a “got you” process, but would enhance the current procedures and create a safer environment for not only offenders but staff as well. Each participant was given an opportunity to ask questions, however no questions were asked.

## **Site Review**

The California State Prison-Los Angeles County (LAC) is designed to house three thousand five hundred and seventeen (3517) inmates. On the first day of the site review, the inmate population was three thousand two hundred and four (3204) inmates. The facility has housing units that are single cell occupancy, double cell occupancy and dorms. Due to the massive size of the facility, the site review was broken up into two teams. The audit teams visited all areas of the facility to include, but not limited to, the housing units, intake, food service, education and programming areas, medical and mental health, administrative segregation and the recreation yards. The audit team observations included but are not limited to the facility layout, location of cameras, staff supervision, PREA information available, inmate movements, and interactions between staff and inmates.

As the audit team entered the housing units, staff was observed announcing “Female on the floor or Female entering the unit” The announcement was also made by the control officer over a loud speaker and could be heard from all areas of the unit. However, there were several housing units, that no announcement was heard.

Staff members were visible in all key areas of the facility. Each housing unit, had two officers assigned on the floor with one officer stationed in a control center that had visual of the entire housing unit. As the audit team conducted the site review, the team informally interviewed two (2) inmates and two (2) staff from each housing unit.

The audit team checked for locked doors in areas where inmates were not allowed to enter. The doors were found to be locked with the exception of staff bathrooms. The audit team did note that many of the staff bathrooms were unlocked and in some cases were propped open utilizing various objects. The staff bathrooms have a deadbolt inside, which allow the staff privacy while utilizing the restroom. The issue was addressed with facility staff and the concerns with leaving these doors unlocked and unattended.

Areas observed that presented a sexual safety concern: “blind spots” were addressed with the staff. These issues were corrected immediately, with the addition of mirrors or removing items that were covering windows. The facility has very limited video monitoring capabilities and therefore no cameras were seen within the housing units or during most of the site review.

Within the housing units, PREA information such as the “Shine the light on Sexual Abuse” PREA posters,

Valley Oasis information and Inspector General information for reporting, were mounted with Plexiglas at the officer station. The posters were in both English and Spanish in very small font. Approximately three feet around the officer station was "out of bounds" to the inmates, making it almost impossible for inmates to read the information. A few posters could be seen taped to the wall, close to the inmate phones. In addition, there were placards that contained the phone numbers for the California Inspector General, CDCR Internal Affairs, the PREA Ombudsman, and the Valley Oasis, located by the inmate phones. The facility reported that the information was mounted on the officer station as the inmates, continue to tear down the information taped on the walls. The auditor did discuss the placement of the information in an "out of bound" area, did not give the ability for inmates to utilize the numbers and addresses provided. The facility immediately began the process of relocating the information, closer to the phones and photographs were provided to the auditor prior to leaving the facility, at the conclusion of the site review.

OIG PREA Poster could be seen in the housing units. These posters instruct the inmates on how to report an allegation or if they believe the PREA investigation was not handled properly they could report to the OIG PREA office.

Along with the PREA posters, Valley Oasis posters could be seen. The poster informs the inmates that the call is free and confidential, and anyone who has been a victim of sexual assault during incarceration or outside, could speak with a victim advocate for emotional support. In addition, the poster contained an address for the inmates to have confidential written correspondence with an advocate. These posters were in both English and Spanish.

The audit team utilizing the inmate phones, tested each number provided. In many cases, the audit team was sent to voice mail in which messages were left with the answering party, requesting the phone call be treated as if an inmates was calling and reporting an allegation. Throughout the site review, the auditor received emails from each respective agency, indicating that the call had been received in a timely manner.

The auditor observed the PREA Audit Notice, in all housing units of the facility and in areas to include but not limited to administration, program areas, visitation and medical and mental health areas.

In each housing unit, the auditor observed the inmate mailbox, appeals (grievance) box and the sick call box. The appeal forms, were readily available to all inmates. Commonly known grievances are called appeals in CDCR. All appeals are placed into a locked box and are retrieved by the Office of Appeals support staff or clerical staff designated by the Warden. During the site review, the auditor placed three (3) appeals in the appeals box to test the system. Each appeal was numbered one through three. Within a day, the auditor had received an email stating that appeals numbered two and three had been received by the appeal office. The first appeal which was placed into the box located in B-Unit, has not been reported that it has been received.

All showers and toileting areas were viewed by the audit team. The showers located within the housing units provided minimal coverage that did not allow the inmates to shower without opposite gender viewing. Inmates showering could not only be seen from the floor of the unit, but could also be viewed from the control center. The auditor discussed the view of the showers with a female officer assigned to the control center, she stated that "she just tries not to look in that direction". In addition, there were many inmate bathrooms that did not provide adequate coverage in many areas of the facility, to include the housing units, the recreation yards, the administrative segregated outside cages and many others. In review of the facility's audit report in 2017, many of these same areas of concern were identified and were included in the facility corrective action plan. The corrective action was satisfied with the placement

of moveable privacy barriers around the toilet areas and showers. However the privacy barriers were not in use in many areas, when the audit team conducted the site review. Staff reported that the areas of concerns were also addressed in the facility mock audits. The auditor did discuss with the facility, that due to the issue being addressed several times previously, the corrective action must be more in the lines of permanent barriers to allow the inmates to shower and perform bodily functions without the being viewed by the opposite gender.

The auditor observed the intake area and observed the intake process, which included the screening process and the inmate PREA education process. As the inmates were removed from the transport bus, they were escorted into the intake area and placed in holding cells. There were six multi occupant holding cells. All holding cells were being utilized. Each holding cell contained a toilet which did not provide privacy. There was a privacy screen within one cell and the intake officer added another screen into a second cell. However there were four other cells that did not have privacy screens. Female staff are assigned to work in this area. The auditor observed an inmate in one of the cells begin to use the bathroom and an officer pulled in the last privacy barrier, however the inmate had already completed his business in view of the female staff and the female auditor.

During the intake process, the PREA video was played on two televisions, which could be seen by all inmates in each cell. The auditor did make note that many of the inmates were not watching the video, although it was being provided. The intake staff had folders prepared for each inmate. The folders contained several documents which are not relevant to the audit, however the folder also contained the PREA Handbook, PREA Brochures and CDCR form 128B, which is the form that documents the inmate PREA education. Each inmate was given a copy of the handbook, the brochures and signed the form, which stated that the inmate received the Handbook, viewed the PREA, Condoms and Orientation videos. The inmates were taken into an office, one at a time. The PREA assessment was completed by a Lieutenant. Prior to conducting the assessment, the Lieutenant reviewed the inmate's electronic file on the Strategic Offender Management System (SOMS) and the Electronic Records Management System (ERMS). The Lieutenant completed a paper version of the assessment, with information from the computer systems. Once the inmate was brought into the office all questions were asked and the inmate's answers were noted on the paper form. After the inmate left the office, the Lieutenant entered all information obtained into the electronic version of the assessment. Each step of the intake process, came as second nature to the intake staff, indicating that all steps are ingrained in the intake process.

## **INTERVIEWS**

On the first day of the site review the facility provided the auditor the following lists, for use in selecting random offenders and random staff for formal interviews.

- Complete Offender Roster
- Youthful Offenders
- Offenders with disabilities
- Offenders who are Limited English Proficient (LEP)
- Lesbian, gay, bisexual, transgender, intersex (LGBTI) offenders
- Offenders in segregated housing
- Offenders who reported sexual abuse
- Offender who reported sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff

- Contractors who have contact with offenders
- Volunteers who have contact with offenders

### **Inmate Interviews**

Based upon the inmate population of three thousand two hundred and four (3204), the PREA Auditor Handbook requires at minimum of fifty (50) inmate interviews be conducted. This includes a minimum of twenty-five (25) random inmate interviews and twenty-five (25) targeted inmate interviews.

Random inmates were selected by the auditor, from the list provided by the facility. The list was sorted by housing units. The auditor chose the first, fifteenth and the thirtieth name on the housing unit list. If the inmate refused the interview the next name in order was chosen. Prior to conducting the interview, each inmate was asked if they had been pressured by anyone to participate in the interview. All inmates interviewed indicated that they were not pressured and consented to the interview. There were five (5) inmates that did want to participate and an alternative inmate was chosen. Specialty inmates were randomly selected by the auditor, from the list provided by the facility. During specialty interviews, the audit team utilized both the random inmate protocols and the specialty protocols. However the random inmate protocols were not counted in the overall random interviews conducted but will be included in discussions regarding the interviews.

The audit team was provided an office within the program area to conduct the interviews in private. The inmates were asked specific questions, derived from the PREA Resource Center's Interview Guide. The questions are designed to determine the inmate's knowledge of the PREA protections and specifically their knowledge of reporting sexual abuse and sexual harassment protocols. The interviews are broken down as follows:

<b>CATEGORY OF INMATES</b>	<b>NUMBER OF INTERVIEWS CONDUCTED</b>
<b>Random Inmates</b>	70
<b>Targeted Inmates</b>	26
<b>Total Inmates Interviewed</b>	96
<i>Youthful Inmates</i>	N/A
<i>Inmates with Physical Disability</i>	4
<i>Inmates who are Blind, Deaf or Hard of Hearing</i>	3
<i>Inmates who are LEP</i>	1
<i>Inmates who are Lesbian, Gay, or Bisexual</i>	5
<i>Inmates who identify as Transgender/Intersex</i>	1
<i>Inmates who disclosed victimization during screening</i>	3
<i>Inmates who reported abuse</i>	4
<i>Inmate Correspondence</i>	5

### **Staff Interviews**

LAC reported the facility is authorized one thousand five hundred and sixty-four (1564) positions, which includes, eight hundred and sixteen (816) custody staff, four hundred and thirty-two (432) medical/mental health staff and three hundred and sixteen (316) administrative staff. The facility operates on three shifts:

- 1st watch: 10:00 p.m. to 6:00 a.m.
- 2nd watch: 6:00 a.m. to 2:00 p.m.
- 3rd watch: 2:00 p.m. to 10:00 p.m.

While on site, the audit team interviewed eighty-five (85) staff members, which includes forty-three (43) random staff and forty-two (42) targeted staff. The staff members were randomly selected from all shifts to include male and female, administrative staff, correctional officers and medical and mental health staff. Prior to conducting the interview, each staff member was asked if they had been pressured into participating in the interview process, all stated that they had not.

All staff interviews were conducted in private offices to allow for confidentiality. The staff members were asked specific questions, derived from the PREA Resource Center Interview Guide. The questions are designed to determine their knowledge of the agency's zero tolerance policy and reporting mechanisms that are available to inmates and their level of understanding of the PREA standards.

<b>CATEGORY OF STAFF</b>	<b>NUMBER OF INTERVIEWS CONDUCTED</b>
<b>Random Staff</b>	43
<b>Specialized Staff</b>	42
<b>Total Staff Interviewed</b>	85
<i>Agency Head</i>	1
<i>Warden</i>	1
<i>Agency PREA Coordinator</i>	1
<i>Facility PREA Compliance Manager</i>	1
<i>Agency Contract Monitor</i>	1
<i>Intermediate or Higher Level Staff</i>	2
<i>Medical Staff</i>	5
<i>Mental Health Staff</i>	3
<i>Human Resource Staff</i>	2 (LAC & CCHCS)
<i>SANE Staff</i>	
<i>Volunteer Coordinator</i>	1
<i>Volunteers</i>	2
<i>Contractors</i>	2
<i>Investigative Staff</i>	2
<i>Supervisor who supervises inmates in segregation</i>	1
<i>Staff who perform screening for risk of victimization</i>	3
<i>Staff charged with Retaliation Monitoring</i>	1
<i>Staff on the Sexual Abuse Incident Review Team</i>	2
<i>First Responders</i>	4
<i>Intake Staff</i>	2
<i>Office of Internal Affairs</i>	1

## **FILE REVIEWS**

Inmate file reviews were conducted utilizing the PREA Audit - Adult Prison and Jail Documentation Review-Inmate Files/Records. The review of the files was completed by the auditor prior to the site review. The auditor reviewed fifty-two (52) files.

Employee file reviews were conducted utilizing the PREA Audit - Adult Prison and Jail Documentation Review-Employee Files/Records. The review of the files was completed by the auditor prior to the site review. The auditor reviewed fifty-eight (58) files.

Investigative file reviews were conducted utilizing the PREA Audit - Adult Prison and Jail Documentation Review-Investigations. The review of the investigations was completed by the auditor prior to the site review. The facility reported there were twenty-two (22) allegations and eleven (11) investigations conducted during the reporting period. There were eleven allegations reported at the facility that occurred at other facilities within CDCR. The Warden completed Warden to Warden notifications, however the facility does document each allegation and follows the investigation, until completed. The remaining eleven (11) allegations were investigated by the facility. The auditor reviewed all eleven (11) investigative files.

<b>CATEGORY</b>	<b>NUMBER OF FILES REVIEWED</b>
<b>Inmate Files</b>	52
<b>Employee Files</b>	58
<i>Custody Staff</i>	17
<i>Medical/Mental Health Staff</i>	24
<i>Administrative Staff</i>	17
<b>Investigative Files</b>	11
<b>Staff Sexual Misconduct</b>	
<i>Unfounded</i>	4
<i>Unsubstantiated</i>	4
<b>Staff Sexual Harassment</b>	0
<b>Inmate on Inmate Sexual Abuse</b>	3
<i>Unsubstantiated</i>	2
<i>Pending</i>	1
<b>Inmate on Inmate Sexual Harassment</b>	0

### **EXIT CONFERENCE**

An exit conference was conducted on March 6, 2020, at 9:00 a.m., with facility leadership and the audit team. The audit team thanked the facility for their professionalism, hard work and commitment to PREA. Facility staff were very open and receptive to honest discussions regarding areas of compliance that could be strengthened. The auditor expressed that there would be corrective action, as to some of the standards, however did not go into detail, as a determination could not be finalized without completing the analysis of all documentation, observations, and interviews. It was reiterated that corrective action would benefit everyone and increase the sexual safety and security of all staff and inmates. The exit conference was brought to a conclusion around 9:45 a.m.

### **POST ON-SITE AUDIT PHASE**

After the site review, LAC and the auditor, continued to communicate with each other. On April 20, 2020, the auditor issued the facility the Interim Audit Report, which reflected that there were seven standards that were in non-compliance. On May 18, 2020, the auditor and CDCR PREA staff conducted a teleconference to discuss a plan moving forward. During the 180-day corrective action period, additional documentation was submitted and reviewed by the auditor. The facility staff and the CDCR PREA staff, continued to demonstrate their commitment to improving their processes and successfully achieving compliance with all standards. Due to the Covid 19 pandemic, there was some difficulty with documentation regarding the use of the revised assessment tool, as there was very little inmate



movement within CDCR. This was the only barrier in completing the audit.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The California State Prison-Los Angeles County (LAC) located in Lancaster, California opened in 1993. It is a multi-mission Institution. Fundamentally, the institution houses minimum and maximum security male inmates. The institution serves as a medical hub for Enhanced Outpatient (EOP) and EOP Administrative Segregation levels of healthcare and also operates a Prison Industry Authority (PIA) Laundry, and soap manufacturing facilities.

The facility has the capacity to house three thousand five hundred and seventeen (3517) inmates. The average daily population is three thousand two hundred (3200) adult males, which range between the ages of eighteen (18) to eighty (80). Inmates are placed in different housing areas depending on the inmate's custody level, which is determined by the length of their sentence and past criminal sentence.

Currently there are one thousand five hundred and sixty-four (1564) staff, which includes eight hundred and sixteen (816) custody staff, four hundred and thirty-two (432) medical/mental health staff and three hundred and sixteen (316) non-custody staff, one hundred (100) contractors and three hundred and seventy-five (375) volunteers, at the facility.

The facility has twenty-four 24 housing units, with multiple occupancy cells, single cells, dorms and a stand-alone administrative segregation unit. Each facility is described below:

Facility A- is Level III, general population, there are five housing units consisting of one hundred two man cells and eighteen single cells. The current population is eight hundred and eighty-five (885).

Facility B- is Level IV, general population, there are five housing units consisting of one hundred two man cells and forty-six single cells. The current population is eight hundred and ninety (890).

Facility C- is Level IV sensitive need general population, there are five housing units consisting of one hundred two man cells and fifty-seven single cells. The current population is six hundred and twenty-four (624).

Facility D- is Level IV enhanced out-patient general population, there are four housing units consisting of one hundred two man cells and ninety-six single cells. The current population is five hundred and two (502).

Minimum Support Facility – is Level I and II non-designated inmates. The facility has two (2) dormitories each containing fifty two man bunks in an open setting. The current population is one hundred and seven (107).

Short Term Restricted Housing- is Level 1-IV, administrative segregation. There are one hundred (100) two man cells. The current population is one hundred and two (102).

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45

### List of Standards Met:

§115.11; §115.12; §115.14; §115.15; §115.16; §115.17; §115.18; §115.21; §115.22; §115.31; §115.32; §115.33; §115.34; §115.35; §115.41; §115.42; §115.43; §115.51; §115.52; §115.53; §115.54; §115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68; §115.71; §115.72; §115.73; §115.76; §115.77; §115.78; §115.81; §115.82; §115.83; §115.86; §115.87; §115.88; §115.89; §115.401; §115.402, §115.403

**Number of Standards Not Met:** 0

### List of Standards Not Met:

### Corrective Action Recommended:

#### 115.15

1. The facility shall implement the practice of opposite gender announcements and shall document the announcement.
2. The facility and the auditor work together to explore all options regarding toilet areas and shower areas to allow inmates to perform bodily functions without being viewed by opposite gender.

### Corrective Action Completed:

A memo was issued indicating an addendum to Post Orders, to include the opposite gender announcements. Each housing unit control officer is required to log the announcement in the log book, after the announcement has been made, if female staff are present at the beginning of shift, or anytime there is a change to status quo. The facility also instituted the use of "opposite gender in the unit" signs, when female staff are present. The Post Orders will be updated In January 2021, the next schedule for updates.

Permanent barriers have been installed on the outside toilets, privacy screens were added in the units and vinyl covers were placed on shower doors, ensuring that inmates are able to shower and perform bodily functions without opposite gender viewing.

### **115.17**

1. The facility shall develop a process to ensure that all potential employees and contractors are completing the supplement application form.
2. The facility shall develop a process to ensure that all documentation of the employee participation in Live Scan is maintained.
3. The facility shall develop a process and procedure to ensure that all employees are aware of the continuing duty to disclose.

#### **Corrective Action Completed:**

Human Resource staff were reminded that all applicants must complete the Supplemental Application and the form must be kept in the staff personnel file, as documentation of compliance. The auditor reviewed thirty (30) supplemental applications of newly hired staff, that had been completed prior to employment.

A directive was issued to all staff to notify them of the continuing affirmative duty to disclose any such misconduct required by standard 115.17. All staff were trained on the memorandum. Verification was received in the form of the positive report for all staff that completed the "PREA Duty to Report" training.

### **115.31**

1. The facility shall develop a procedure to ensure that all staff are documenting by signature, their understanding of training received.

#### **Corrective Action Completed:**

Prior to the issuance of the facility Interim Report, the facility began the process of distributing the PREA Knowledge Review test, to all employees. The test was distributed through email and the facility managers. Each employee was instructed to complete and submit the knowledge review to their supervisor. The supervisors were instructed to submit the bulk of the knowledge review to the IST Department. The knowledge review contains seventeen (17) PREA review questions, to test the employees level of understand. In addition the knowledge review contains the employee signature and the signature of the supervisor that reviewed the test. The IST Department created a spreadsheet of all staff employed by LAC. Once the review was received and graded, it was documented on the spreadsheet, in order to ensure completion by all employees. On April 17, 2020, the auditor reviewed the spreadsheet and fifty (50) knowledge reviews. Each review was completed documenting the employee's level of understanding and contained the employee signature.

### **115.35**

1. The facility shall ensure that all medical and mental health staff have completed the specialized training and provide documentation to the auditor.
2. The facility shall ensure that all contract medical/mental health staff working inside the facility have completed the specialized training.

### **Corrective Action Completed:**

Prior to the issuance of the facility Interim report, the facility provided the auditor with documentation that that all two hundred and seventy-two (272) medical and mental health staff, had received the specialized training. The additional one hundred and sixty (160) medical and mental health did not require the specialized training. These positions include administrative and clerk positions.

#### **115.41**

1. The agency shall update the screening assessment form to include the question "have you ever experienced sexual victimization within a correctional setting" without a time limit.
2. A process shall be put into place, to ensure that all inmates that are transferred to the facility to serve administrative segregation time, shall reassess the inmate's risk of victimization or abusiveness based upon any additional, relevent information received by the facility since the intake screening within thirty days.

### **Corrective Action Completed**

Prior to the issuance of the facility Interim report, the facility established a process to ensure that all incoming inmates, arriving at the facility for completion of segregation time, would be reassessed with thirty (30) days. Between March 6, 2020 and April 6, 2020, the facility received thirty (30) inmates to serve segregation time. The auditor randomly chose twelve (12) inmates from the list. On April 16, 2020, the facility provided the auditor with documentation of the initial assessment and the reassessment for each inmate. All twelve inmates did have the reassessment completed. The auditor did not require the facility to provide additional documentation, as the agency is under a no movement directive, due to the recent pandemic.

The agency updated the screening assessment tool to include the question "have you ever experienced sexual victimization within a correctional setting." The revised assessment tool went into operation on August 17, 2020, in all CDCR facilities. The auditor had some difficulty in verify the use of the revised assessment tool, as CDCR was under a no inmate movement order, due to Covid 19. However the facility did have incoming inmates during the month of September. Which allowed the auditor to review all assessments. There were a total of thirty-five (35) inmates received at the facility.

#### **115.81**

1. The facility shall create and implement a procedure to ensure that all inmates that have committed a prior act of sexual violence be offered mental health.
2. Ensure that all offers of mental health are documented.

### **Corrective Action Completed**

The agency revised the screening assessment tool. The revisions will automatically pop up the CDCR Form 128 MH5, to notify the staff member that the inmate shall be offered mental health services, if the inmate has committed a prior act of sexual violence. The revised assessment tool went into operation on August 17, 2020, in all CDCR facilities. The facility recieved thirty-five (35) inmates during the month of September 2020. During the review of the assessments, there were three (3) inmates that had committed prior acts of sexual violence. All three (3) inmates were offered mental health. Each inmate declined and the declination was documented.

**115.83**

1. The screening form shall be updated to include asking the victim if they have ever experienced sexual victimization within a correctional setting.

**Corrective Action Completed**

The agency revised the screening assessment tool to include the question "have you ever experienced sexual victimizations within a correctional setting." The revisions will automatically pop up the CDCR Form 128 MH5, to offer inmates mental health services if the inmate has committed a prior act of sexual violence. The revised assessment tool was went into operation on August 17, 2020, in all CDCR facilities. The facility received thirty-five (35) inmates during the month of September 2020. The auditor reviewed all assessments. There was one (1) inmate that had a previous unsubstantiated investigation. The inmate was offered mental health. The inmate declined the services and the declination was documented.

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. LAC Pre-audit Questionnaire</li> <li>2. CDCR Department Operations Manual (DOM), Chapter 5, Article 44, §54040.1</li> <li>3. CDCR DOM Chapter 5, Article 44, §54040.2 Purpose</li> <li>4. CDCR DOM Chapter 5, Article 44, §54040.3 Definitions</li> <li>5. CDCR DOM Chapter 5, Article 44, §54040.15 Disciplinary Process</li> <li>6. California Code of Regulations (CCR), Title 15, §3401.5 Staff Sexual Misconduct</li> <li>7. CDCR Organizational Chart</li> <li>8. CDCR PREA Coordinator Duty Statement</li> <li>9. CDCR Statewide PREA Compliance Manager list</li> <li>10. CDCR PREA Compliance Manager Statement Clause</li> <li>11. LAC PREA Compliance Manager Duty Statement</li> <li>12. Interviews: CDCR PREA Coordinator and LAC PREA Compliance Manager</li> </ol> <p>(a): The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a written policy mandating zero tolerance for all forms of sexual abuse. The facility further indicated that the policy outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>CDCR Department Operations Manual (DOM), Chapter 5, Article 44, §54040.1 (Policy), states, “<i>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.</i>”</p> <p>CDCR DOM Chapter 5, Article 44, §54040.2 (Purpose) states, “<i>The purpose of this policy is to ensure compliance with Public Law 108-79, the Prison Rape Elimination Act of 2003 (PREA), California Assembly Bill 550 (Chapter 303, Statutes of 2005), the Sexual Abuse in Detention Elimination Act, and 28 Code of Federal Regulations, Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape. It will provide guidelines for the prevention, detection, response, investigation, and tracking of sexual violence, staff sexual misconduct, and sexual harassment against CDCR offenders.</i>”</p> <p>CDCR DOM Chapter 5, Article 44, §54040.3 (Definitions) includes general definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as illustrated in PREA Standard §115.6.</p> <p>California Code of Regulations (CCR), Title 15, §3401.5 (Staff Sexual Misconduct) indicates that a staff member who participates in prohibited behaviors will be subjected to disciplinary action and/or criminal prosecution.</p> <p>CDCR DOM Chapter 5, Article 44, §54040.15 (Disciplinary Process) indicates that any offender, who participates in the prohibited behaviors, will be disciplined and referred for criminal prosecution.</p> <p>The agency policies mandate zero tolerance of all forms of sexual abuse and sexual</p>



harassment. All staff, contractor, volunteers and inmates are required to follow the agency policies. The policy outlines how the agency will implement its approach to prevent, detect and respond to sexual abuse and sexual harassment within all of its facilities. Strategies for prevention, detection and response include but are not limited to training, screening, a duty to report, and enforcement of all policies to include discipline and prosecution for those that commit sexual abuse.

(b): CDCR employs an upper level, agency wide PREA Coordinator. The auditor reviewed the PREA Coordinator Duty Statement, which states that the position is under the direct supervision of the Mission Correctional Administrator and is responsible for providing a safe, humane, secure environment, free from sexual misconduct in California State Prisons. The Duty Statement, indicates that ninety-five (95) percent of the PREA Coordinator's time is devoted to PREA duties, with five (5) percent, being other duties required or directed. The PREA Coordinator oversees thirty-five (35) PREA Compliance Managers within the agency. During an interview the PREA Coordinator confirmed that she has sufficient time and authority to implement and oversee the agency efforts to comply with the PREA standards in the facilities. She stated that she communicates regularly with each PREA Compliance Manager by phone and email. She was very knowledgeable with the agency's zero tolerance policy and in all aspects of the agency's implementation of the PREA standards. She was very responsive to the auditor during all phases of the audit.

The auditor reviewed the agency organizational chart; the PREA Captain position is not included in the organizational structure. However, during discussions with the Director of Adult Prisons, it is clear that this position does have direct access to the agency's most senior leadership and the influence necessary to create and implement agency-wide policies, procedures and practices without interference from other levels of bureaucracy and supervision.

(c): The auditor reviewed a Statewide PREA Compliance Manager (PCM) list, which indicates that there are thirty-five (35) facilities within the CDCR. All facilities have a designated PCM and a backup PCM. It appears that all PREA Compliance Managers are in upper level positions within the facility, such as Associate Warden or Captain. LAC has designated a Captain as the facility PCM. The facility indicated that the PCM reports to the Warden of the facility. The Duty Statement describes the duties of the PCM, which includes receiving notification for all allegations of PREA incidents, provide reports to Headquarters and conducts necessary follow-ups for inmates arriving at LAC within thirty days and act as a member of the PREA Institutional Review Committee. During an interview, the LAC PREA Compliance Manager indicated that she had enough time and authority to coordinate the facility's efforts to comply with the PREA Standards. The PREA Compliance Manager was very energetic and indicated that the position was very important to her. She was very responsive in all phases of the audit. During the site review it was apparent to the auditor that the PCM was known to inmates and staff. She appeared to be committed in ensuring the facility's commitment and compliance to all the PREA standards.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. LAC Pre-audit Questionnaire</li> <li>2. CDCR Contracts:GEO Group, Corrections Corporation of America, City of Taft, City of Delano, City of Shafter</li> <li>3. Shell Bid Agreement</li> <li>4. CDCR Special Terms and Conditions</li> <li>5. CDCR PREA Website</li> <li>6. Interview: Contract Administrator</li> </ol> <p>(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has entered into or renewed contracts for the confinement of inmates. The facility reported as total of nine (9) contracts.</p> <p>The auditor reviewed the CDCR Special Terms and Conditions which is part of the Bid Agreement. This language is to be included on all contracts for the housing of CDCR inmates.</p> <p>LAC does not contract directly with private entities, however CDRC has five (5) contracts for the confinement of offenders with other entities, which covers a total of nine (9) facilities, seven (7) within the state and two (2) out of state. The auditor reviewed each contract. All five (5) contracts state <i>"If you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards."</i></p> <p>CDCR has the Contract Beds Unit, which provides oversight and monitors compliance with all contracted facilities. The contracts allow for CDCR to conduct audits, to ensure compliance with the standards. Each contracted facility has a CDCR contract monitor housed within the facilities. During an interview with the Contract Administrator, it was confirmed that all contracts contain the required language and that all contracted facilities are in compliance. In addition, the auditor reviewed the agency website and verified that all contracted facilities have been found to be in compliance with one or more US Department of Justice (USDOJ) PREA audits.</p> <p>After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. LAC Pre-Audit Questionnaire</li> <li>2. CDCR DOM Chapter 5, Article 44, §54040.4 Security Rounds</li> <li>3. CDCR DOM Chapter 5, Article 44, §54040.3 General Information</li> <li>4. CDCR DOM Chapter 5, Article 44, §54040.17.1 Annual Review of Staffing Plan</li> <li>5. CDCR DOM Chapter 5, Article 44, §54040.18 Institutional Staffing Plan</li> <li>6. Staff Codes for Staff Vacancies</li> <li>7. Sample Annual Data Collection</li> <li>8. LAC PREA Annual Data Collection</li> <li>9. Samples of Security Rounds (logbooks)</li> <li>10. Interviews: CDCR PREA Coordinator and Intermediate or Higher Level Facility Staff</li> </ol> <p>(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. The facility is designed to include three thousand five hundred and sixteen (3516) authorized beds. The average daily number of inmates on which the staffing plan was predicated is three thousand two hundred (3200).</p> <p>CDCR DOM Chapter 5, Article 44, §54040.17.1 (Annual Review of Staffing Plan) states, <i>“Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the intuitional 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 the video monitoring systems and other monitoring technologies; and (3) the resources assigned to ensure adherence to the staffing plan.”</i></p> <p>The agency policy requires that each facility it operates to develop, document and make its best efforts to comply with the staffing plan. The staffing plan is developed in consultation with the PREA Coordinator, the PREA Compliance Manager and the Program Support Unit. The auditor reviewed LAC’s 2019 Staffing Plan and the Staffing Plan Analysis. It is evident that the facility takes into consideration all elements required by this standard. These elements include 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 or sexual abuse; and 11) any other relevant factors.</p> <p>The average daily number of inmates is three thousand two hundred (3200). The facility is authorized one thousand five hundred and sixty-four (1564) positions, which includes eight hundred and sixteen (816) custody positions, three hundred and sixteen (316) non-</p>

custody/support positions and four hundred and thirty-two (432) medical/mental health/dental positions. Security rounds are made throughout each shift by the custody staff assigned to specific areas. The facility has minimal video monitoring capabilities. During the site review, the auditor observed custody staff and support staff in assigned areas within the facility. The Warden and the PREA Compliance Manager confirmed that the staffing plan is sufficient for the facility. All mandatory posts are filled with staff utilizing overtime, if there is a need.

(b) CDCR DOM Chapter 5, Article 44, §54040.18 states *“In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan.”*

During the interview with the facility Warden, he confirmed that there have been deviations to the staffing plan and provided the auditor with several samples of the daily activity report. The content of the report include but not limited to delays in count, population changes, accidents, delays in serving meals, sick leave usage and overtime usage. The most common reasons for deviation at the facility are lockdowns of the facility in which there is no programming or in staffing shortages. All deviation are justified and documented in the daily activity report.

(c) CDCR DOM Chapter 5, Article 44, §54040.17.1 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.”*

The agency PREA Coordinator stated that in consultation with her, the staffing plan is maintained and adjusted as needed by the Program Support Unit. However, there are procedures in place that allows for the Warden to make adjustments such as requesting additional staff if there is justification. This was also confirmed by the facility Warden and the facility PREA Compliance Manager. In addition, the auditor reviewed the facility 2018 Staffing Plan which indicates that there is a review of the staffing plan on a yearly basis.

(d) CDCR DOM Chapter 5, Article 44, §54040.4 Security Rounds states *“A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen.”* In addition the policy states *“Staff is prohibited from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate functions of the facility.”*

Intermediate and higher level staff reported that they are required to conduct unannounced rounds. Unannounced rounds are documented in red pen in the control log books. During the site review the auditor did review several log books in the housing units and confirmed that there are entries in red pen documenting the unannounced rounds. There were notations that included all shifts. During interviews with random staff, it was reported that supervisors do complete unannounced rounds at different times and different days of the week. All custody staff were aware that staff is prohibited from alerting staff and could be disciplined for it.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. LAC Pre-Audit Questionnaire</li> <li>2. CDCR MOU with Division of Juvenile Justice</li> <li>3. Interviews: PREA Compliance Manager and Warden</li> </ol> <p>(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility does not house youthful offenders.</p> <p>LAC houses adult males only. CDCR does have an MOU with the Division of Juvenile Justice (DJJ) to house male and female youthful offenders who require inpatient care and mental health treatment that is beyond what DJJ can provide. California Health Care Facility (male) and California Institute for Women (female) are the designated facilities to house these type of youthful offenders.</p> <p>The auditor confirmed through informal interviews with random staff, that there have not been youthful offenders at the facility. In addition, this was confirmed by the facility Warden and the PREA Compliance Manager.</p> <p>After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. LAC Pre-Audit Questionnaire</li> <li>2. PREA Training (Bet) Code</li> <li>3. CDCR DOM Chapter 5, Article 44, §52050.16.5 Cross Gender Unclothed Body Searches of Inmate</li> <li>4. CDCR DOM Chapter 5, Article 44, §54040.5 Searches</li> <li>5. CDCR DOM Chapter 5, Article 44, §52050.16.4 Clothed Body Search of Female Inmates</li> <li>6. CDCR DOM Chapter 5, Article 44, §54040.4 Cross Gender Viewing-Preventative Measures</li> <li>7. CDCR DOM Chapter 5, Article 44, §52050.16.7 Unclothed and Clothed Body Searches of Transgender and Intersex Inmates</li> <li>8. Memo-ADANI Compass Low Dose Scanner</li> <li>9. Transgender Inmates Training BET code 11058564 (Instructor Text) Transgender Inmates Training BET code 11058564 (Participant Workbook)</li> <li>10. Transgender Inmates Training BET code 11058564 (Power-point)</li> <li>11. Office of Training and Professional Development (OPTD) Search Training Lesson Plan</li> <li>12. PREA Lesson Plan BET Code 11054378</li> <li>13. PREA Bet Code 1105509-Transgender search/property-Positive Report</li> <li>14. Interviews: Non-Medical Staff, Random Staff, Random Inmates, Transgender/Intersex Inmates</li> </ol> <p>(a) The facility indicated in their responses to the Pre-Audit Questionnaire that they do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates and reported in the past twelve months there have been zero (0) performed at the facility.</p> <p>CDCR DOM Chapter 5, Article 44, §52050.16.5 (Unclothed Body Search of Inmates), states <i>“Unclothed body searches: Correctional personnel other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency.”</i> In addition, DOM Chapter 5, Article 44, §54040.5 (Searches), states <i>“Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5...”</i></p> <p>If there is an unclothed body search of an inmate by the opposite biological sex, it will be documented utilizing a Notice of Unusual Occurrence. This document is reviewed by supervisory staff and is forwarded to the facility PREA Compliance Manager, who shall retain the document for audit purposes. The PREA Compliance Manager confirmed that there have been no unclothed or cross gender visual body cavity searches conducted, during the reporting period.</p> <p>The facility utilizes an Adani Compass Low Dose Scanner. The auditor reviewed a memorandum that was issued on February 8, 2019, which states <i>“operators viewing the image produced by the low dose scanner system shall be the same gender as the inmates being scanned. If cross-gender staff use the Adani Compass Low Dose Scanner during exigent circumstance, the search must be documented in a Notice of Unusual Occurrence</i></p>

(NOU).” The facility reported that there have been no exigent circumstances of cross-gender staff utilizing the scanner. During random staff interviews, they were knowledgeable regarding the use of the scanners and confirmed that they must be used by same gender staff. In addition, staff reported that they were aware of the policy regarding cross gender searches or cross gender visual body cavity searches. The facility did not have strip search logs for the auditor review, nor did the facility have documented Notices of Unusual Occurrences reported during the reporting period.

(b) CDCR DOM Chapter 5, Article 44, §52050.16.4 (Clothed Body Search of Female Inmates) states “*Clothed Body Searches of female inmates shall be conducted by female correctional staff only, except in emergency situations...*” LAC houses male offenders only, **therefore this provision would not apply and no interviews were conducted.**

(c) CDCR DOM Chapter 5, Article 44, §54040.5 (Searches) states “*Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU) Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for adult purposes...*” LAC does not house female offenders, **therefore this provision would not apply and no interviews were conducted.**

(d) CDCR DOM Chapter 5, Article 44, §54040.4 (Preventative Measures) states “*Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when 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.*” In addition it states “*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 with the housing unit changes.*”

During the site review, the auditor observed the announcement of “female on the floor or female entering the unit”. The announcement was made with a PA system. However, there were several housing units that did not appear to make an announcement, when the team entered. At least two (2) inmates from each housing unit were informally asked if female staff announce their presence when entering the unit. The answers varied, which included "yes, only since you have been here", "only within the last week" or "no they do not". A few inmates also reported that they have been stripped search in front of female staff, however this could not be confirmed. During formal interviews with random inmates, the audit team received the same responses, with a majority indicating that female staff do not announce themselves. Observations and interviews indicate that the announcement is not consistently being made. This issue was identified during the 2018 data collection assessment and in the facility's last DOJ PREA Audit. The corrective action was that the announcement would be made, and logged into the control log book. During the site review the auditor reviewed log books in several housing unit, to confirm that unannounced rounds and opposite gender announcements were being made and noted in the log book. The auditor did observe samples of the unannounced rounds, however did not observe entries of the opposite gender announcement in the log books.

As the audit team conducted the site review, there were many showers in the housing units

that did not provide adequate coverage. The areas of concern are not limited to one specific housing unit, but were noted in a majority of the housing units. The design of the showers, allowed for viewing when looking up from the bottom tier to the top tier and vice versa. The auditor entered the control center in several of the housing units. The Control Center is up and even with the second floor tier. The view from the control center, allowed for viewing of inmates while utilizing the shower. A few of the control centers, were being manned by female officers. When the auditor inquired about the view of the shower area, one female officer responded "I just try not look in that direction."

In addition, there were many inmate bathrooms throughout the facility, which did not provide the inmate the opportunity to perform bodily functions without opposite gender viewing. For example, restrooms on the recreation yards are in full view of everyone on the yard, female staff or female visitors passing by, toilets within the intake cells, were in full view of female staff in the area, outside recreation pens located in the administrative segregation area toilets were in full view (the facility attempted to place black netting around the pen, to reduce viewing, however the netting could be seen through, and did not provide adequate coverage), many toilet areas throughout the housing units did not provide coverage, the facility did provide some privacy barriers in attempt remedy the issue, but were not sufficient to provide the coverage needed. In review of the facility's last DOJ PREA Audit report, many of the issues with the toilet and shower areas were identified and compliance was satisfied with the use of the privacy barriers, although there were some privacy barriers in place, there were not enough to allow the inmates to perform bodily functions without opposite gender viewing.

(e)(f) CDCR DOM Chapter 5, Article 44, §52050.16.7 (Unclothed and Clothed Body Searches of Transgender or Intersex Inmates) states "*In the event that there is an individual going through Receiving and Release (R &R) who self-identifies as a transgender or self-identified with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's record (i.e., paperwork indicates male, inmate will be searched by a male staff member). If staff unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation for his/her safety, until the standard intake medical evaluation is completed.*"

The auditor reviewed the Instructor guide, participant workbook and the power-point for "Transgender Inmates." This training is provided to all correctional staff during the yearly in-service training. The training goes over issues and concerns regarding transgender inmates, terminology, professional conduct and communication, clothed and unclothed body searches, state issued clothing and authorized personal property.

The auditor reviewed the "Searches and Inmate Property" training. The training covers clothed and unclothed body searches, pat down searches, to include the proper way to conduct a pat-down search on a transgender inmate. The training indicates that for females who identify as male, the inmate will be searched utilizing the usual and customary process for searching female inmates. Male inmates who identify as female, staff will utilize the alternate search method. The technique to be used requires the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as you would a female inmate.



The facility provided positive Bet Reports, which are course enrollments sheets indicating dates and times that a staff member completed training. Interviews with random staff, indicated that all custody staff were knowledgeable regarding pat searches and strip searches of the transgender inmates. Many staff members indicated that there were no transgender inmates at the facility.

During random inmate interviews, one inmate reported that she was a transgender female. She was asked if she had reported her status to the facility and she stated that she had that very morning. The inmate was interviewed utilizing the transgender inmate protocol. She reported she has been a transgender person her entire life and felt that she was inappropriately housed at this time. She did indicate that she had spoken with the mental health staff that morning and stated that they would follow up with her. She stated that she did not feel she had ever been improperly searched, while at the facility.

**Corrective Action:**

1. The facility shall implement the practice of opposite gender announcements and shall document the announcement.
2. The facility and the auditor shall work together and explore all options regarding toilet and shower areas, to allow inmates to perform bodily functions without being viewed by the opposite gender.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision and agreed upon a plan with assigned dates for completion.

On June 15, 2020, a memorandum was sent to all staff, regarding an addendum to post orders. The memorandum instructs staff that an announcement shall be made at the beginning of each shift, if opposite gender is working in the unit. The Control Officer shall log the announcement in the log book and shall log it in the book if the status quo changes within the unit.

On July 11, 2020, the auditor returned to the facility. During a tour through the housing units, the auditor did observe the facility staff, announcing females entering the units. The auditor did verify entries had been made in the log books. In addition, the facility had implemented signage for the staff to utilize while female staff are in the unit. On September 4, 2020, the facility sent the auditor additional samples of log books, which contained gender announcement entries.

During the second visit to the facility, the auditor confirmed the progress made in ensuring that inmates were able to shower and perform bodily functions without being viewed by the opposite gender. Permanent barriers had been installed on the outside toilets, that allowed the facility to remain ADA compliant and allow the inmates privacy while performing bodily functions.

Within the housing units, vinyl covers had been placed on the individual showers doors and in the dormitory units, privacy screens had been added, allowing the inmates privacy, while performing bodily function and maintaining the safety and security of the facility. It should be noted that the auditor did not enter any housing units that inmates resided who were under quarantine for Covid 19.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation. The facility is now in compliance with this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Effective Communication for Non-Fluent Offenders
3. CDCR DOM Chapter 5, Article 44, §54040.12 Prohibits Inmate Interpreters
4. CDCR DOM Chapter 5, Article 44, §54040.12 Limited use as Interpreters-Investigations
5. CCR Title 15, §3000
6. Memo-LEP Contract with Interpreters
7. Limited English Proficient Contract with Interpreters
8. CDCR I-Speak Poster
9. LAC Contract Natural Languages LLC
10. Justification Memo
11. LAC PREA ADA Policy
12. LAC Video Remote Interpreting
13. CDCR and Voiance Language Services Agreement
14. LAC Limited English Proficiency Directives
15. Interviews: Agency Head, Inmates with Disabilities and Random Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, "*Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels and those with disabilities.*"

CCR Title 15 Section 3000, defines effective communications means providing the inmate, to the extent possible, the means to understand and participate in the disciplinary process to the best of their ability. The auditor reviewed a justification memo dated October 6, 2017, the memo state's "*In order to ensure that inmate 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 modifications or accommodations to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provision are made to ensure effective communications 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. When 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 form 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.*"

During an informal discussion with the PREA Compliance Manager, she indicated that the TABE score is located on the main screen of the inmate file in SOMS. Staff are required to view the score to determine if there is assistance needed.

The agency has two (2) contracts (Davin's Interpreting Service and Natural Languages, LLC) for a sign language interpreters on as needed basis and contracts with Voiance Language Services, for foreign language telephone interpreter services. In June 2009, a memo was sent to all Directors and Wardens, to serve as a reminder to all CDCR staff of procedures to ensure effective communication with Limited English Proficient (LEP) inmates. The memo provides instructions on how to access the service as well as a directive to appoint an LEP Coordinator in each facility. The Coordinator is responsible for ensuring the "I-Speak" cards are available in all housing units, ensuring the 1-800 toll free number is current and operational. The LEP Coordinator also ensures that a list of competent bilingual staff interpreters is updated and available. All staff are required to attend one hour of training during the in-service training regarding this issue.

The agency has a contract for American Sign Language Video Remote Interpreting Services. The contract provides services to assist CDCR with inmates who are hearing impaired or deaf. The contract states that CDCR staff may request services any time, including weekends and holidays, as necessary. TDY phones were visible and available in each housing unit for the hard of hearing inmates.

During an interview with Director of Adult Prisons, she stated that all PREA documentation is provided in both English and Spanish. If other languages are needed the agency does have contracts with outside agencies who will provide in the required language. She stated that the agency policy and procedures require that if the staff is unsure if the inmate understood zero tolerance or how to report, the information would be repeated back to the inmate, until they were sure it was understood.

Interviews with disabled and limited English inmates confirmed that the facility does provide the information in other ways if needed. Disabled inmates reported that they do not need to receive the information in other ways. Inmates who are Limited English stated that they are able to receive the information in a format that they are able to understand. At least one limited English inmate was interviewed utilizing the language line.

(b)(c) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) 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.*"

Interviews with random staff and random/targeted inmates did not indicate that inmate interpreters, inmate readers or any other type of inmate assistance is utilized. In addition, the auditor confirmed during interviews with investigation staff, that inmates are not used for this purpose. In addition, the facility does maintain a list of staff that can assist with interpreter services, if needed.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.17 Hiring and promotion decisions

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 3, Article 6, §31060.3 Appointments
3. Personnel Information Bulletin (PIB)-Revision to the Supplemental Application for all CDCR Employees-CDCR Form 1951
4. Sample CDCR 1951 Form (New Hirer, transfer and promotions)
5. Memo-Background Investigators PREA
6. CDCR DOM Chapter 3, Article 6, §31060.3 Agency Consideration of Sexual Harassment
7. CDCR DOM Chapter 3, Article 6, §31060.16 New Employee Contractor Background Checks
8. CDCR 1951 Supplemental Application for all CDCR Employees
9. CDCR Form 2025 Background Employee Reference
10. CDCR Contract Language Background checks for Contractors
11. Contract-Attachment that requires Background Checks for Contractors
12. Justification Memo
13. CDCR DOM Chapter 3, Article 6, §31060.16 Background Checks Employees
14. Memo-ID Card with Timelines and Renewal
15. CDCR DOM Chapter 3, Article 6, §31070.1 ID Cards
16. California Application std678
17. CDCR 1951-Discipline for Omissions
18. Title 15, §3401.5 and DOM 33030.16 Discipline Matrix for Sexual Misconduct
19. Title 15, §3401.5 Staff Sexual Misconduct Policy
20. CDCR DOM Chapter 3, Article 22, §33030.19 Employee Disciplinary Matrix
21. Interviews: Human Resource Staff, Investigator, PREA Compliance Manager

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does not hire or promote staff or contractors who may have contact with inmates that has engaged in any of the elements required by this standard.

CDCR DOM Chapter 3, Article 6, §31060.3 (Appointments) states *“In accordance with 28 Code of Federal Regulation (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, confinement facility, juvenile facility, or other institutions; 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.”*

CDCR DOM Chapter 3, Article 6, §31060.3 (Appointments) states *“Hiring authorities shall consider substantiated incidents of sexual harassment in all hiring decisions; ask all applicants and employees who may 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 interview or written self-evaluations as part of the reviews of current employees.” In addition to the questions above, the supplemental applications inquires if the applicant has ever had a substantiated finding of sexual harassment of an inmate in prison, jail, lockup, community confinement center or other institution”*

The auditor reviewed the special terms and conditions included in all Bid Agreements with contractors which states, “As a contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee has 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997); 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; 3) Been civilly or administratively found to have engaged in the activity described in this section.”

The auditor reviewed the CDCR 1951 Form Human Resource use of 1951 Notice Memo, dated September 2016 directed to all institutional personnel officers, personnel liaisons and human resource personnel services which states, “The California Department of Corrections and Rehabilitation has made revisions the Supplemental Application for all CDCR Employees, CDCR 1951 form. Effective August 1, 2016 the previous version of the CDCR 1951 dated June 25 is obsolete and should no longer be utilized. This form has been replaced with the CDCR, Supplemental Application for all CDCR Employees, with a revision date of July 2016.” In addition it states, “A completed CDCR 1951 form is required of all applicants seeking employment with the Department. The CDCR 1951 shall be completed at the time of the hiring interview by all internal and external candidates, with the exception of Peace officers applying to the same classification. The form shall be used during an initial appointment, transfer with a change in classification, and/or promotion.”

The auditor reviewed a sample of the CDCR 1951 form. Section D-Compliance with the Federal Prison Rape Elimination Act, requires the prospective employee to answer four questions, have you ever 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse 3) been civilly or administratively found to have engaged in the activity described in question 2, 4) received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, Lock, community confinement facility or other institution?

The auditor interviewed two Human Resource Managers. One completes the hiring process for all prison staff, while the other will completes the hiring process for CCHCS (medical and mental health staff). During interviews both managers indicated that the same process is followed. Each prospective employee is required to complete a Supplemental Application, which contains the questions required by this standard. The supplemental application was put into place in September 2016. The auditor reviewed fifty-eight (58) staff files, thirty-nine (39) of the files indicated that the staff member was hired after the agency instituted the supplemental application, twenty-four (24) of the thirty-nine (39) did not have the supplemental application. The breakdown includes eleven (11) custody staff, nine (9) medical/mental health staff and four (4) non-custody staff. In addition, the auditor reviewed

five (5) contractor files, all files did include the supplemental application.

(c) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires that before it hires any new employees who may have contacts with Inmates, it conducts a criminal background check and makes its best efforts to contact prior institutional employers for information on substantiated allegations or any resignation during a pending investigation. In addition, the facility reported that in the past twelve months, two hundred and eighty (280) persons have been hired and have had criminal background checks.

CDCR DOM Chapter 3, Article 6, §31060.16 (Criminal Records Check) states “*A criminal records check is a requirement for employment with the CDCR and includes: consent to be fingerprinted (live scanned) and request for and review of the CI and ISSCH.*”

The auditor reviewed a memorandum issued to all CDCR Background Investigators in July 2017. The memo notifies the investigators that the CDCR form 2025 had been updated to include two mandatory questions; 1) while this individual was employed with your agency/institution, was he/she ever proven through a substantiated investigation, to have engaged in sexual abuse, 2) did this individual resign from his/her employment with your agency/institution prior to completion of an investigation into sexual abuse. In addition, the auditor reviewed the CDCR 2025 form. Both questions had been added to the form.

Interviews with Human Resource Staff indicated that all prospective employees must consent to being fingerprinted. Those fingerprints are entered into the Live Scan system. Human Resource staff will be alerted on relevant background information on all staff, contractors and volunteers. The Live Scan System notifies CDCR if there are any subsequent arrests on an ongoing basis. During the review of employee files, all fifty-eight (58) files contained documentation that the employee fingerprints had been entered into the Live Scan system.

(d) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency the agency requires that before it enlists the services of a contractor who may have contacts with Inmates, it conducts a criminal background check. In addition, the facility reported that in the past twelve months, one hundred (100) contracts for services have had criminal background checks.

The auditor reviewed the special terms and conditions included in all Bid Agreements with contractors which states, “*The contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and provide a written certification.*”

An interview with Human Resource staff indicated that background checks are completed on all contractors who enter the facility. The auditor reviewed five (5) contractor files. Each file contained the required documentation.

(e) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency policy requires that either criminal background checks be conducted every five (5) years or that a system is in place for capturing such information.

The auditor reviewed a justification memo issued October 6, 2017 which states, “*CDCR requires all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire.*”

CDCR DOM Chapter 3, Article 6, §31070.1 (Personal Identification Cards-Policy) states *“In order to maintain security and order within Department facilities and provide proof to other agencies and private citizens of an individual's relationship with the department, departmental identification cards or memorandums shall be issued to employees, contractors, consultants, volunteers, advisory group members and department retirees.”*

CDCR utilizes a Live Scan System, which notifies the department of any arrests an employee or contractor has on an on-going basis. The applicants are required to give consent to be fingerprinted for the live scan during the application process. Live Scan monitors each employee or contractor, until such time that the agency requests that the scan be removed.

Each employee is issued a personal identification card. Those employees with red, blue, white or gold cards will have a five year expiration date. Employees with green border card, is for contractors and the expiration date is based on the completion of the project. Volunteers carry brown border cards, these cards will expire on an annual basis, and the volunteer must complete a background check prior to the card being reissued. Background checks are required prior to the issuance of a new identification card.

(f) The auditor reviewed a sample of the CDCR 1951 form. Section D-Compliance with the Federal Prison Rape Elimination Act, requires the prospective employee to answer four questions, have you ever 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse 3) been civilly or administratively found to have engaged in the activity described in question 2, 4) received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, Lock, community confinement facility or other institution?

CDCR employees do not conduct written self-evaluations as part of the annual reviews of current employees. There is no system in place for continued disclosure. Although policy requires that all employees notify the facility of any arrests or the live scan system will notify the facility if an employee is arrested, a person would not necessarily be arrested if they are civilly or administratively adjudicated to have engaged in the behaviors described. The agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g)The CDCR 1951 Form, requires the signature of the applicant. The applicant must certify *“that there are no misrepresentations, omissions, or falsifications in the forgoing statements and that all statements and answers are true and correct. 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 rejected on probation and/or disciplined, up to and including dismissal from state service.”*

CDCR DOM Chapter 3, Article 22, §33030.19 Employee Disciplinary Matrix E. Integrity (8) states *“Falsification of application or omission of information for employment or promotion when it materially affects acceptance or rejection for employment or promotion.”* The penalty imposed can be up to the 9th penalty level which is dismissal.



(h)The agency PREA Coordinator receives inquiries from other agencies, she will contact the Office of Internal Affairs for verification and responds back to the inquiring agency. The auditor did review samples of these inquiries provided by the Human Resource staff.

**Corrective Action:**

1. The facility shall develop a process to ensure that all potential employees are completing the supplement application form which asks the employee the relevant questions and LAC shall maintain the documentation.
2. The facility shall develop a process and procedure to ensure that all employees are aware of the continuing duty to disclose all elements of this standard.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

Human Resource Staff were reminded that all applicants must complete the Supplemental Application, CDCR Form 1951 and the form shall be maintained in the personnel file. On July 22, 2020, the auditor received a list of staff hired between March 2020 and July 2020. The auditor received and reviewed the supplemental applications form for all thirty (30) newly hired staff and on September 14, 2020, the auditor reviewed twenty-three (23) supplemental applications, for all medical and mental health staff hired between March 2020 and September 2020, which confirmed the supplemental application had been completed prior to employment.

On May 15, 2020, the Director of Adult Prisons, issued a memorandum to all Associate Directors, Wardens and Chief Executive Officers. The memorandum states, "...During a recent PREA Audit, the certified federal PREA auditor determined that the department was not compliant with standard 115.17 (f), which states, in part, "the agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."

*To address this concern and demonstrate compliance by all employees with standard 115.17 (f), the Division of Adult Institutions (DAI) will be submitting a request to the Regulation and Policy Management Branch, to revise California Code of Regulations (CCR), Title 15, Section 3411. In the interim, staff are expected to comply with the following:*

*An employee shall promptly notify, and has a continuing duty to report, to the institution head or appropriate director, the fact that he/she:*

*has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C., 1997)  
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 or attempted 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."*

Employees were trained on the memorandum. The facility sent the auditor the positive training report for all staff that had completed the "PREA Duty to Report" on line training. At the time the positive report had been forwarded to the auditor, a total of one thousand four

hundred and forty-five (1445) staff had completed the training.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation. The facility is now in compliance with this standard.

## 115.18 Upgrades to facilities and technologies

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. Div 27 51 23 CSO CSC Technology Project Manual Specification
3. PREA Considerations for Video Surveillance System
4. Interviews: Agency Head and Warden

(a)(b)The facility indicated in their responses to the Pre-Audit Questionnaire that there has been substantial expansion or modification and has installed video monitoring equipment, since the last PREA audit.

CDCR (Design and Constructive Policy Guidelines Manual Volume 1) state's "*When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.*"

CDCR (Design and Constructive Policy Guidelines Manual Volume 1) state's "*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.*"

The facility reported there have been modifications made since the facility's last PREA audit. The modifications include cell improvements, modifications to showers and restrooms. The facility installed video monitoring in the visitation areas of each facility. During the site review, the auditor visited all areas that were modified or had improvements.

The Director of Adult Prisons reported during an interview, that any time new requests are made for construction or modifications, a request is made for video monitoring equipment, as well. She also stated the agency PREA Coordinator and the facility PREA Compliance Manager are involved in all aspects of expansions or modifications, to ensure the agency's ability to protect inmates from sexual abuse.

The facility Warden confirmed that there have been modifications and video monitoring added into the visitation areas. He reported that the agency's ability to protect inmates from sexual abuse are considered when planning for expansions, modifications or when installing video monitoring equipment.

After careful analysis of documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.21 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations
3. Rape Crisis Center Poster-English
4. Rape Crisis Center Poster-Hmong
5. Rape Crisis Center Poster-Spanish
6. Statewide Rape Crisis Center 24 Hour Sexual Abuse Hotline Numbers
7. Justification Memo
8. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
9. Custody Supervisor Checklist
10. CDCR DOM Chapter 5, Article 44, §54040.8.1 Evidence Protocol
11. Initial Contact Guide
12. PREA Information Cards
13. Custody Supervisor PREA Information Cards
14. Sexual Assault Kit Processing
15. Specialized Training LDI Lesson Plan
16. Transportation Guide
17. Watch Commander Checklist
18. LDI Evidence Training based on A National Protocol for Sexual Assault 2012
19. Specialized Training for Locally Designated Investigators Lesson Plan and PowerPoint
20. CCHCS Chapter 10 1.10 Co-Payment Policy
21. CDCR DOM Chapter 5, Article 44, §54040.8.2 Victim Advocate Support Person and SANE SART Examination
22. Effort to Provide SANE
23. SAFE-SANE Contract
24. Supervisor Checklist
25. Rape Crisis Contract
26. CA Penal Code 830.5
27. Interviews: Random Staff, PREA Compliance Manager, Inmates who reported sexual abuse and Investigators

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility is responsible for conducting both criminal and administrative investigations, to include inmate on inmate sexual abuse and staff sexual misconduct.

California Penal Code 830.5 states “*The following persons are peace officers whose authority extends to any place in the state while engaging in the performance of the duties of their respective employment and for carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617, (b) correctional officer employed by the Department of Corrections and Rehabilitation.....*”

CDCR DOM Chapter 5, Article 44, §54040.8.1 (Evidence Protocol) states “*Care must be taken*

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

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations, including inmate on inmate sexual abuse and staff sexual misconduct. All PREA allegations are investigated through the Investigative Services Unit (ISU). The hiring authority will assign a Locally Designated Investigator (LDI) to conduct the investigation. The Investigators are trained to conduct both criminal and administrative investigations. The auditor reviewed the specialized PREA training for the LDI's. All LDI's receive this training and it appears that the training is based on the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, April 2012 and the Post Guidelines on Adult/Adolescent Sexual Assault Investigations. The protocols are developmentally appropriate for youth.

During interviews with random staff, a majority could articulate the protocol for obtaining usable evidence. In addition, many reported that the Investigative Unit would be responsible for obtaining and securing the evidence, as they have had special training. The staff indicated that investigations are conducted by the Investigative Unit or the Office of Internal Affairs.

(c)The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all inmates who experience sexual abuse access to forensic medical examination. The SANE/SART staff will come to the facility to perform the examinations. In addition, the facility reported that there have been five (5) SANE examinations in the past twelve (12) months.

CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examinations states *"In accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report....These examinations will consist of an explanation of the process, the offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred and a detailed physical examination that will include evidence collections and photographs..."*

California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states *"The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault."*

During an interview with a SANE member, it was confirmed that there is a contract with CDCR to provide services to the facility. She confirmed that there have been several SANE examination conducted in the past twelve (12) months but could not give an accurate count at the time of the interview or over the phone. She stated that all staff who perform the forensic medical examinations have had the proper training to do so. In addition, she stated that inmates are not charged for the SANE Exam. Recently the protocol changed, to allow the SANE Unit staff to go to the facility to conduct the examination. During the site review, the auditor did observe the area in which these exams occur.

Inmates who reported sexual abuse were asked if they had to pay for any treatment related to the incident of sexual abuse, including any co-pays. All indicated that they did not.

(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. In addition, the facility reported that all such attempts are documented.

CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities states “*A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed. When the call is made to request the ambulance, it is critical to inform the dispatcher that the injured offender is the victim of sexual assault/battery. At the time the victim is sent to the outside hospital or on-site location, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3.*”

CDCR DOM Chapter 5, Article 44, §54040.8.2 Victim Advocate and Victim Support Person for Investigatory Process states “*Victims of alleged sexual violence or staff sexual misconduct, have the right to have a victim advocated and a victim support person of the victim's choosing, present at any investigatory interviews, interviews by law enforcement, the district attorney or defense attorneys.*”

CDCR DOM Chapter 5, Article 44, §54040.3 Victim Advocate states “*An individual typically employed by a Rape Crisis Center whose primary purpose is the rendering of advice or assistance to victims of sexual assault and who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by an approved counseling center. The victim advocate will be summoned to assist the alleged victim of an in-custody sexual assault including rape, sodomy, oral copulation, or forcible acts of sexual penetration for the SANE exam or interview process...In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available, an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims....*”

The Watch Commander Notification Checklist requires that prior to the victim being transported to the outside hospital, the Watch Commander shall contact the Rape Crisis Center for Victim Sexual Assault Advocate. The auditor reviewed five (5) investigation files, in which the victim's received a SANE exam. The investigation file included the Watch Commander Notification Checklist confirming that a victim advocate was offered to the victim. In addition the facility will document, if the victim declines the offer.

The PREA Compliance Manager stated that advocacy is provided to the inmates, through a contract with the Antelope Valley Domestic Council. The auditor reviewed the contract, which states that the contractor agrees to “*work with institutional staff so that inmate victims are provided with access to outside Victim Advocates for emotional support services related to sexual abuse.*” In addition, MOU and the services provided to the facility, were confirmed through an interview with the Director of the Valley Oasis.

During the site review, Valley Oasis posters could be seen with each housing unit. The poster informs inmates of their access to toll free confidential calls if they would like to speak with

someone for emotional support. Utilizing the inmate phones, several calls were made by the auditor, to Valley Oasis. The calls were received, indicating the toll free number is operational and available to the inmates.

(f)(g)(h) The agency is responsible for investigating both criminal and administrative allegations of sexual abuse. **Therefore these provision a not applicable.**

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.22 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations for Allegations
3. CDCR DOM Chapter 3, Article 14, §31140.1 Policy
4. LAC PREA Allegation Log 2018
5. LAC PREA Allegation Log 2019
6. Justification Memo
7. CDCR Annual PREA Report
8. Sample of Institutional Yearly Tracking Report
9. Interview: Agency Head

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that an administrative or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In addition, the facility stated that there have been twenty-two (22) allegations received that resulted all resulted in an investigation.

CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations for Allegations) states “*All investigations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing....*”

The auditor reviewed the justification memo dated October 6, 2017. The memo states “*Inmate on Inmate Sexual Violence and Harassment- all investigations of sexual abuse or sexual harassment are conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential memorandum and an SSV-IA form. If the allegations are found to be substantiated, ISU collaborates with the District Attorney to make a determination on prosecution.*”

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

CDCR DOM Chapter 3, Article 14, §31140.1 Policy states, “*Every allegation of employee misconduct within the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed, and investigated when appropriate.*”

The auditor reviewed LAC PREA Allegation Log which confirms there were twenty-two (22) allegations were received, twenty-two (22) administrative investigations and zero (0) criminal investigations. The auditor reviewed eleven (11) investigation files, which included eight (8)



staff sexual misconduct allegations and three (3) inmate on inmate allegations. There were no substantiated investigations that required elevation to the Office of Internal Affairs for possible criminal charges. The remaining eleven (11) investigations were allegations that had been made at the facility, regarding incidents that occurred at other CDCR facilities. Warden to Warden notifications were made and the Investigative Unit will continue to track the investigation until it has been completed.

During an interview with the Director of Adult Prisons, she stated that all allegations will be investigated. An allegation will be forwarded to the Hiring Authority, if the allegation appears to have likely occurred and is criminal it will be referred to Internal Affairs and ultimately referred to the District Attorney for prosecution. In addition, she confirmed that each PREA Compliance Manager, through the ISU documents all allegations within the facility.

CDCR DOM Chapter 5, Article 44 Prison Rape Elimination Policy is located on the agency PREA webpage. The policy includes those sections that relevant to both criminal and administrative investigations and can be easily accessed by the general public.

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention, Security Rounds
3. CDCR Article 44, §54040.4 DOM Staff Training
4. CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms
5. PREA Bet Code 11054378
6. Inmate Staff Relations Instructor Guide
7. Inmate Staff Relations PowerPoint
8. PREA Training Curriculum Knowledge Review
9. CDCR PREA In-service Training Lesson Plan-11054378
10. CDCR OJT Training PowerPoint-11053499
11. Interviews: Random Staff

(a)(b)(c)The facility indicated in their responses to the Pre-Audit Questionnaire that the agency trains all employees who may have contact with inmates on all elements of this standard. The training is tailored to the gender of the facility.

CDCR DOM Chapter 5, Article 44, §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.”*

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *“The training shall be gender specific based on the offender population at the assigned institution...”* The training curriculum includes training is gender specific and includes information for working with the female, male and transgender populations.

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *“...participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.”*

CDCR DOM Chapter 3, Article 18, §32010.8.3 (Record Keeping Forms) states, *“For each training activity conducted, the following records shall be maintained: CDCR Form 844 shall be used for all IST, CDCR Form 844 or the unit approved training documentation for OJT, a record of score achieved through a written test or performance demonstration of the learned skill. All training shall be recorded in the departmentally approved electronic tracking system.”*

CDCR has three different types of training. PREA BCOA Bet Code 11055014 is training that is provided to custody staff in the agency correctional academy. PREA IST Bet Code 11054378 is training that is included in the facility In-service Training and PREA OJT Bet Code 11053499 is on-the-job training, which is a one hour refresher course.

The auditor reviewed the agency's PREA Training Curriculum and lesson plans. All training curriculums cover the ten (10) elements required by this provision, which includes the agency zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, the inmates rights to be free from sexual abuse and sexual harassment, the right for inmates and staff to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid an inappropriate relationship with inmates, how to communicate effectively and professionally with inmates including LGBTI Inmates and how to comply with relevant laws related to the mandatory reporting of sexual abuse to outside authorities. The training is tailored for all gender of inmates.

All employees are required to attend PREA training on a yearly basis. Refresher training is provided during the in-service training or on-the job training. Employees are required to complete the PREA Training Curriculum Knowledge Review test upon completion of the training. This test requires the employee signature, however does not include a statement that the employee understands the training that was received. In the review of the training files, the auditor did not find samples of the PREA Training Curriculum Knowledge Review test. The Training Director indicated that all staff are expected to attend training, once a year. He has a system in place to capture the staff members that are behind in the training requirement. In addition he stated that he was not aware of the requirement that all employees complete the PREA Training Curriculum Knowledge Review Test.

During interviews with random staff, all confirmed that they are required to attend training once a year during in-service training. In addition, the staff were knowledgeable regarding the elements listed above, indicating that training was received.

The auditor reviewed fifty-eight (58) staff files, which include custody staff, non-custody and medical/mental health staff. Documentation of training received was noted with the exception of four (4) custody staff files, there was no documentation provided. The facility provided the positive report for Bet Code 11054378, which is the in-service PREA Training. The report indicates that eight hundred and five (805) custody staff and seven hundred and one (701) non-custody, which includes medical staff, have received PREA training in 2019. Prior to the site review, the facility had identified all staff that had not received training in 2019. On the first day of the site review, those individuals were attending PREA training that morning, indicating that all staff have receive training.

(d) The facility could not provide the auditor documentation of the employee signature indicating that they understood the training received. Although there is a PREA Training Curriculum knowledge Review, the facility does not require the employee to complete the knowledge review nor is the document maintained in the employee file.

**Corrective Action:**

1. The facility shall develop a procedure to ensure that all staff are documenting by signature of staff, their understanding of training received.

Prior to the issuance of the facility Interim Report, the facility began the process of distributing the PREA Knowledge Review test, to all employees. The test was distributed through email

and the facility managers. Each employee was instructed to complete and submit the knowledge review to their supervisor. The supervisors were instructed to submit the bulk of the knowledge review to the IST Department. The knowledge review contains seventeen (17) PREA review questions, to test the employees level of understanding. In addition, the knowledge review contains the employee signature and the signature of the supervisor that reviewed the test. The IST Department created a spreadsheet of all staff employed by LAC. Once the review was received and graded, it was documented on the spreadsheet, in order to ensure completion by all employees. On April 17, 2020, the auditor reviewed the spreadsheet and fifty (50) sample knowledge reviews tests. Each review was completed documenting the employee's level of understanding and contained the employee signature. The facility will continue to utilize the Knowledge Review Test for all future training and refresher training.

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training)
3. CDCR DOM Chapter 3, Article 18, §32010.8.3 (Records Keeping Training)
4. PREA Lesson Plan Bet Code 11054378
5. Justification Memo
6. Volunteer/Contractor Information Sheet
7. Interviews: Volunteers and Contractor

(a)(b)(c)The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment.

CDCR DOM Chapter 5, Article 44, §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."*

The auditor reviewed the Volunteer and Contractor justification memo provided by the facility. The memo states, *"All volunteer/contract staff are given one (1) hour of mandatory training in regards to Inmate Staff Interaction. The overall direction of the training is to aid staff in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. The training also informs staff how to: maintain professional distance while maintaining effective communication with inmates, determine the fine-line between establishing rapport with inmates, avoid becoming overly familiar and/or other inappropriate behavior, identify the consequences of denying inmates' rights, and identifying and react appropriately to manipulation by an inmate."*

*Volunteers and Contractors are required to complete the same training as staff, specific staff such as nursing staff who work 8 hour shifts with little to no custody staff supervision at times are mandated by the institution to complete more extensive training based on their level of contact with inmates, whereas other contract staff such as self-help group volunteers maintain the 1 hour mandatory training."*

Contractors and Volunteers are given a PREA Policy Information Sheet. This document includes PREA Historical Information and CDCR DOM Chapter 5, Article 44 Policy, Professional Behavior, Preventative Measures and Detection. Each volunteer or contractor is required to sign the document which contains the statement "I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment."

Interviews with volunteers and contractors confirmed that they have received PREA training. In addition, the auditor reviewed five (5) contractor files and ten (10) volunteer files, which confirmed all had received the required training and documented by signature that they understood the training that was received.

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.33 Inmate education

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-audit Questionnaire
2. PREA Information for Orientation Handbook and Memo
3. PREA Information for Orientation Handbook-English
4. PREA Information for Orientation Handbook-Spanish
5. PREA Sexual Awareness Brochure-English
6. PREA Sexual Awareness Brochure-Spanish
7. Sexual Abuse/Assault Prevention and Intervention-English
8. Sexual Abuse/Assault Prevention and Intervention-Spanish
9. CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education)
10. CDCR DOM Chapter 5, Article 44, §54040.4 (Effective Communication)
11. Sample form 128 B PREA Education Chrono
12. California Office of Inspector General (OIG) PREA Poster
13. Live in Fear Poster-English
14. Live in Fear Poster-Spanish
15. Institution Roster with Arrival Date for the past twelve months
16. Interviews: Random Inmates and Intake Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that inmates receive information at the time of intake about the agency zero tolerance policy. In addition the facility reported that three thousand one hundred and ninety (3190) inmates have been admitted into the facility in the past twelve months and received this information.

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) 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.”*

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, *“The PREA Brochure entitled “Sexual Violence Awareness” and the PREA booklet entitled “Sexual Abuse/Assault Prevention and Intervention” will be distributed during initial processing in RC institutions. Both the brochure and the booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution’s offender orientation handbook.”*

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states *“Verbal and written information shall be provided to offenders, which will address: prevention/intervention, reporting, treatment and counseling.”*

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states *“PREA Offender education shall be documented on a CDC Form 128 B, General Chrono. The offender shall be asked to sign the CDC Form 128 B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128 B.”*

The PREA Information Sheet for the handbook, includes information regarding the agency zero tolerance policy, retaliation for reporting or cooperating with an investigation is not

tolerated, meaning of “staff on floor”, multiple ways of how to report, how to access a victim advocate and the duties of the facility PREA Compliance Manager.

The PREA Sexual Violence Awareness Brochure is both in English and Spanish. The Brochure informs the inmate what to do if you are sexually assaulted, avoidance of sexual violence, address for the local rape crisis center and how to report utilizing the Officer of Internal Affairs or Office of Inspector General Ombudsperson. The brochure also informs the inmate that the Office of Inspector General will keep name anonymous if requested.

The Sexual Abuse/Assault Prevention and Intervention Brochure is both in English and Spanish. The brochure explains what sexual abuse is, recovering from sexual assault, provides the address for the local rape crisis center, how to report, how to avoid sexual abuse and answers several other questions that the inmate may have.

The facility report that during the past twelve months, three thousand one hundred and ninety (3190) inmates were admitted to the facility and received the education at intake. The facility also indicated that one hundred percent of the inmates admitted to the facility for over thirty days, received comprehensive education.

Random inmate interviews provided a wide range of answers. Some inmates reported they were given the information at intake, others stated that they had never received any information, some did not recall and some reported that they have never seen the PREA video.

In discussions with the intake staff, it was reported that all information is given to the inmate during the intake process. The video is played while the inmates are in the holding cells and going through the intake process. Each inmate will sign a 128B form, documenting that they received the information.

During the site review, the auditor observed the intake process. The PREA video was played on two televisions, which could be seen by all inmates in each cell. The auditor did make note that many of the inmates were not paying attention to the video. The intake staff had folders prepared for each inmate. The folders contained several documents which are not relevant to the audit, however the folder also contained the PREA Handbook, PREA Brochures and CDCR form 128B, which is the form that documents the inmate PREA education. Each inmate was given a copy of the handbook, the brochures and signed the form, which stated that the inmate received the Handbook, viewed the PREA, Condoms and Orientation video. In addition, the auditor reviewed fifty-two (52) inmate files. All files contained CDCR Form 128B, indicating that each inmate had received the PREA information. The form was not dated, however in observing the process, the auditor is confident that the information and form was signed during the intake process. The auditor would recommend that the facility ensure that the inmates are dating the form, as all documentation should depict that all PREA information was given upon intake.

The PREA Video is played at various times during the week on a pre-determined channel, allowing the inmates to watch if they chose to do so. PREA information was observed mounted in Plexiglas, with very small font, on the officer’s station in the housing unit. Approximately three feet around the officer station is out of bound territory for the inmates, making it unavailable to the inmates. In discussions with facility staff, the information was placed in this area, as the inmates routinely were tearing down the posters. The auditor did



observe a small percentage of information by the phones in the units. The facility immediately removed the posters and repositioned them by the inmate phones, ensuring the information is available to the inmates. The auditor did receive photographs to document the movement.

(c) The auditor reviewed a memorandum issued on November 4, 2005, which indicates that all facilities within CDCR provided all inmates a copy of the PREA Information sheet for the Orientation Handbook and on September 2, 2015, proof of practice memorandums were received from all facilities verifying completion.

(d) CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states “*appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities.*”

CCR Title 15, §3000 states, “*If the 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*”

During an interview with the Director of Adult Prisons, she stated that all PREA Information is provided in both English and Spanish. They have a system in place to ensure that the inmates understand the training that is provided and will accommodate those that do not understand. Interviews with intake staff confirmed that other methods to deliver the information is available, if the inmate does not understand.

(e) Inmate education is documented on the CDCR Form 128B. The auditor reviewed fifty-two (52) inmate files. All files contained the form, which also contained the inmate signature documenting the receipt of the PREA documentation.

(f) The auditor reviewed samples of the “Shine the light on Sexual Abuse” posters. The posters are in both English and Spanish. The posters include the agency zero tolerance policy, and “*no means no and yes is not allowed*”, In addition, the posters inform inmates of three (3) ways to report sexual abuse, to include tell any staff member, use the confidential telephone number or addresses listed below or have a family member or friend contact the institution and report it.

Prison Rape Elimination Act – Officer of the Inspector General Posters were observed throughout the facility. This poster is also in English and Spanish and informs the inmate that the call is toll free and is unrestricted from the inmate phone system.

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.34 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-audit Questionnaire
2. LDI Basic Investigation Course Training PowerPoint
3. Specialized training lesson plan
4. WB BIC ID 11055853
5. CDCR DOM Chapter 5, Article 44, §54040.3 Specialized Training for Investigative Staff
6. CDCR DOM Chapter 5, Article 44, §54040.4 Documentation of Investigative Training
7. CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms
8. LDI-BIC per Institution
9. Positive BET ID 11055853
10. Positive BET ID 11057915
11. Interviews: Investigators

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that agency policy requires that investigators are trained in conducting sexual abuse investigations in a confinement setting. In addition the facility reported that there are twenty-two (22) Locally Designated Investigators (LDI) at the facility.

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states *“All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c).”* In addition, the policy states *“All staff including employees, volunteers and contractor, shall receive instructions 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.”*

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, *“Participation in training will be documented on a CDCR 844, Training Participation Sign-in Sheet.”*

CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms states, *“For each training activity conducted, the following records shall be maintained: CDCR Form 844 shall be used for all IST, CDCR Form 844 or the unit approved training documentation for OJT, a record of score achieved through a written test or performance demonstration of the learned skill. All training shall be recorded in the departmentally approved electronic tracking system.”*

The auditor reviewed the CDCR Basic Investigator Course Curriculum and PowerPoint. The length of the course is eight (8) hours. The instructional goal states *“Investigators will understand their role and responsibilities in conducting an investigation within the correctional institution.”* The curriculum includes sections on interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting and how to identify evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed the BIC per Institution which states that LAC has twenty-two (22) investigators that have received specialized training.

Interviews with two (2) of the facility investigators, confirmed that the investigators are required to complete the specialized training, as well as attend the PREA in-service training. In addition, the auditor reviewed eleven (11) investigations. The auditor reviewed documentation which confirmed that the investigator assigned to each investigation did received the specialized training and did attend the PREA In-service training.

(d) LAC Investigators are peace officers under the California Penal Code 830.5 and are authorized to conduct criminal and administrative investigations, **therefore this provision does not apply to the facility.**

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.35 Specialized training: Medical and mental health care

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-audit Questionnaire
2. CDCR DOM Chapter 3, Article 18, §32010.8.3 Staff Training Records
3. CDCR DOM Chapter 5, Article 44, §54040.4 Staff Training
4. CDCR DOM Chapter 3, Article 18, §32010.10.1 Policy on Training for all Staff
5. CCHCS Memo-Specialized Training for Medical and Mental Health Staff
6. OJT PREA Specialized Training for Medical/Mental Health PowerPoint
7. Interviews: Medical and Mental Health Staff

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has as policy related to the training of medical and mental health practitioners who work regularly in its facilities. In addition, the facility report that there are four hundred and thirty-two (432) medical and mental health care practitioner who have received this training.

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, *“All staff including employees, volunteers and contractor, shall receive instructions related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training and will be included in the curriculum of the Correctional Training Academy.”*

The auditor reviewed a memo issued by the Health Care Policy Administrator for the California Correctional Health Care Services, to all CCHCS staff. The memo issued in response to an audit finding of non-compliance with the specialized training, states *“to bring CCHCS and DHCS into compliance with this standard, an eLearning module has been developed. The eLearning module is located on the CCHCS Learning Management System (LMS) and is to be completed by each Medical and Mental Health staff practitioner who has contact with inmates. It is a one-time training to be provided to current and new staff practitioners as they begin work with an institution.”* LAC medical and mental health staff were instructed to complete the training no later than August 21, 2017.

The auditor reviewed the specialized training curriculum. The training includes sections which cover identifying potential signs of sexual abuse and sexual harassment, identifying how and whom to report an allegation or suspicions of sexual abuse and sexual harassment, identifying methods to respond effectively and professionally to victims of sexual abuse and sexual harassment and identifying the steps required to preserve evidence of sexual abuse. Interviews with medical and mental health staff, indicated that they have received the specialized training.

The auditor was provided the positive Bet code for 11057450 which is the on-the-job specialized training for medical and mental health staff. The positive report indicates that two hundred and seventy-two (272) staff members have completed the training. There are four hundred and thirty-two (432) medical and mental health staff working at the facility.

The auditor reviewed twenty-four (24) medical and mental health staff files. Documentation was provided for seventeen (17) medical and mental health staff who have received the specialized training. There were seven (7) staff members that did not have documentation of the training. On April 16, 2020, the facility provided the auditor with the additional documentation.

The auditor reviewed three (3) medical and mental health contractor files. There was no documentation provided that they had received the specialized training. An FAQ issued September 28, 2015 states “*medical and mental health care providers who provide services to inmates or residents off-site (only) are not subject to the criminal background records check requirements in standard 115.17, the contractor training requirements under standard 115.32 and/or the specialized training requirement for medical and mental health providers in standard 115.35.*” This indicates that medical and mental health contractors working on site, are subject to the training required in this standard. In response to a request for additional documentation, the facility was able to provide documentation to the auditor for one of the three files, the additional two (2) contract staff were no longer working at the facility and no documentation could be provided.

(b) LAC Medical Staff do not conduct forensic examinations and **therefore this provision does not apply to the facility.**

(c)(d) CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, “*Participation in training will be documented on a CDCR 844, Training Participation Sign-in Sheet.*”

CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms states, “*For each training activity conducted, the following records shall be maintained:*”

*CDCR Form 844 shall be used for all IST*

*CDCR Form 844 or the unit approved training documentation for OJT*

*A record of score achieved through a written test or performance demonstration of the learned skill.*

*All training shall be recorded in the departmentally approved electronic tracking system.”*

During interviews with medical and mental health staff, all stated that they are required to receive annual PREA training. In addition, the auditor reviewed twenty-four (24) medical and mental health files. All files contained the required documentation of the annual PREA training.

**Corrective Action:**

1. The facility shall ensure that all contract medical/mental health staff working inside the facility have completed the specialized training.

Prior to the issuance of the facility Interim report, the facility provided the auditor with documentation that that all two hundred and seventy-two (272) medical and mental health staff, had received the specialized training. The additional one hundred and sixty medical and mental health do not require the specialized training. These positions include administrative and clerk positions.

After careful analysis of all documentation, interviews and observations, the facility has effectively demonstrated compliance with all provisions of this standard.

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.6 Screening for risk of Sexual Abuse
3. CDCR DOM Chapter 5, Article 46, §54046.5 Initial Screening
4. CDCR DOM Chapter 5, Article 44, §54040.7 Inmate Reassessment review within 30 days
5. CDCR DOM Chapter 5, Article 44, §54040.6 Single Cell Status
6. Sample of Screening for risk of Victimization and Abusiveness
7. Title 15 Intake Screening –At Risk
8. LAC 2019 PREA Screen Report-At Risk
9. PREA Risk Screening-Correctional Counselor Responsibilities
10. PREA Risk Screening Memo
11. PREA Reassessments at Reception Centers Memo
12. Sample PREA 30 day Assessment Report
13. Sample of Mental Health Chrono Form 128
14. LAC Institution Roster with Arrival Date (January 2019-January 2020)
15. Samples of PREA Screening
16. Interviews: Staff Responsible for Screenings, Random Inmates, CDCR PREA Coordinator and LAC PREA Compliance Manager

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does have a policy requiring all inmates to be assessed for risk of sexual abusiveness and sexual abuse victimization, within 72 hours. In addition, the facility reported three thousand one hundred and ninety (3190) inmates have entered the facility, whose length of stay was over 72 hours, in the last twelve months.

CDCR DOM Chapter 5, Article 46, §54046.5 (Initial Screening) states “*Upon arrival at an institution, reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment.*”

CCR Title 15, §3269 (Inmate Housing Assignments) state “*Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment.*”

A memo regarding Prison Rape Elimination Act Risk Screening, dated August 28, 2017, states “*During the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for completing a PREA Screening form for every inmate. In addition, if the PREA Screening form identifies an inmate as “at risk as a victim” or “at risk as an abuser”, the custody supervisor shall also enter an alert into the Inmate Precaution section in the Strategic Offender Management System (SOMS). All PREA Screening forms will be completed electronically and submitted directly to ERMS. The PREA Screening form will appear in the General Chrono section of the electronic Central File.*”

The auditor interviewed two staff members who are responsible for the risk screenings, each stated that all inmates that come into the facility, are screened. The risk screening is completed immediately. The auditor requested that each staff member demonstrate how the screening is completed. Both indicated that they will look through ERMS for any substantiated cases, prior convictions or any other information, prior to interviewing the inmate. The inmate is asked if they have been a victim in a non-correctional setting or if they consider themselves a lesbian, gay, bisexual or transgender inmate.

The audit team interviewed seventy-one (71) random inmates, fourteen (14) reported that they had been asked questions of this nature at the reception center, forty-six (46) indicated they were never asked questions and ten (10) stated that they could not remember being asked any questions.

During the site review, the auditor did observe the process, as new inmates were received at the facility. Inmates were brought into the intake area and placed into holding cells. The PREA video was playing on two television, which could be seen from the holding cells. Prior to the transport bus arriving at the facility, folders were created for each inmate. Each inmate was handed PREA documentation and asked to sign form 128B indicating that they had received the PREA information and viewed the PREA video. Once all of the documentation had been signed, each inmate was taken separately into an office with the Screening Lieutenant and the Intake Sergeant. The Intake Sergeant asked the inmate a few non-PREA related questions and the Screening Lieutenant asked the questions on the facility assessment. The auditor reviewed fifty-two (52) inmate files. Each file contained an assessment that had been completed the day of the inmate's arrival at the facility.

(c)(d) During the facility's last PREA audit, the facility received corrective action to develop an objective screening instrument. The auditor reviewed the facility screening assessment. This provision requires that the screening include whether the inmate has mental, physical, or developmental disability, the age of the inmate, the physical build of the inmate, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or a child, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, the inmate's own perception of vulnerability, whether the inmate has previously experienced sexual victimization, and whether the inmate is detained solely for civil immigration purposes.

In review of the PREA Screening Assessment, the form contains eight (8) of the ten (10) elements that must be considered. The screening form does not address whether the inmate is detained solely for civil immigration purposes, however the facility stated that they do not house inmates solely for civil immigration, this was confirmed during the site review. The standard also requires the assessment include; if there has been previously experienced sexual victimization. The instructions for completing the form states "select "yes" if there is documented information in SOMS/ERMS which indicates he/she was the victim of a substantiated incident of sexual violence in a correctional setting in the last ten (10) years (not including sexual harassment). Correctional setting includes prisons, jails or other confinement facilities." This question does not meet the element of the standard. Without asking the inmate if they have experienced previous sexual victimization, the facility would not know if sexual victimization has occurred while in the custody of a detention center, jail or a prison outside of the CDCR, if unreported sexual victimization has occurred and/or would not include



unsubstantiated cases, in which evidence could not be obtained to prove or disprove an allegation. In addition, many times, an inmate may report an allegation for the first time, during the initial intake assessment.

The screening form instructions indicates that if an inmate answers yes to five (5) or more of the questions or yes to question 1 (victim of substantiated incident of sexual violence) the scoring routine will suggest the inmate is "at risk as a victim". Only those inmates, who had a previous documented substantiated case would be considered "at risk as a victim". This is indicative that inmates are not being properly assessed for risk of sexual violence and/or not being offered a follow-up meeting with a mental health practitioner, as required with a "yes" answer to this questions, in standard §115.81.

(e) This provision requires that the screening include, prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. The auditor reviewed the facility screening assessment. Although the assessment does inquire about the three elements, it also adds a time frame of "within five years", the auditor would recommend that facility remove the time limit as it would only include those instances that happened within a five year time frame. The instruction page indicates that if an inmate answers yes to three (3) of the questions or yes to question 1 (History of sexual violence in a correctional setting) the scoring routine will suggest the inmate is "at risk as an abuser".

During interviews with staff who perform the screenings, they indicated that prior acts of sexual abuse, prior convictions for violent offenses and history of institutional violence or sexual abuse are considered in assessing the inmates.

(f)(g) CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement) states, "*An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.*"

A memo regarding Prison Rape Elimination Act Risk Screening, dated August 28, 2017, states, "*In addition to an inmate being screened during his/her initial intake, supervisors may have to complete additional screenings if circumstances concerning the inmate's safety change.*"

The Correctional Counselor Responsibilities state, "*When a correctional counselor is completing the file review and preparing an inmate's case for presentation before the initial Unit Classification Committee (UCC), the counselor will identify any new information that has been received related to PREA victimization or sexual abusiveness towards other inmates. If new information is detected, it shall be reviewed by the UCC. If the information changes the inmates "at risk" designation, the Correctional Counselor II Supervisor shall complete a new PREA Screening form and establish an alert in the Inmate Precaution section of SOMS, if applicable.*

*The UCC chairperson's responsibilities during the committee, to review the completed PREA Screening tool contained in the General Chrono section of the electronic central file and discuss the inmate's concerns as they relate to sexual violence or sexual harassment. The chairperson must also review any new information received, identified by the correctional counselor. The review must be completed to not only determine if the offender has been sexually assaulted or pressured since intake at the facility, but also, to consider other risk*

*factors used to identify those offenders at higher risk of future victimizations.”*

During interviews with classification staff, it was reported that each inmate has a committee review fourteen (14) days from arrival at the facility. During this review, inmates are asked if there is new information or any PREA issues that had not been previously reported. The Classification staff will document the response on the Classification Chrono form under the PREA section.

The auditor reviewed fifty-two (52) inmate files. Each file contained the Classification Chrono, indicating the inmate was asked about new information or if there were any PREA related issues with the exception of five (5) files. Inmates who are transferred from other facilities to serve administrative segregation time, are not entitled to a classification committee review. Therefore there is no procedure in place to ensure that a follow up assessment is completed with thirty days for inmates coming into the facility to serve administrative segregation time.

(h)CDCCR DOM Chapter 5, Article 44, §54040.6 (Single Cell Status) states, *“Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability.”*

During interviews with staff who perform the risk screening, it was confirmed that inmates are not disciplined for refusing to answer the questions. If an inmate refuses to answer, staff complete the assessment based on knowledge that could be obtained from the inmate's electronic file. Inmates reported that they were never asked questions of this nature, and did not know if they could be disciplined for refusing to answer.

(i) The PREA Screening Instructions state, *“Information identifying inmates as either, PREA-At Risk as a Victim or PREA – At Risk as an Abuser, although not deemed confidential, is sensitive information and shall only be shared with staff unless there is a need to know. This information is not to be shared with the inmate population.”*

During an interviews with the agency PREA Coordinator, facility PREA Compliance Manager and staff who perform the risk screening, all confirmed that the computer systems have different levels of access. The access is determined by rank and on a need to know basis.

**Corrective Action:**

1. The agency shall update the screening assessment form to include the question "have you ever experienced sexual victimization within a correctional setting" without a time limit.
2. A process shall be put into place, to ensure that all inmates that are transferred to the facility to serve administrative segregation time, shall reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening within thirty days.

Prior to the issuance of the facility Interim report, the facility established a process to ensure that all incoming inmates, arriving at the facility for completion of segregation time, would be reassessed with thirty (30) days. Classification Counselors were given verbal directives to complete the 30 day follow up assessment. Between March 6, 2020 and April 6, 2020, the facility received thirty (30) inmates to serve segregation time. The auditor randomly chose

twelve (12) inmates from the list. On April 16, 2020, the facility provided the auditor with documentation of the initial assessment and the reassessment for each inmate. All twelve inmates did have the reassessment completed. The auditor did not require the facility to provide additional documentation, as the agency is under a no movement directive, due to the recent pandemic. On April 17, 2020, the facility Warden issued a memorandum to all Classification Counselors documenting the process for completing the reassessment, for administrative segregations hub transfers.

On July 23, 2020, the Director of Adult Prisons issued a memorandum to all Associate Directors, Wardens, PREA Compliance Managers and Chief Executive Officers, which states, *"Recently, it was identified through the PREA audit process that the current screening does not comply with federal PREA standards. To comply with federal standards, question one, was changed to 1A and includes "unsubstantiated" incidents of sexual violence in a correctional setting as well as substantiated incidents. Additionally, the custody supervisor is also required to ask the inmate if they have "experienced sexual victimization in a correctional setting that they have not previously reported." This question was added to the PREA Screening form as question 1B. Section C was changed to reflect "yes" responses to 1A, 1B, 2 or 6 in section A require staff to ask the inmate if he/she would like to be referred to Mental Health."* In addition, *"The revised form will replace the existing PREA Screening Form on August 17, 2020."*

The memo instructs all PREA Compliance Managers to utilize the memorandum and the revised PREA Screening Form instructions to ensure all custody supervisors are aware of the changes. The auditor reviewed the positive and negative training report, which indicated that one hundred and fifteen (115) had attended the training that was provided.

Due to the pandemic, CDCR has halted all movement of inmates. On September 9, 2020, the facility began to receive inmates. On September 24, 2020, the facility provided the auditor with all assessments of newly arrived inmates between September 9 and September 23, 2020. There was a total of eighteen (18) inmates received. In addition, on September 25, 2020, the facility received twelve (12) inmates and September 28, they received an additional five (5) inmates. The auditor reviewed all assessments. The facility had used the revised assessment, which included asking the inmates if they have if they had ever experienced sexual victimization in a correctional setting.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation. The facility is now in compliance with this standard.

## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. Memo - Use of Screening Information
3. Changes to PREA Screening Form- Mental Health Referral Process
4. Memo-Counselor Responsibilities
5. PREA Screening Instructions
6. CDCR Compliance Letter
7. CDCR DOM Chapter 5, Article 44, §54040.4 Preventative Measures
8. CDCR DOM Chapter 5, Article 44, §54040.6
9. CDCR DOM Chapter 6, Article 12, §62080.14 Transgender Inmates
10. Memo – Gender Dysphoria
11. 128-B Transgender Biannual Assessment Chrono
12. Tracking List of Annual Review for Transgender Inmates
13. Memo-Transgender Biannual reassessment for Safety in Placement and Programming
14. Sample Classification Committee Chrono
15. Administrative Determinants CCR §2275.2
16. Title 15 §3377 Security Levels
17. California Penal Code Section 667.5 (c) – defines violent felony
18. Interviews: LAC PREA Compliance Manager, Staff responsible for risk screenings, Transgender/Intersex Inmates, and Gay, Lesbian, Bisexual Inmates

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency utilizes information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping those high risk of being sexually victimized from those at high risk of being sexually abusive.

CDCR DOM Chapter 5, Article 44, §54040.6 (Single Cell Status) states, *“The process review and evaluation for single cell status shall be initiated during the RC processing as part of the initials screening. This process will include completion of the PREA Screening form, which includes questions related to sexual violence and victimization. Upon the offender’s arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary.”*

CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement) states, *“Based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location.”*

PREA Screening Form Instructions #4 states, *“Custody supervisors assigning/approving housing moves are required to review the inmate precautions screen to determine if inmate(s) being moved are identified as being “PREA – At risk as a Victim” or PREA- At risk as an Abuser” If either precaution exists, the custody supervisor is to review the potential cellmate’s precaution screen and case factors to ensure inmates identified are not housed together in a*

cell.”

CCR Title 15, §3375.2 Administrative Determinants (2) states, *“An inmate with a history of sex crimes designated in section 3377.1(b) shall be housed in accordance with their placement score and shall not be assigned outside the security perimeter.”*

Interviews with staff who are responsible for conducting the risk screenings, confirmed that the information received from the risk assessment is utilized in determining housing for the inmate. All information is entered into the inmate's housing review. The LAC PREA Compliance Manager, stated that housing is determined on a case by case basis. Responses to the assessment are included in determining the best place to house the inmate. The auditor reviewed fifty-two (52) inmate files. Each file contained the inmate's Initial Housing Review. The auditor confirmed that the information is taken into consideration prior to housing the inmate.

The facility has established a Unit Classification Committee, which occurs within fourteen (14) days of the inmate's arrival at the facility. During this committee the PREA screening form is reviewed and considered in all decisions affecting the inmate to include housing, work, education and programming assignments. The UCC is documented on the CDCR Form 128-G Classification Chrono.

(c)(d)(e) CDCR DOM Chapter 6, Article 12, §62080.14 (Transgender or Intersex Inmates) states, *“Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment.”* In order to ensure inmate-patients received the necessary medical care/mental health treatment, CDCR has identified fourteen (14) facilities within the State to house the transgender population. The designated facilities provide services in line with the needs of the transgender population, however they are not solely housed at the designated facility based on their transgender status. The inmates are not housed in specific housing units, but are housed throughout the facility.

A memo regarding Transgender Biannual Reassessment for safety in Placement and Programming dated August 25, 2017 states, *“If an inmate is due to be seen for his/her annual classification review during the identified review period (August through January or February through July), the Correctional Counselor will ask the Inmate about any threats they have received during the pre-committee interview. In addition to interviewing the inmate, the CC shall review the inmate's case factors in the Strategic Offender Management System and the Electronic Records Management System for any additional information which may indicate the inmate has any placement or programming concerns.”*

On a biannual basis the agency will send out a list to all PREA Compliance Managers identifying all transgender/intersex inmates that are known to the department. The list contains each institutions respective inmates, along with the month of the inmate's scheduled annual classification review. If an inmate is due to be seen for his/her annual classification review during the identified review period, the Correctional Counselor will ask the inmate about any threats they have received during the pre-committee interview. In addition to interviewing the inmate the CC shall review the inmate's case factors in SOMS and ERMS for any additional information which may indicate the inmate has any placement or programming concerns. The CC documents his/her actions, as they relate to the PREA Biannual

Assessment, in the Classification Committee Chrono.

(f) CDCR DOM Chapter 5, Article 44, §54040.4 (Preventative Measures) states, “*Per 28 CFR, Standard §115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.*”

During an interview with the facility PREA Compliance Manager, she stated that transgender inmates are not housed at the facility. There are fourteen (14) facilities within the department designated to house the transgender inmates. The auditor requested a list of all transgender inmates housed within the facility and the facility stated that currently there were no transgender inmates housed at the facility. During random inmate interviews, the audit team interviewed an inmate that disclosed she was a transgender inmate. She reported her status to the facility, the same day of the interview. She did state that staff have asked her if she was okay, even though they did not know she was a transgender inmate. She is currently housed in the administrative segregation unit and therefore is able to shower separately from other inmates. The inmate is not housed in the administrative housing due to her transgender status.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.43 Protective Custody

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CCR Title 15, Article 7, §3335 Segregated Housing 30 day Review
3. CDCR DOM Chapter 5, Article 44, §54040.6 Offender Housing
4. NDS Classification Chrono
5. Interviews: Warden, Staff who supervise inmates in segregated housing and Inmates in Segregated Housing

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.

CDCR DOM Chapter 5, Article 44, §54040.6 (Offender Housing) states, "*Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing.*"

CCR Title 15, Article 7, §3335 (D) (1) Administrative Segregation states, "*If the placement in NDS is related to being a victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190 (b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; (2) the duration of the limitation; and 3) the reasons for such limitations.*"

CCR Title 15 Article 7, §3335 (D) (2) Administrative Segregation states, "*The facility shall assign such inmates to NDC only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, the reasoning shall be documented on a CDC Form 128-G, Classification Chrono.*"

CCR Title 15 Article 7, §3335 (D) (3) Administrative Segregation states, "*Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. This review shall be documented on the CDC Form 128-G, Classification Chrono.*"

During an interview with the facility Warden, he stated that inmates are not placed into segregation because of high risk of sexual victimization. The facility has the ability to single cell inmates if needed for their protection. This was also confirmed by staff who supervise inmates in the segregated housing unit.

During interviews with inmates who reported sexual abuse, it was determined that several of the inmates were already assigned to segregated housing unit for other reasons, when they reported the allegation. Others stated that they were not placed in the segregated housing, after they reported the allegation. During the site review, there were no inmates in the segregated housing that were high risk of sexual victimization.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.



## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Inmate Education and Reporting
3. CDCR DOM Chapter 5, Article 44, §54040.7 Third Party and Mandated Reporting
4. CCR Title 15, §3401.5 Reporting Mandates
5. PREA Handbook (English)
6. PREA Handbook (Spanish)
7. PREA Tri-fold (English)
8. PREA Tri-fold (Spanish)
9. PREA-Shine the Light Poster
10. Sample CDCR 128-B
11. Orientation Handbook Attachment
12. PREA Booklet
13. Sexual Violence Awareness Brochure
14. Contractor, Volunteer and Staff Reporting Training
15. Interviews: Random Staff, Random Inmates, PREA Compliance Manager

(a)(b)(c)(d) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has established procedures for multiple internal ways for inmates to report privately to agency officials. In addition, the agency has provided at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency.

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, “*Verbal and written information shall be provided to offenders which will address: prevention/intervention, reporting and treatment and counseling.*”

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification and Reporting) states, “*Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party.*”

CCR Title 15, §3401.5 (Staff Sexual Misconduct) states, “*Reporting Requirements. 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 the highest-ranking official on duty. Failure to accurately and promptly report any incident, information, or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action.*”

CCR Title 15, §3401.5 (d) states, “*Confidentiality. Alleged victims who report criminal staff sexual misconduct falling into one of the Penal Code section set forth in Government Code Section 6254 (f)(2) shall be advised that their identity may be kept confidential pursuant to Penal Code Section 293.5, upon their request.*”

The auditor reviewed the agency "Shine the Light" PREA poster. The poster is printed in both English and Spanish. The poster provides inmates with three (3) ways to privately report sexual abuse, sexual harassment or retaliation, which includes:

Tell any staff member

Use the confidential telephones numbers to CDCR Office of Internal Affairs or the Office of Inspector General PREA Ombudsperson.

The auditor reviewed the Sexual Violence Awareness and the Sexual Abuse/Assault Prevention and Intervention Brochures which include the following ways to report:

Write a letter to the CDCR Office of Internal Affairs or to the Office of Inspector General  
Offenders may file an appeal (grievance)

Offenders may share the information with a family member

The posters and brochures could be seen within the housing units during the site review. Utilizing the number on the posters and brochure, the auditor called the Inspector General Office. The Inspector General's Office is an outside agency and is not connected to the corrections department. The auditor did confirm that if a report is received it is immediately forwarded to the agency PREA Compliance Manager for a referral for investigation. The Inspector General's Office will follow up with the facility, to ensure that an investigation was completed. In addition, the auditor spoke with a member of the Office Internal Affairs. Contact was made utilizing the reporting function on the agency website. It was confirmed that if there was an allegation received they would call the facility and report the allegation to the facility PREA Compliance Manager. The facility PREA Compliance Manager confirmed that all allegations made to the Inspector General Office or the Office of Internal Affairs are submitted to her and an investigation is started.

During the site review, the auditor placed three (3) appeals, in the appeal boxes, located within the housing units. The appeals indicated that the reader should treat the appeal as they would if they received an allegation of sexual abuse or sexual harassment. The following day, the auditor received notification that two (2) of the appeals had been received and processed. In the event of an actual allegation, the appeal would have been sent to the Investigative Unit to begin an investigation into the matter.

During random inmate interviews, many of the inmates could articulate at least one way to report, whether by the numbers on the wall or filing an appeal. Many indicated that they would not tell a staff member but would handle the situation and not report it.

Random staff indicated that inmates could use the PREA hotline, file an appeal or call the Inspector General's Office. In addition, staff reported that they could also utilize the PREA hotline or call the Inspector General Office if they needed to privately report. All staff indicated that they were aware that they must report any knowledge, suspicion or information regarding sexual abuse, immediately to their supervisor.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.52 Exhaustion of administrative remedies

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-audit Questionnaire
2. CCR Title 15, §3084.2 Appeal Preparation and Submittal
3. CCR Title 15, §3084.8 Appeal Time Limits
4. CCR Title 15, §3084.9 exceptions to the Regular Appeal Process
5. CDCR DOM Chapter 5, Article 44, §54040.7 Notification via Inmate Appeals
6. CDCR DOM Chapter 5, Article 44, §54040.15.1 False Allegations
7. Interview: Inmates who reported sexual abuse

(a)(b)(c)(d)(e)(f) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility does have an administrative procedure for dealing with inmate grievance regarding sexual abuse. In addition the facility reported there have been eleven (11) appeals that alleged sexual abuse and six (6) that reached final decision within the ninety days.

CCR Title 15, §3084.9 (Exceptions to the Regular Appeal Process) (5) Prison Rape Elimination Act (PREA) Sexual Violence (Inmate on Inmate) and Staff Sexual Misconduct Appeals, states, *“A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeal shall be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level or Review. When the appeal alleges or indicates that the inmate may be in substantial risk of imminent sexual violence or imminent staff sexual misconduct, a risk assessment shall be undertaken.”*

CCR Title 15, §3084.9 (Exceptions to the Regular Appeal Process) (5) Prison Rape Elimination Act (PREA) Sexual Violence (Inmate on Inmate) and Staff Sexual Misconduct Appeals (A) Staff Complaints, (1) states, *“There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4) and (B) “PREA Allegations against another Offender: A time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence.”*

CCR Title 15, §3084.8 (Appeal Time Limits) (c) (1) states, *“First level responses shall be completed within 30 working days from date of receipt by the appeals coordinator.”* (2) states, *“Second level responses shall be completed with 30 working days from the date of receipt by the appeals coordinator.”*(3) states, *“Third level responses shall be completed with 60 working days from date of receipt by the third level Appeals Chief.”* There are exceptions provided for all levels 1 and 2. If there is an exceptional delay to complete the review within the specified time limits, the appellant shall be provided an explanation of the reasons for the delay and the estimated time of completion.

CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor, or Volunteer) states, *“When a third party, on behalf of an inmate, makes an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer, that allegation or complaint shall*

*be submitted in writing to the Hiring Authority of the area in which the individual is assigned.”* The policy also defines “third party” which includes inmates, family members, attorneys, or outside advocates.

During the site review, a locked appeal box was seen in all housing units. The audit reviewed the appeal log of all appeal received with the documentation period. All appeals recieved that alleged sexual abuse or sexual harassment are immediately forwarded to the Investigative Unit for investigation. The auditor reviewed eleven (11) investigation files, six (6) of the allegations received were received by appeals filed by the victim. All were investigated timely and were not subjected to the time limits imposed by the appeal process.

During interviews with inmates that had reported sexual abuse, indicated that the allegation was not filed utilizing the appeal process. A review of the investigation files, indicated that a majority of the investigations were completed with thirty (30) days of receipt.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.53 Inmate access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8.1 Victim Advocate Communications
3. CDCR DOM Chapter 5, Article 44, §54040.8.2 (Access to outside Victim Advocate)
4. PREA Sexual Violence Awareness Brochure-English
5. PREA Sexual Violence Awareness Brochure-Spanish
6. Inmate Handbook Information for Victim Advocate-English
7. Inmate Handbook Information for Victim Advocate-Spanish
8. Victim Restricted Information Deletion Form
9. Victims of Sex Crimes Confidential
10. Interviews: Random Inmates, Rape Crisis Director

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. In addition the facility informs inmates, prior to giving them access to outside services, of the mandatory reporting rules and the limits of confidentiality.

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person) states, "*Victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.4, and/or 28 CFR, Standard §115.21 to a victim advocate and Victim Support Person for both forensic Medical examination (where evidentiary or medically appropriate) and for the investigatory interview.*"

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person for Medical Examination) states, "*The victim has the right to have a victim advocate present and a victim support person of the victim's choosing at the forensic medical examination.*"

CDCR DOM Chapter 5, Article 44 §54040.8.2 (Victim Advocate for Emotional Support Services) states, "*The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing address and telephone numbers, including toll-free hotline numbers where available....The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.*"

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person) states, "*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 and staff sexual misconduct.*"

The auditor reviewed the MOU between CDCR and Antelope Valley Domestic Violence Counsel (AVDVC), which is in effect until June 2024. The agreement states that AVDVC will provide emotional support services related to sexual abuse in response to requests from

incarcerated victims through one or more of the following ways; toll-free, non-recorded, non-monitored calls utilizing the inmate telephone system to AVDVC's hotline number, confidential written correspondence to and from victim advocates; in person crisis counseling sessions between incarcerated victims and contract personnel utilizing meetings prearranged by the PCM or designee and telephone calls to the contractor personnel via chaplain, counselor, psychologist or ISU staff as resources and scheduling allow.

During a telephonic interview with the Director or AVDVC she confirmed there is an MOU in place and the services provided to the inmates at LAC. She further stated that the staff at AVDVC and the facility staff have a good working relationship. The Director and the facility PREA Compliance Manager stated that each party participates in trainings and drills. It was stated that training, helps each party understand the role and responsibilities of the other party.

During the intake process, all inmates are given an Inmate Orientation Manual. Contained within the manual is a PREA information section, which states *"If you are the victim of sexual violence or staff sexual misconduct while in this institution, you may be eligible to have a victim advocate and a victim support person with you during the medical examination, interviews with law enforcement, and subsequent interviews with medical staff."* The inmates are also given a Sexual Abuse/Assault Prevention and Intervention brochure and a Sexual Violence Awareness brochure. Both brochures inform the inmate that they can write to a victim advocate. The address is provided in the Sexual/Abuse Prevention and Intervention Brochure, as well as a hotline phone number they can access. The Sexual Violence Awareness brochure does have the same notification as the other brochure, however the area for the local rape crisis center address is blank. In addition, the auditor observed the intake process and confirmed all inmates received all brochures and the manual.

During the site review, the auditor observed Valley Oasis posters in each housing unit. The posters provide the inmates with a "toll free confidential" number to call, to obtain "confidential" emotional support services to any inmate who has been a victim of sexual assault or abuse during or before incarceration. The poster also provides the mailing address and instructions to include "EVID CODE 1035.4 Privileged Communication on the outside of the envelope. This poster is in English, Spanish and Hmong. During random inmate interviews, half the inmates stated that they have seen the poster and knew about the services provided, while the other half stated that they were not aware of the services. Inmates who reported an allegation, were aware of the services and had indicated that they had spoken to advocates by phone or have communicated with the Valley Oasis through the mail.

The auditor reviewed eleven (11) investigation files. Each file contained the Watch Commander checklist. The checklist documents that each victim was offered victim advocate services. In addition, there is documentation that the victims who received forensic examinations, during the reporting period, were provided the victim advocate services.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.54 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7.2 Third Party Reporting
3. CDCR DOM Chapter 5, Article 44, §54040.7 Third Party Notification
4. Agency Web Page
5. PREA Orientation Handbook-English
6. PREA Orientation Handbook-Spanish
7. Interviews: Office of the Inspector General and Investigators

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.

CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer) states, “*When a third party, on behalf of an inmate makes an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor or volunteer, that allegation or complain shall be submitted in writing to the Hiring Authority.*” The policy also defines “third party” as inmates, family members, attorneys, or outside advocates.

*“When a third party files such a compliant on behalf of an offender, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third-party report of the allegation to a locally designated investigator.”*

The PREA Information Sheet for the Orientation Handbook, informs inmates that a family member or friend, can make a report on their behalf. The agency website provides the public with information on how to report an allegation of sexual abuse. The page provides addresses to write, as well as provides a link on the site to report an allegation. On January 6, 2020, the auditor submitted a PREA test report, utilizing the reporting link on the agency website. Within two hours, the auditor received a call stating that the test report had been received by the Office of Inspector General. The Office of Inspector General confirmed that if a report was received from a third party, the report would be forwarded to the facility and the agency PREA Coordinator for investigation. In addition, the Office of Inspector General would follow up with the facility to ensure there was a timely investigation into the matter.

During interviews with two (2) investigators, the auditor confirmed that all allegations received are investigated the same, whether the allegation was received from the inmate or through a third party.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification and Reporting
4. CDCR DOM Chapter 5, Article 44, §54040.13 Allegation Follow-up
5. CDCR DOM Chapter 5, Article 44, §54040.8 Response
6. CCHCS Chapter 4, 4.1.6 (Prison Rape Elimination Act Procedure)
7. Division of Juvenile Justice Policy #1435 Reporting Suspected Child Abuse of Neglect
8. PREA Training Curriculum
9. Watch Commander Checklist
10. PREA Allegation Logs, 2018 and 2019
11. Sample PAR Forms
12. Interviews: Agency Head, Warden, PREA Coordinator, Random Staff, Medical and Mental Health

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires all staff to report immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it part of the agency. In addition, staff are prohibited from revealing any information related to a sexual abuse report to anyone than to the extent necessary.

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification, and Reporting) states, *“CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of the information is done as soon as possible and in a confidential manner.”*

CDCR DOM Chapter 5, Article 44, §54040.8 Response states, *“It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct and display sensitivity to the potential emotional impact of the situation. Incident-specific information will be treated as confidential, and disclosure made only to employees that have a “need to know” and to other persons and entities as permitted by law.”*

The auditor reviewed the staff training curriculum. The curriculum mirrors the policy listed above. During interviews with random staff, it was reported that each staff member must attend in-service training once a year. All forty-three (43) random staff, stated they were mandatory reporters and are required to immediately report any knowledge, suspicion or information received. In addition, they were aware that all allegations are confidential.

(c) CCHCS Chapter 4, 4.1.6 (Prison Rape Elimination Act Procedure) A. Policy (2) states *“Inform 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.”*

During interviews with medical and mental health staff, it was confirmed that they are mandatory reporters. Each staff member knew of their responsibilities to inform inmates of their duty to report and the limits of confidentiality, before providing services.

(d) The State of California does have mandatory reporting laws. Suspected child abuse must be reported to a child protection agency. Child protective agency is defined as police or Sheriff's department, a county probation department or a county welfare department. All allegations of abuse under the Elder and Dependent Adult Abuser reporting laws must be reported to appropriate law enforcement agencies, public agencies and/or licensing entities having jurisdiction.

The purpose of the mandatory reporting laws is to ensure that a proper investigation is conducted and that there is a legal basis for action to protect the child or vulnerable adult. The agency PREA Coordinator and the facility Warden confirmed that the facility does not house inmates under the age of eighteen. CDRC meets the reporting requirement as custody staff are certified peace officers and can take the appropriate action to protect a child or a vulnerable adult, if needed.

(e) CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification, and Reporting) states, *“CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of the information is done as soon as possible and in a confidential manner.”*

CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer) states, *“Third Party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third party report of the allegation to a Locally Designated Investigator.”*

The auditor reviewed the PREA Allegations Log for the documentation period. Eleven (11) allegations were received. No allegations were reported through a third party, however during interviews with the Office of Internal Affairs and the Office of Inspector General, both indicated that if a report was received by a third party, utilizing the reporting line on the agency website, the allegation would be forwarded to the facility Warden and PREA Compliance Manager for an investigation. Interview with LDI investigators confirmed that all allegations, including those made by third party are investigated.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.62 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification, and Reporting
3. CDCR 2304 Protection against Retaliation (PAR) Inmate
4. CDCR 2305 Protection against Retaliation (PAR) Staff
5. Samples of CDCR 2304
6. Interviews: Agency Head, Warden and Random Staff

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility takes immediate action to protect the inmate. Further the facility reported that the facility has not determined that an inmate was subject to a substantial risk of imminent sexual abuse, during the reporting period.

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification, and Reporting) states, *“CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of the information is done as soon as possible and in a confidential manner.”*

During random staff interviews, a majority of the staff stated the inmate would be removed from the situation, a report would be made to the supervisor and the Investigative unit. Interviews with Director of Adult Prisons and the facility Warden, confirmed the inmate's safety is the number one priority and the inmate would be protected, in whatever means are necessary.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.63 Reporting to other confinement facilities

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7.4 Notification from/to other Confinement Facilities
3. 2018 PREA Allegation Log
4. 209 PREA Allegation Log
5. Samples Warden to Warden Notification
6. Interviews: Agency Head and Warden

(a)(b)(c)(d)The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse occurred. In addition the facility reported that there have been zero (0) allegations received from other facilities.

CDCR DOM Chapter 5, Article 44, §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. The 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”*

CDCR DOM Chapter 5, Article 44, §54040.7.4 (Notification from/to other Confinement Facilities) states, *“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. The Hiring Authority shall be responsible to conduct an Institutional PREA Review Committee. Upon completion, a copy of all documentation related to the allegation shall be returned to the institution where the alleged incident was reported for tracking and audit purposes.”*

During an interview with the Director of Adult Prisons, she was very knowledgeable regarding the procedures on Warden to Warden notifications. She confirmed that the hiring authority will notify the other hiring authority either by phone or email. The notification is required to be made within seventy-two hours. The facility Warden confirmed that all notifications are made by phone and with a follow-up email. The notification is made immediately and is documented.

The facility Investigative Unit, documents such notifications on the PREA Allegation Log. The LDI’s will keep in communication with the other facility, until the investigation has been complete. The Investigative Unit, keeps a complete copy of the investigation. The facility

reported twenty-two (22) allegations, received in the documentation period. However, eleven (11) allegations were allegation received regarding an incident that occurred at another facility. The auditor confirmed that the Warden to Warden notification process had been completed. Even though the investigation is completed by another facility, the facility Investigative Unit will keep in contact with the investigator assigned to the case, until the investigation is closed.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.64 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8 Response
3. Custody Supervisor Checklist
4. Initial Contact Checklist
5. Sample Allegation Lot
6. Samples of Investigations
7. Interviews: Security/Non-security First Responders and Random Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a first responder policy that includes all elements required by this standard. In addition the facility reported that there have been eleven (11) allegations of sexual abuse, in the past twelve (12) months, of these allegations eight (8) incidents required first responders to separate the alleged victim from the abuser and were within the time period that allowed for collection of evidence.

CDCR DOM Chapter 5, Article 44, §54040.8 (Response, Initial Contact) states, *“Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with the initial contact. The employee shall request the victim does not: shower; remove clothing without custody supervision; use the restroom facilities and/or consume any liquids.”*

The auditor reviewed the Custody Supervisor Checklist, which states *“Ensure victim is secured (ensure no visual or physical contact occurs between victim and suspect(s)), ensure the crime scene has been secured, request the victim to the best of your ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids.”*

In addition, the auditor reviewed the initial contact guide which states, *“If you are a non-custody staff member, notify the custody supervisor immediately of the area for assistance in responding to this situation and request the victim to the best of your ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids.”*

During in-service training, all staff and contractors are trained in their responsibilities if they have initial contact with the alleged victim. Each staff member is instructed to follow the "Initial Contact Guide"

Interviews with security first responders, confirmed that they were knowledgeable regarding their duties and responsibilities. When asked to confirm what steps would be taken, a majority stated they would isolate or separate the victim, preserve the crime scene, call for back up and take the victim to medical for an evaluation. They could articulate how to preserve evidence and would ask the victim not to destroy evidence. If there was a need, they would

collect the evidence with the use of a bed pan. During interviews with non-security staff, they were not sure, if an incident were to happen, they would direct that the action be stopped and call for security staff.

Interviews with inmates who reported sexual abuse, confirmed that once the inmate reported the allegation, immediate action was taken. The inmate was taken to medical for an evaluation and a SANE exam.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.65 Coordinated response

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8 Response-Initial Contact
3. CDCR DOM Chapter 5, Article 44, §54040.8.3 Medical Services Responsibilities
4. Interview: Warden

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that they have developed a written institution plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and the facility leadership.

CDCR DOM Chapter 5, Article 44, §54040.8 (Response) covers all areas of a response to a sexual assault/abuse, to include but not limited to initial contact, custody supervisor responsibilities, crime scene preservation, evidence, victim advocates, medical staff responsibilities, transportation responsibilities, forensic medical examination, and mental health responsibilities.

The auditor reviewed the facility's coordinated response plan, which was revised in March 2020. The plan coordinates the actions taken in response to an incident of sexual abuse. It includes the Initial Contact Guide and the Custody Supervisor Checklist. The plan covers the custody supervisor responsibilities, the Victim Sexual Assault Advocate (SANE), victim advocate or victim support person, medical/mental health and the facility's Investigative Unit. During an interview with the facility Warden, he confirmed that the coordinated response plan is in use and was recently updated.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. California Correctional Peace Officer Association Agreement (CCPOA)
3. Interview: Agency Head

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency or facility has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012 or since the facility's last PREA Audit.

CCPOA Agreement, 4.01 Management Rights states, *"...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; to alter, discontinue or vary past practices and otherwise take such measures as the employer may determine necessary to be necessary for the orderly, efficient and economical operations of CDCR."*

CDCR employees are represented by the California Correctional Peace Officers Association, Bargaining Unit 6, Corrections. The auditor reviewed the Agreement and did not see any notations that would limit the agency's ability to remove alleged staff sexual abusers from having contact with any inmates pending the outcome of an investigation. The disciplinary process outlined in the agreement is consistent with the provisions in §115.76. During an interview with the Deputy Director of Adult Prisons, she confirmed that the agreements have been renewed and the agency does have the ability to remove staff, to protect victims of staff sexual misconduct, sexual harassment, or retaliation.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.



## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.1 Policy
3. CDCR DOM Chapter 5, Article 44, §54040.13 Allegation Follow up
4. CDCR 2304 Protection Against Retaliation-Inmate
5. CDCR 2305 Protection Against Retaliation-Staff
6. CCR Title 15, §3401.5 Staff Sexual Misconduct
7. CCR Title 15, §3335 Administrative Segregation
8. CDCR Form-Institutional PREA Review Committee
9. Interviews: Agency Head, Warden, Designated Member charged with Retaliation monitoring, Inmates in Segregated Housing (for risk/who alleged sexual abuse), Inmates who reported sexual abuse

(a)(b)(c)(d)(e)(f) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation from retaliation. In addition, the facility reports that there has been zero incidents of retaliation.

CDCR DOM Chapter 5, Article 44, §54040.1 (Policy) states, “*Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated, and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offender from reporting the incident (s) or cooperating with investigation of an incident(s).*”

CDCR DOM Chapter 5, Article 44, §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 shall act promptly (in accordance with DOM Article 14, Section 31140.22 to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated.....The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.*”

CCR Title 15, §3401.5 (Staff Sexual Misconduct) (g) Protective Measures, states, “*Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperated with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with an investigation.*”

The auditor reviewed CDCR Form 2304 (Protection against Retaliation (PAR)-Inmate) and CDCR Form 2305 (Protection against Retaliation (PAR)-Staff). Both forms state, “*The PREA*

*Compliance Manager or designee shall monitor staff/inmate who have reported an allegation of sexual violence or sexual misconduct or who cooperated with a sexual violence/misconduct investigation for 90 days following the allegation. If the allegation is determined to be unfounded, the monitoring shall cease. The PREA Compliance Manager or designee shall interview the inmate bi-weekly (every other week) to review his/her perception of retaliation for the allegation or cooperation in the investigation and document below. If retaliation is detected ensure immediate corrective action is taken and documented.”*

The form indicates that there must be a review of disciplinary reports, program or job changes, and housing changes beginning at fifteen (15) day monitoring period and increases at fifteen (15) day intervals. After the ninety (90) day monitoring period, the monitor does ask if there is a “continuing need”, if there is, the user is instructed to complete an additional PAR form and attach to the original document.

In addition, the auditor reviewed CDCR Form 2305 (Protection against Retaliation (PAR)-Staff. The form indicates that there must be a review of post reassignments (job changes), removal of alleged staff abuser from contact, facility transfer, or other, and beginning at a fifteen (15) day monitoring period and increases at fifteen (15) day intervals. After the ninety (90) day monitoring period, the does ask if there is a “continuing need”, if there is the user is instructed to complete an additional PAR form and attach to the original document.

During an interview with the agency Director of Adult Prisons, she stated that the PREA Compliance Managers at the facilities monitors inmates and staff for retaliation for a period of ninety (90) days and longer if needed. She stated that the PCM will speak with staff and inmates to ensure that they are safe.

The facility Warden was aware of the need for retaliation monitoring and has designated a staff member to perform this duty. The Captain who oversees the Investigative Unit is charged with this duty. During an interview he stated that during the initial interview with the victim, he will inform the victim that he will be monitored for a period of ninety (90) days. He stated that he looks at the victim's housing, programming or if he has received any new RVR (Rule Violation Reports). He will meet periodically with the inmate to check in. All monitoring is documented on the Retaliation Monitoring Forms. The Monitor was asked if he monitors staff in the same way. He reported that he is aware of the requirement to monitor staff, but has not had such a situation that would require a staff member to be monitored. He confirmed that the monitoring will end if there is an unfounded conclusion or if the inmate is no longer in the agency's control. Inmates who reported sexual abuse did feel safe at the facility and stated that they did feel they were protected during the process. In addition, the auditor reviewed eleven (11) allegations of sexual abuse. Each investigative file contained CDCR Form 2304 which documentations all retaliation monitoring efforts completed by the facility. The monitoring did include an in person status check of the inmate.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.68 Post-allegation protective custody

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CCR Title 15, §3335 Administrative Segregation
3. CDCR DOM Chapter 5, Article 44, §54040.6 Offender Housing
4. Interviews: Warden, Staff who supervise inmates in Segregated housing and Inmates in Segregated Housing (for risk/who alleged sexual abuse)

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregation housing unless an assessment of all available alternatives has been made. In addition, the facility reported that there has been zero (0) inmates placed into segregation for protection from sexual abuse.

CDCR DOM Chapter 5, Article 44, §54040.6 (Offender Housing) states, “*Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers.*”

CCR Title 15, Article 7, §3335 (D) (2) (Administrative Segregation) states, “*The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.*”

CCR Title 15 Article 7, §3335 (D) (1) Administrative Segregation states, “*If the placement in NDS is related to being a victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190 (b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; (2) the duration of the limitation; and 3) the reasons for such limitations.*”

CCR Title 15 Article 7, §3335 (D) (3) Administrative Segregation states, “*Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population.*”

The facility Warden confirmed that inmates who are high risk for victimization are not placed in Administrative Segregation. The facility has the capability to place inmates in a temporary single cell or a hard single cell. If an inmate requested voluntary segregation, the facility goal would be to keep under thirty (30) days. During an interview with staff who supervise segregated housing, it was reported that inmates are not placed into segregation for protection of sexual abuse.

The auditor reviewed eleven (11) investigation files. This review included a review of the victim's housing assignment, prior to the allegation and after the allegation. There were a couple of inmates that were housed in segregated housing prior to reporting an allegation,

however no inmates were placed into segregated housing after reporting an allegation.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.71 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities
4. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations
5. CDCR DOM Chapter 3, Article 14, §31140.1 Internal Affairs Investigations
6. CDCR DOM Chapter 5, Article 44, §31140.6 Authority to Conduct Investigations
7. CDCR DOM Chapter 1, Article 20, §14030.6 Who may request a Polygraph Examination
8. CDCR DOM Chapter 5, Article 44, §54040.17 Records Retention
9. CDCR DOM Chapter 5, Article 44, §54040.21 PREA Data Storage and Destruction
10. CCR Title 15, §3315 Serious Rule Violations
11. CCR Title 15, §3316 Referral for Criminal Prosecution
12. CDCR Records Retention Schedule Update
13. California Penal Code 830.5
14. State of California, Office of Emergency Services, Forensic Medical Report
15. CDCR Basic Investigator Course Curriculum
16. CDCR Office of Internal Affairs, Investigator's Field Guide
17. CDCR Initial Contact Guide
18. CDCR Sexual Assault Interview Guidelines (PREA)
19. Interviews: Warden, CDCR PREA Coordinator, LAC PREA Compliance Manager, Investigative Staff and Inmates who reported sexual abuse

(a) The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a policy related to criminal and administrative investigations.

California Penal Code 830.5 states "*The following persons are peace officers whose authority extends to any place in the state while engaging in the performance of the duties of their respective employment and for carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617, (b) correctional officer employed by the Department of Corrections and Rehabilitation.....*"

CDCR DOM Chapter 3, Article 14, §31140.1 (Internal Affairs Investigations) states, "*Every allegation of employee misconduct with the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed and investigated when appropriate.*"

CDCR DOM Chapter 3, Article 14, §31140.6 (Authority to Conduct Investigations) states, "*Pursuant to Government Code Section 11182, the Secretary of the Department delegates the authority to initiate and conduct investigations to the Assistant Secretary, OIA.*"

Locally Designated Investigators (LDI) conduct both criminal and administrative investigations. The auditor reviewed eleven (11) investigations. The review indicates that the investigation was conducted promptly, thoroughly and objectively.

(b) CDCR DOM Chapter 5, Article 44, §54040.4 (Education and Prevention) 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 auditor reviewed the CDCR Basic Investigator Course Curriculum. The instructional goal states *"Investigators will understand their role and responsibilities in conducting an investigation within the correctional institution."* The curriculum includes sections on interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting and how to identify evidence required to substantiate a case for administrative action or prosecution referral.

During an interview with investigative staff, it was confirmed that all correctional officers are sworn peace officers and can conduct criminal and administrative investigations. The investigators are required to complete PREA training annually, and are required to complete specialized training, prior to conducting investigations. The investigator was very knowledgeable regarding evidence collection, interviewing victims and witnesses and all other aspects of an investigation.

The facility currently has twenty-two (22) Locally Designated Investigators. The auditor reviewed a positive report for specialized training which indicates that all investigators have received the specialized training and the date that the training was completed. In addition the auditor verified that each investigator has received the same PREA training and refresher training, that all other employees are required to complete.

(c)The auditor reviewed eleven (11) investigative reports which details the allegations of abuse. The review indicated that the investigators gather and preserve evidence, obtain electronic monitoring if available, interviews were conducted of both victim and alleged perpetrator, and all other witnesses. In addition, the report indicates that all prior victim complaints and reports of sexual abuse involving the perpetrator were reviewed.

(d) CCR Title 15, §3316 (Referral for Criminal Prosecution) (a) states, *"Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on the facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged."*

The auditor reviewed the Investigator's Filed Guide, which states, *"In investigator interviews involving suspected criminal misconduct the employee shall be read his specific warning of rights as delineated in the Miranda decision. If the employee waives that right, questioning can proceed. Any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the agency shall consult the senior, SAC and the local DA in the county that the case will be referred to regarding the decision to take a compelled statement."* During interviews with investigators, the auditor confirmed that the process is being followed.

(e) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, *"Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status."*

CDCR DOM Chapter 1, Article 20, §14030.6 (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.”*

The auditor reviewed eleven (11) investigations. None of the investigations appear to have utilized a polygraph or any truth telling devices. It appears that credibility assessments are made on an individual basis and are not determined by the person’s status as an inmate or staff. In addition, this was confirmed during an interview with investigative staff. Investigative staff reported that they do not require an inmate to take a polygraph or any truth-telling devices. The credibility of a victim, perpetrator or witness is assessed on an individual basis.

(f)(g) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, *“The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; 3) the investigative fact and findings.”*

During the review of the investigations, the auditor confirmed that staff actions or failures to act contributed to the abuse are documented within the reports. The reports also document descriptions of physical evidence and testimonial evidence, credibility assessments and investigative facts and findings. Reports are completed on criminal and administrative investigations.

(h) CCR Title 15, §3316 (Referral for Criminal Prosecution) (a) states, *“Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on the facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged.”*

The facility reported that during the documentation period there were no allegations investigated that required a referral for prosecutions. During an interview with an investigator, it was stated that a case is assigned to an LDI, who will investigate the allegation. Upon completion of the investigation, the LDI will recommend that the case be closed or will recommend that the case be elevated to the Office of Internal Affairs for either an administrative and/or criminal investigation. This would be the process if an allegation against a staff member is determined to have occurred in the initial investigation by the LDI. During the review of the investigations, there is one (1) case pending that fits into this criteria and has been elevated to the Office of Internal Affairs.

(i) CDCR DOM Chapter 5, Article 44, §54040.17 (Records Retention) states, *“All case records associated with such reports including incident reports, investigation reports, offender information, case dispositions, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule.”*

CDCR Records Retention Schedule Update states, *“The investigatory File is to be retained in ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.”*

During the site review the auditor confirmed that the agency maintains the investigation files for a minimum of ten years. In addition, to observations, it was confirmed during interviews with the investigators and the agency PREA Coordinator.

(j) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, “*The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation.*”

During an interview with the investigator, the auditor confirmed that an investigation will be completed whether the victim or the abuse leaves the facility or employment.

(k) CDCR custody staff are certified peace officers and are certified to conduct criminal and administrative investigations, therefore this provision is not applicable.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provision of this standard.



## 115.72 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12 Investigation
3. CDCR DOM Chapter 3, Article 22, §33030.13.1 Investigative Findings
4. Interviews: Investigative Staff

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CDCR DOM Chapter 5, Article 44, §54040.12 (Investigation) states, “*All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment were sustained.*”

CDCR DOM Chapter 3, Article 22, §33030.13.1 (Investigative Findings) defines “not sustained”, the investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint and “sustained”, the investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.”

During interviews with the facility investigators and the investigation file review, the auditor confirmed that the facility does not utilize a standard higher than a preponderance of evidence in determining whether allegations are substantiated.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12.5 Reporting to Offenders
3. CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities
4. CDCR 128-B sample
5. Interviews: Inmates who reported sexual abuse and Investigation staff

(a)(b)(c)(d)(e)(f)The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy requiring that any inmate who make an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, the results of the investigation. In addition, the facility reported that there were eleven (11) investigations and all eleven (11) victims were notified of the results of the investigation.

CDCR DOM Chapter 5, Article 44, §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.*"

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Staff on Offender) states, "*The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been;*

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

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Offender on Offender) states, "*Following an investigation into an offender's allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated, or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been:*

*Indicted on the alleged sexual violence;  
Convicted of the charge."*

CDCR DOM Chapter 5, Article 44, §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."*

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Staff on Offender) states, "*The agency's obligation to report/inform the offender of changes shall terminate if the offender is released from the agency's custody."*

The agency utilizes 128-B form to make notification to the victim. The form indicates the conclusion, to include substantiated, unsubstantiated and unfounded. The form also includes a section that will notify the victim if the staff has been removed from the unit, been terminated from employment, has been indicted on the allegations or has been convicted of the allegations. In addition, there is a section, if the allegations involve another inmate that states if the perpetrator was moved to another housing unit or facility, if the inmate was indicted on the allegations or if the inmate was convicted of the allegations. Notification is made to the victim, in person and the victim is required to sign the form, to document that he/she was notified.

The auditor reviewed eleven (11) investigations. All files had the completed notification form, with the exception of one (1), in this case the investigation is still pending.

Investigative staff confirmed that at the conclusion of the investigation, victims are informed in-person and they must sign acknowledgment of receipt. During interviews with three (3) inmates who had reported, one stated the investigation was still pending, one stated that he did not receive anything, however, the auditor confirmed that he was notified in writing, and the document was signed by the inmate, the third inmate reported that he had been informed of the outcome.

In addition, the investigative staff indicated that the inmate would be notified if the perpetrator was no longer at the facility or had been charged with criminal charges. However, they have not had an investigation that required this during the reporting period.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.76 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CCR Title 15, §3401.5 Staff Sexual Misconduct
3. CDCR DOM Chapter 3, Article 22, §33030.19 Employee Disciplinary Matrix
4. CDCR DOM Chapter 5, Article 44, §54040.12.4 Reporting to Outside Agencies for Contractors
5. Interview: Warden

(a)(b)(c)(d) The facility indicated in their responses to the Pre-Audit Questionnaire that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. In addition, the facility reported that there has been one (1) staff member that has been disciplined for violations of the policies.

CCR Title 15, §3401.5 (Staff Sexual Misconduct) (b) Penalties states, “*All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.*”

CDCR DOM Chapter 3, Article 22, § 33030.19 (Employee Disciplinary Matrix) indicate the penalty for sexual misconduct with an inmate(s)/parolees is dismissal.

CDCR DOM Chapter 5, Article 44, §54040.12.4 (Reporting to Outside Agencies for Contractors) states, “*Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee.*”

During the reporting period, the facility did not have any investigations that would require staff discipline or termination. The facility reported that there was one staff member disciplined for violations of the policy. However, the investigation is still pending and there has not been a conclusion, in which to base discipline on.

During an interview with the facility Warden, he confirmed that staff would be disciplined and possibly terminated for violations of the policy. In addition contractor and volunteers would be removed from the facility.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.77 Corrective action for contractors and volunteers

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12.4 Reporting to Outside Agencies for Contractors
3. CDCR DOM Chapter 10, Article 9, §101090.9 Termination
4. Interviews: Warden

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that agency policies requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. In addition, the facility reported that there have been zero contractors/ volunteers that have been reported to licensing bodies for engaging in sexual abuse.

CDCR DOM Chapter 5, Article 44, §54040.12.4 (Reporting to Outside Agencies for Contractors) states, “*Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee.*”

CDCR DOM Chapter 10, Article 9, §101090.9 (Termination) states, “*The hiring authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security and/or orderly operations of the institution/region. A report explaining the occurrences and outcome shall be routed to the hiring authority with a copy to the CRM or designated manager.*”

The Warden confirmed that if a volunteer or contractor violated the agency policy, they would be removed from the facility. All licensing bodies would be notified. The allegation would be investigated for possible criminal charges, if appropriate.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.78 Disciplinary sanctions for inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.15 Disciplinary Process
3. CDCR DOM Chapter 5, Article 44, §54040.7 Referral for Mental Health Screening
4. CDCR DOM Chapter 5, Article 44, §52080.8.5 Special Considerations of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program
5. CDCR DOM Chapter 5, Article 44, § 54040.15.1 Alleged Victim-False Allegations
6. CCR Title 15, §3317 Mental Health Evaluations for Disciplinary Hearings
7. CCR Title 15, §3323 Disciplinary Credit Forfeiture Schedule
8. CCR Title 15, §3007 Sexual Behavior
9. CCR Title 15, §3316 Referral for Criminal Prosecution
10. Samples of Disciplinary Actions
11. Samples of CDCR Form 128-MH-5 Mental Health Referral Chrono
12. Interviews: Warden and Medical/Mental Health Staff

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that inmates are subject to disciplinary sanction only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. In addition, the facility reported that there have been four (4) administrative findings of inmate on inmate sexual abuse that have occurred at the facility.

CCR Title 15, §3007 (Sexual Behavior) states, *“Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts.”*

CDCR DOM Chapter 5, Article 44, §54040.15 (Disciplinary Process) states, *“Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of the CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution”*

CCR Title 15, §3323 (Disciplinary Credit Forfeiture Schedule) (b) (5) classifies rape, attempted rape, sodomy, attempted sodomy, oral copulation and attempted oral copulation against the victim’s will as a Division A-1 offense which can result in forfeiture of credit from 181 days to 360 days.

Sanctions for serious rule violations are determined by a disciplinary matrix and are commensurate with the nature and circumstances of the abuse that was committed.

CDCR DOM Chapter 5, Article 44, 54040.7 (Referral for Mental Health Screening) states, *“If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH-5, Mental Health Referral Chrono.”*

CDCR DOM Chapter 5, Article 44, §52080.8.5 (Special Considerations of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program) states, *“Inmates who are alleged to have committed a Rules Violation shall receive a Mental Health Assessment, via completion of the CDCR Form 115-MH-A Rules Violation Report.”*

CCR Title 15, §3317 (Mental Health Evaluations for Disciplinary Hearings) states, *“Inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH Rules Violation Report: Mental Health Assessment. All inmates at the EOP, MHCB, and DMH level of care, who receive a CDC 115, Rules Violation Report shall be referred for a Mental Health Assessment.”*

CDCR DOM Chapter 5, Article 44, § 54040.15.1 (Alleged Victim-False Allegations) states, *“Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of “making a false report of a crime” a Division E offense, is appropriate only if evidence received indicates the offender knowingly make a false report.”*

CCR Title 15, §3007 (Sexual Behavior) states, *“Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts.”*

During an interview with the facility Warden, he confirmed that inmates are subject to administrative discipline and criminal charges if the allegations were substantiated.

In discussions with the facility PREA Compliance Manager, the auditor confirmed there have not been inmate-on-inmate substantiated sexual abuse cases that warranted inmate discipline in the past twelve months. In addition, this was confirmed by the auditor during the investigation file reviews.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening
3. CDCR DOM Chapter 5, Article 44, §540403 Definitions
4. Program Guide Overview- Mental Health Delivery System
5. CDCR MH-7448 Informed Consent for Mental Health
6. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information
7. PREA Screening Form
8. Mental Health Emergent/Urgent Consult Log
9. Samples of CDCR 128-MH5 Mental Health Referral Chrono
10. Memo regarding Standard 115.81 (d)
11. Interviews: Inmates who disclosed sexual victimization at risk screening, Staff responsible for risk screening, Medical and Mental Health Staff

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that all inmates who disclosed any prior sexual victimization during a screening or inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a medical or mental health practitioner. In addition, the facility reported that there have been eight (8) inmates who disclosed prior victimization during screening who were offered a follow up meeting with mental health.

CDCR DOM Chapter 5, Article 44, 54040.7 (Referral for Mental Health Screening) states, *“If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH-5, Mental Health Referral Chrono.”*

Program Guide Overview-Mental Health Delivery System states, *“Any inmate can be referred for mental health services at any time”* The document also provides a list of scenarios, when a referral shall be made. *The list includes an inmate has been identified as a possible victim per the Prison Rape Elimination Act and an inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy.”*

The PREA Screening Form (Risk for Sexual Victimization) indicates that if an inmate answers yes to questions 1) Victim of a substantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years and 2) have you experienced sexual victimization in a non-correctional setting, CDCR 128 MH5, Mental Health Referral Chrono will be completed.

The PREA Screening Form (Risk for Abusiveness) indicates that if an inmate answers yes to questions 1) history of sexual violence in a correctional setting and 2) prior convictions for sex offenses in a non-correctional setting, CDCR 128 MH5, Mental Health Referral Chrono will be completed.



The auditor reviewed samples of CDCR 128 MH5 Mental Health Referral. The form indicates that if the referral is “routine” the inmate will be seen within five (5) days. If “urgent” the inmate will be seen within twenty-four (24) hours.

The auditor reviewed CDCR MH-7448 Informed Consent for Mental Health Care form. The form states, *“Information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: 1) I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff; 2) If an assessment and report is required by legal proceedings such as, but not limited to, Board of Parole Hearings, Mentally Disordered Evaluations, Sexually Violent Predator Evaluations, or Keyhea Hearings or: 3) If my clinician suspects child, elder or dependent adult abuse (sexual, physical and or financial).”*

The auditor reviewed a memo dated December 5, 2017, which states *“Medical or Mental Health information related to sexual victimization or abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR). The only staff allowed access to the eUHR are specific medical and mental health staff.”*

CDCR DOM Chapter 5, Article 44, §540403 Definitions defines “need to know” as when the information is relevant and necessary in the ordinary performance of that employee or contractor’s official duties.

During interviews with Staff who responsible for screening, it was stated that inmates who disclose previous sexual victimization or who perpetrated previous sexual abuse are referred to mental health immediately.

The audit team interviewed three (3) inmates who reported victimization during the risk screening, each inmate reported that they were not offered mental health. In review of the inmate files, two inmates reported prior victimization during screening, the auditor reviewed documentation that behavioral health was offered, however the inmates declined. The third inmate had not reported victimization, however he did have a prior conviction for sex offenses, and documentation indicates that he was not offered mental health.

During interviews with mental health staff, they reported that they are aware that inmates must be seen within fourteen (14) days of a referral. All inmates must sign a consent form prior to information

The auditor reviewed fifty-two (52) inmate files. During the file review, seven (7) inmates who had prior convictions for sex offenses, were not routinely referred to mental health.

**Corrective Action:**

1. The facility shall create and implement a procedure to ensure that all inmates that have committed a prior act of sexual violence be offered mental health.
2. Ensure that all offers of mental health are documented.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On July 23, 2020, the Director of Adult Prisons issued a memorandum to all Associate Directors, Wardens, PREA Compliance Managers and Chief Executive Officers, which states, *"Recently, it was identified through the PREA audit process that the current screening does not comply with federal PREA standards. To comply with federal standards, question one, was changed to 1A and includes "unsubstantiated" incidents of sexual violence in a correctional setting as well as substantiated incidents. Additionally, the custody supervisor is also required to ask the inmate if they have "experienced sexual victimization in a correctional setting that they have not previously reported." This question was added to the PREA Screening form as question 1B. Section C was changed to reflect "yes" responses to 1A, 1B, 2 or 6 in section A require staff to ask the inmate if he/she would like to be referred to Mental Health."* In addition, *"The revised form will replace the existing PREA Screening Form on August 17, 2020."*

The memo instructs all PREA Compliance Managers to utilize the memorandum and the revised PREA Screening Form instructions to ensure all custody supervisors are aware of the changes. Documentation was provided to the auditor indicating that those responsible for conducting the assessment were trained in the use of the revised assessment tool.

The screening assessment tool, will automatically include the CDCR form 128 MH5, if the inmate has committed a prior act of sexual violence.

On September 9, 2020, the facility began to receive inmates. On September 24, 2020, the facility provided the auditor with all assessments of newly arrived inmates between September 9 and September 23, 2020. There were a total of eighteen (18) inmates received. The auditor reviewed all assessments. The facility had used the revised assessment, there were no inmates received that had a prior act of sexual violence. Therefore there was no offer of mental health. Between September 25 and September 28, the facility received an addition seventeen (17) inmates. In review of the initial assessments, three (3) inmates did have a prior act of sexual violence. The facility offered all inmates mental health, and all three (3) declined.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation. The facility is now in compliance with this standard.

## 115.82 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. California Correctional Health Care Services (CCHCS) Operations
3. CDCR DOM Chapter 5, Article 44, §54040.8.3 Medical Services Responsibilities
4. CDCR DOM Chapter 5, Article 44, §54040.9 Mental Health Responsibilities
5. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
6. California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy
7. 2018-2019 Mental Health Referral Tracking Log
8. Sample of appointments and documentation maintained in the facility Health Care Application
9. Interviews: Medical/Mental Health Staff, Inmates who reported Sexual Abuse and First Responders

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services is according to the medical/mental health staff's professional judgment.

CDCR DOM Chapter 5, Article 44, §54040.8.3 (Medical Services Responsibilities) states, *"California Correctional Health Care Services (CCHCS) medical staff will provide indicated emergency medical response."* In addition, *"Licensed Health Care staff shall determine and identify any injuries sustained by the alleged victim and suspect, assess and identify if they are urgent/emergent, and provide immediate emergency medical care to the alleged victim and suspects."*

California Correctional Health Care Services (CCHCS) Operations Manual (1) (A) states, *"Incidents reported within 72 hours of the event-Institutional setting 1. Licensed Health Care staff shall:*

*Assess and identify any urgent/emergent injuries sustained by the alleged victim and suspect.*

*Provide necessary and immediate emergency medical care to the victim and suspect*

*Document any injuries or unusual occurrences, in addition to documenting the assessment and care provided"*

CDCR DOM Chapter 5, Article 44, §54040.9 (Mental Health Responsibilities) states, *"All victims of sexual violence or staff sexual misconduct shall be referred for a routine Mental Health Evaluation regardless of the outcome of the SRE."*

During interviews with medical/mental health staff, it was reported that all victims of a sexual assault are brought immediately to medical for an examination. Emergency treatment is provided based on their professional judgment. Inmates are not required to pay for the service, emergency contraceptives, sexually transmitted infections prophylaxis are discussed if

needed with the victim. Interviews with first responders confirmed that the victim would be separated from the perpetrator and would immediately be given medical attention.

Inmates who reported an allegation were interviewed and confirmed that they were immediately taken to medical for an evaluation, once the allegation was reported. The inmates also stated that they did not believe they had been charged a fee this service.

The auditor reviewed eleven (11) investigation files. Each investigation contained the Custody Supervisor Checklist. The checklist requires documentation of completion of the following:

Ensure medical assessment/triage has been initiated.

Ensure Sexual Assault/Battery Transportation kits are utilized per policy

Notify the Watch Commander

Explain to the victim the rights for Victim Support Services and document the answer.

In addition, the form indicates the time that the medical assessment was completed.

(b) The facility has twenty-four hour qualified medical and mental health staff on duty. **This provision would not be applicable to the facility.**

(c) CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, “**As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect.**”

(d) CDCR CCHCS policy 4.1.6 Prison Rape Elimination Act, Procedure (a) states, Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted count SART facility for an examination if deemed appropriate as indicted in the DOM Section 54040.12.1. The outside contracted count SART team is responsible to offer the following:

Test for STIs/STDs and HIV as medically appropriate for patients who are the victims or suspects of sexual abuse.

Pregnancy test for patients who are victims of sexually abusive vaginal penetration

A Forensic Medical examination for patients who are alleged victims and suspects of sexual violence.

California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states “*The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault.*”

During informal and formal interviews with medical staff, it was stated that during the medical assessment, victims and suspects will be asked about STDs. In addition, medical staff confirmed that victims of a sexual assault are not charged for the services provided. In addition, inmates who reported an allegation confirmed that they were not charged a fee, for medical services.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7 Referral to Mental Health Screening
3. CDCR DOM Chapter 5, Article 44, §54040.10 Mental Health Responsibilities
4. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
5. CDCR DOM Chapter 5, Article 44, §54040.11 Suspect Processing-Offender on Offender
6. Health Care Services Chapter 16 §1.16.2 Prison Rape Elimination Act Procedures
7. California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy
8. Interviews: Medical/Mental Health Staff and Inmates who reported sexual abuse

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers medical and mental health evaluations, and treatment all inmates who have been victimized by sexual abuse in any prison, jail, and lockup or juvenile facility. In addition, inmate victims are offered tests for sexually transmitted infections as medically appropriate and attempts to conduct mental health evaluation on all inmate abusers within sixty (60) days of learning of such abuse history.

CDCR DOM Chapter 5, Article 44, §54040.10 (Mental Health Responsibilities) states, “*All victims of sexual violence or staff sexual misconduct shall be referred for a routine Mental Health Evaluation regardless of the outcome of the SRE. The SRE must be completed by a qualified and trained staff member. The SRE shall be conducted as soon as possible, but no more than four hours after the referral and shall include a face-to-face evaluation of the victim in a confidential setting.*”

Health Care Services Chapter 16 §1.16.2 (Prison Rape Elimination Act Procedures) states, “*The objective of this procedure is to establish the process for the California Correctional Health Care Services to provide medically necessary emergency treatment, follow-up services, treatment plans, and when necessary, referrals to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under the California Department of Corrections and Rehabilitation (CDCR) Prison Rape Elimination Act policy, and CDCR Department Operations Manual.*”

CDCR CCHCS policy 4.1.6 Prison Rape Elimination Act, Procedure (a) states, Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted county SART facility for an examination if deemed appropriate as indicated in the DOM Section 54040.12.1. The outside contracted county SART team is responsible to offer the following:

Test for STIs/STDs and HIV as medically appropriate for patients who are the victims or suspects of sexual abuse.

Pregnancy test for patients who are victims of sexually abusive vaginal penetration.

A Forensic Medical examination for patients who are alleged victims and suspects of

sexual violence.

CDCR DOM Chapter 5, Article 44, §54040.7 Referral to Mental Health Screening states *"If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH5, Mental Health Referral Chrono."*

During interviews with medical/mental health staff, it was reported that services are offered to all victims of sexual abuse at no charge. They will also complete further testing for diseases, do follow ups medical and the psychiatric doctor. In addition, they reported that these services will be immediately available. The staff were asked about the level of care and it was reported that they believe all treatment provided is actually better than the care received within the community.

The auditor reviewed eleven (11) investigation files. Documentation was provided that all victims that reported an allegation of sexual abuse or sexual harassment were offered a mental health follow-up.

The auditor reviewed fifty-two (52) inmate files. During an assessment the facility determines if the inmate has been the victim of substantiated incident of sexual abuse in a correctional setting. It appears that the facility does not ask the victim the question. As determined in standard 115.41, the assessment does not meet compliance. An inmate could have experienced unreported sexual abuse within a prison, or may have had an unsubstantiated allegation. Because the facility only inquires about substantiated cases, inmates who may have suffered unreported sexual abuse would not be offered these services.

CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, *"As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect."*

(d)(e) Both provisions require that pregnancy tests and the results be made available to the victim of sexual abuse. The facility does not house female inmates. **Therefore both provisions are not applicable to this facility.**

(f) CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, *"As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect"*. During interviews with the SANE staff, it was confirmed that all victims are given information regarding sexually transmitted infections, and HIV.

(g) California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states *"The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault."*

During interviews with medical/mental health staff, it was stated that inmates are not charged for medical service that are rendered due to sexual abuse. In addition, inmates who reported an allegation confirmed that they were not charged for the services.

(h) CDCR DOM Chapter 5, Article 44, §54040.11 Suspect Processing states "*ISU staff or the LDI will provide a Miranda warning and interview the suspect to obtain his/her account of the incident. The custody supervisor will complete a referral to mental health for a mental health evaluation and assessment of treatment needs.*"

Mental Health staff indicated that treatment is provided to inmates who perpetrate sexual abuse, as well as the victim.

**Corrective Action:**

1. The screening form shall be updated to include asking the victim if they have ever experienced sexual victimization within a correctional setting.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On July 23, 2020, the Director of Adult Prisons issued a memorandum to all Associate Directors, Wardens, PREA Compliance Managers and Chief Executive Officers, which states, "*Recently, it was identified through the PREA audit process that the current screening does not comply with federal PREA standards. To comply with federal standards, question one, was changed to 1A and includes "unsubstantiated" incidents of sexual violence in a correctional setting as well as substantiated incidents. Additionally, the custody supervisor is also required to ask the inmate if they have "experienced sexual victimization in a correctional setting that they have not previously reported."* This question was added to the PREA Screening form as question 1B. Section C was changed to reflect "yes" responses to 1A, 1B, 2 or 6 in section A require staff to ask the inmate if he/she would like to be referred to Mental Health." In addition, "*The revised form will replace the existing PREA Screening Form on August 17, 2020.*"

The memo instructs all PREA Compliance Managers to utilize the memorandum and the revised PREA Screening Form instructions to ensure all custody supervisors are aware of the changes. The auditor received documentation that staff who is responsible for conducting the risk assessment have received training on the revised screening form. Due to the Covid 19 pandemic, CDCR has halted all inmate movement.

On September 9, 2020, the facility began to receive inmates. On September 24, 2020, the facility provided the auditor with all assessments of newly arrived inmates between September 9 and September 23, 2020. There was a total of eighteen (18) inmates received. The auditor reviewed all assessments. The facility had used the revised assessment, which included asking the inmates if they have if they had ever experienced sexual victimization in a correctional setting, however no inmates indicated a positive answer and therefore the inmates were not offered mental health. Between September 25 and September 28, the facility received an additional seventeen (17) inmates, one (1) inmate did have an unsubstantiated allegation of sexual violence. The inmate was offered mental health but declined. The auditor is confident with that the facility will continue to utilize the revised form.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation. The facility is now in compliance with this standard.

## 115.86 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.17 Institutional PREA Review Committee
3. Interviews: Warden, Incident Review Team Member, PREA Compliance Manager

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse allegation. In addition the facility reported that there have been thirty-seven (37) incident reviews conducted during the documentation period.

CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee) states, “Per 28 CFR, Standard §115.86, each hiring authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegation’s that have been determined to be unfounded.”

The facility utilizes a form called Institutional PREA Review Committee (IPRC) to document the incident review. The committee is comprised of Investigative staff, PREA Compliance Manager, medical/mental health staff and the LAC Warden.

During an interview with an incident review team, it was stated that policy requires that the review be conducted within sixty (60) days from the date of discovery of the allegation. During the review, the committee will look at a variety of issues, to include physical plant, are mirrors needed or physical barriers to prevent an incident in the future.

CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee) states, “The IPRC shall normally be comprised of the following staff:

*Hiring Authority or designee, as chairperson and final decision maker;  
PREA Compliance Manager  
At least one manager  
In-Service Training Manager;  
Health Care Clinician  
Mental Health Clinician and  
Incident Commander or Investigative Services Unit Supervisor”*

During an interview with the facility Warden and a member of the IPRC, it was confirmed that the committee is comprised of the Warden, Investigative staff, medical/mental health staff and at least one manager from another department.

The auditor reviewed the Institutional PREA Review Committee form completed for each investigation file. Committee members are required to sign the review documenting their presence at the review meeting.



(e) CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee) identifies all six (6) elements of this provision and requires that the team to determine a plan to correct findings and document in the report. The team should document implementation of the Action Plan or reasons for not doing so and submit the final report to the Hiring Authority for final review.

During the investigative file reviews, the auditor reviewed the Institutional PREA Review Committee form on all cases that met the requirement. The Institutional PREA Review was completed within thirty (30) days. In many cases it had been completed prior to the conclusion of the investigation. The committee considers all elements of this standard to include:

If there is a need for a policy change

Whether the incident was motivated by race, ethnicity; gender identity, lesbian, gay, bisexual, transgender, or intersex or otherwise caused by other group dynamics

Examines areas in the facility where the incident allegedly occurred to assess where physical barriers in the area may enable abuse

Assess the adequacy of staffing levels in that area during different shifts

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The above was confirmed by the auditor during the investigative file reviews. In addition, the facility PREA Compliance Manager confirmed the procedures for completing the reviews.

The facility conducts a sexual abuse incident review, at least sixty (60) days from the date of discovery. The review is conducted by members of upper level management, line supervisors, investigators and medical/mental health. Each member is required to document by signature their participation in the review. The review teams considers each element of this standard and the review is documented on the IPRC.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.87 Data collection

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring
3. CDCR DOM Chapter 5, Article 44, §54040.3 Definitions
4. CDCR DOM Chapter 5, Article 44, §54040.21 PREA Data Storage and Destruction
5. CDCR PREA Incident Log Sample
6. SSV-IA Sample Form
7. CDCR 2018 Annual Report
8. Interviews: Agency Head, Agency PREA Coordinator, Facility PREA Compliance Manager

(a)(b)(c)(d)(e)(f) The facility indicated in their responses to the Pre-Audit Questionnaire the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. In addition, the instrument utilized contains all necessary data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence issued by the Department of Justice.

CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring) states, *“The CDCR shall aggregate the incident-based data at least annually. The data collected shall 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 Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30.”*

CDCR DOM Chapter 5, Article 44, §54040.21 (PREA Data Storage and Destruction) states, *“CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under the CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. 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.”*

During an interview with the Director of Adult Prisons, she confirmed that the agency does complete and publish an annual report on the agency website. The report is completed by the Agency PREA Coordinator and approved and signed by the Agency Head. The agency has an Internal PREA Review Committee that elevates policy, training, blind spots etc., and will issue corrective action if needed.

During an interview with the Agency PREA Coordinator, she stated that each PCM at the facilities must complete a Survey of Sexual Victimization Substantiated Incident Form on all

substantiated allegations. These forms are sent to the Agency PREA Coordinator and are used to discover any trends or if one facility is having issues, where additional resources may be needed. The annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed. In addition, the PREA Compliance Manager confirmed that information from each reported allegation is reviewed for trends and corrective action if needed.

During the investigation file review, the auditor did review copies of the Survey of Sexual Victimization Substantiated Incident Form. The agency requires that each facility complete the form at the conclusion of an investigation. The form is the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

The auditor reviewed the CDCR 2018 Annual Report, which is posted on the agency website. The report contains aggregated data for years 2014, 2015, 2016 and 2017. The data includes data from the contracted facilities as well as all state facilities. The standardized instrument and definitions used are consistent with the definitions required by the Survey of Sexual Victimization. In addition, on July 6, 2020, the auditor received and reviewed the completed CDCR 2019 Annual Report.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.88 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.17 Departmental PREA Coordinator
3. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring
4. Link to agency website-annual reports
5. Interviews: Agency Head, Agency PREA Coordinator and Facility PREA Compliance Manager

(a)(b)(c)(d) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its efforts in prevention, detection and responses to sexual assault. In addition the facility reported that it is readily available on the agency website.

CDCR DOM Chapter 5, Article 44, §54040.17 (Departmental PREA Coordinator) states, "On an annual basis:

*The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee.*

*The institution will complete the data collection tool and return it to the Departmental PREA Coordinator.*

*The Departmental PREA Coordinator will review the information contained on the data collection tool.*

*The Departmental PREA Coordinator will prepare an annual report of the findings and corrective action for each facility, as well as the agency as a whole.*

*The report will be routed through the chain of command to the Agency Secretary for review and approval.*

*Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communications for placement on the CDCR Website."*

CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring) states, "The CDCR shall aggregate the incident-based data at least annually. The data collected shall 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 Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30."

During an interview with the Director of Adult Prisons, she confirmed that the agency does

complete and publish an annual report on the agency website. The report is completed by the Agency PREA Coordinator and approved and signed by the Agency Head. The agency has an Internal PREA Review Committee that elevates policy, training, blind spots etc., and will issue corrective action if needed.

During an interview with the Agency PREA Coordinator, she stated that each PCM at the facilities must complete a Survey of Sexual Victimization Substantiated Incident Form on all substantiated allegations. These forms are sent to the Agency PREA Coordinator and are used to discover any trends or if one facility is having issues, where additional resources may be needed. The annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed. In addition, the PREA Compliance Manager confirmed that information from each reported allegation is reviewed for trends and corrective action if needed.

The auditor reviewed the agency website. All annual reports are located on the website. The auditor reviewed the 2018 annual report. The report contains corrective action that was taken by the facilities and the agency. The report provides a comparison of previous year data and assess the agency's progress in address sexual abuse in all facilities. The report is approved and signed by the Agency Head. In addition, on July 6, 2020, the auditor received and reviewed the completed CDCR 2019 Annual Report.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## 115.89 Data storage, publication, and destruction

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. LAC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.20 Records Retention
3. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring
4. 2018 Annual Report
5. Interviews: Agency PREA Coordinator

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that it ensures that incident based and aggregate data are securely retained. In addition, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be readily available to the public at least annually through its website.

CDCR DOM Chapter 5, Article 44, §54040.20 (Records Retention) states, “*All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counselling shall be retained in accordance with the CDCR Records Retention Schedule.*”

CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring) states, “*The CDCR shall aggregate the incident-based data at least annually. The data collected shall 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 Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30.*”

During an interview with the Agency PREA Coordinator, she stated that the annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed.

The auditor reviewed the agency website. All annual reports are published on the website. The auditor reviewed the 2018 annual report. The report do not contain personal identifiers. In addition, the auditor reviewed the agency records retention and policy that states PREA data collected shall be maintained for ten (10) years after the date of collection. On July 6, 2020, the auditor recieved and reviewed the agency 2019 annual report.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## **115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. Agency Website
2. PREA Audit Reports

CDCR operates thirty-five (35) facilities within its Department. As of August 2019, all facilities have had at least one (1) audit. However several facilities are waiting for final audit reports. All audit reports have been posted on the agency website.

During this audit, the facility was cooperative with the auditor. The audit team was provided access to the facility and documentation requested. All interviews with staff and inmates were permitted in areas that provided confidentiality. Inmates were permitted to confidentially correspond with the auditor.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

## **115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. Agency Website
2. PREA Audit Reports

(f) CDCR operates thirty-five (35) facilities within its Department. As of August 2019, all facilities have had at least one (1) audit. However several facilities are waiting for final audit reports. All audit reports have been posted on the agency website.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.



## Appendix: Provision Findings

<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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.)	yes
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for	yes

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? yes

<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
		In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
		In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
		Is this policy and practice implemented for night shifts as well as day shifts?	yes
		Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

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

**115.15 (d) Limits to cross-gender viewing and searches**

Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

**115.15 (e) Limits to cross-gender viewing and searches**

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? yes

If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

**115.15 (f) Limits to cross-gender viewing and searches**

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

**115.16 (a) Inmates with disabilities and inmates who are limited English proficient**

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual

abuse and sexual harassment, including: inmates who are blind or have low vision?

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? yes

**115.16 (b) Inmates with disabilities and inmates who are limited English proficient**

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? yes

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

**115.16 (c) Inmates with disabilities and inmates who are limited English proficient**

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? yes

**115.17 (a) Hiring and promotion decisions**

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?

yes

**115.17 (b) Hiring and promotion decisions**

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?

yes

Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?

yes



<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
		Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
		Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

**115.17 (h) Hiring and promotion decisions**

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)

yes

**115.18 (a) Upgrades to facilities and technologies**

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

yes

**115.18 (b) Upgrades to facilities and technologies**

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

yes

**115.21 (a) Evidence protocol and forensic medical examinations**

If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

yes

<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

**115.22 (c) Policies to ensure referrals of allegations for investigations**

If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) na

**115.31 (a) Employee training**

Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? yes

Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? yes

Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? yes

Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? yes

Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? yes

Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? yes

Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? yes

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
		Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
		Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
		Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes



**115.35 (a) Specialized training: Medical and mental health care**

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

**115.35 (b) Specialized training: Medical and mental health care**

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

na

**115.35 (c) Specialized training: Medical and mental health care**

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

**115.41 (d) Screening for risk of victimization and abusiveness**

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

**115.42 (a) Use of screening information**

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? yes

**115.42 (b) Use of screening information**

Does the agency make individualized determinations about how to ensure the safety of each inmate? yes

**115.42 (c) Use of screening information**

When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? yes

When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
		Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
		Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes

**115.43 (a) Protective Custody**

Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? yes

If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? yes

**115.43 (b) Protective Custody**

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? yes

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) na

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) na

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) na

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes



<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

**115.52 (b) Exhaustion of administrative remedies**

Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)

yes

Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)

yes

**115.52 (c) Exhaustion of administrative remedies**

Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)

yes

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)

yes

**115.52 (d) Exhaustion of administrative remedies**

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)

yes

If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

yes

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)

yes

**115.52 (e) Exhaustion of administrative remedies**

Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

yes

Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

yes

If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)

yes

**115.52 (f) Exhaustion of administrative remedies**

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)

yes

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

yes

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)

yes

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)

yes

Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)

yes

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)

yes

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)

yes

**115.52 (g) Exhaustion of administrative remedies**

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)

yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

- 115.62 (a) Agency protection duties**
- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? yes
- 115.63 (a) Reporting to other confinement facilities**
- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? yes
- 115.63 (b) Reporting to other confinement facilities**
- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? yes
- 115.63 (c) Reporting to other confinement facilities**
- Does the agency document that it has provided such notification? yes
- 115.63 (d) Reporting to other confinement facilities**
- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? yes

**115.64 (a) Staff first responder duties**

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

**115.64 (b) Staff first responder duties**

If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? yes

**115.65 (a) Coordinated response**

Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? yes

**115.66 (a) Preservation of ability to protect inmates from contact with abusers**

Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? yes



**115.67 (a) Agency protection against retaliation**

Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? yes

Has the agency designated which staff members or departments are charged with monitoring retaliation? yes

**115.67 (b) Agency protection against retaliation**

Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? yes

**115.67 (c) Agency protection against retaliation**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

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

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

**115.67 (d) Agency protection against retaliation**

In the case of inmates, does such monitoring also include periodic status checks? yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
		Does the agency conduct such investigations for all allegations, 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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
		Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
		Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

- 115.78 (f) Disciplinary sanctions for inmates**
- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? yes
- 115.78 (g) Disciplinary sanctions for inmates**
- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) yes
- 115.81 (a) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). yes
- 115.81 (b) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) yes
- 115.81 (c) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). na
- 115.81 (d) Medical and mental health screenings; history of sexual abuse**
- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? yes



- 115.81 (e) Medical and mental health screenings; history of sexual abuse**
- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? yes
- 115.82 (a) Access to emergency medical and mental health services**
- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? yes
- 115.82 (b) Access to emergency medical and mental health services**
- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? yes
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes
- 115.82 (c) Access to emergency medical and mental health services**
- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes
- 115.82 (d) Access to emergency medical and mental health services**
- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes
- 115.83 (a) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes

<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

**115.83 (h) Ongoing medical and mental health care for sexual abuse victims and abusers**

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

yes

**115.86 (a) Sexual abuse incident reviews**

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?

yes

**115.86 (b) Sexual abuse incident reviews**

Does such review ordinarily occur within 30 days of the conclusion of the investigation?

yes

**115.86 (c) Sexual abuse incident reviews**

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?

yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	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
<b>115.87 (e)</b>	<b>Data collection</b>	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
<b>115.87 (f)</b>	<b>Data collection</b>	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
		Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
		Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

**115.401 (b) Frequency and scope of audits**

Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)

yes

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)

na

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)

na

**115.401 (h) Frequency and scope of audits**

Did the auditor have access to, and the ability to observe, all areas of the audited facility?

yes

**115.401 (i) Frequency and scope of audits**

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

yes

**115.401 (m) Frequency and scope of audits**

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?

yes

**115.401 (n) Frequency and scope of audits**

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

yes

**115.403 (f) Audit contents and findings**

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)

yes