

PREA Facility Audit Report: Final

Name of Facility: Shafter Modified Community Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/26/2020

Auditor Certification	
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"/>
Auditor Full Name as Signed: Mark McCorkle	Date of Signature: 03/26/2020

AUDITOR INFORMATION	
Auditor name:	McCorkle, Mark
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Telephone number:	(661) 618-2130
Start Date of On-Site Audit:	01/21/2020
End Date of On-Site Audit:	01/22/2020

FACILITY INFORMATION	
Facility name:	Shafter Modified Community Correctional Facility
Facility physical address:	1150 East Ash Rd, Shafter, California - 93263
Facility Phone	
Facility mailing address:	1150 East Ash Rd, Shafter, California - 93263

Primary Contact	
Name:	Cindy Moudy
Email Address:	Moudy@shafter.com
Telephone Number:	16617468900

Warden/Jail Administrator/Sheriff/Director	
Name:	Paul Lozano
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Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Cindy Moudy
Email Address:	Moudy@shafter.com
Telephone Number:	16617468900

Facility Characteristics	
Designed facility capacity:	640
Current population of facility:	584
Average daily population for the past 12 months:	554
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	19-60+
Facility security levels/inmate custody levels:	I and II
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	83
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	27

AGENCY INFORMATION	
Name of agency:	City of Shafter
Governing authority or parent agency (if applicable):	
Physical Address:	336 Pacific Avenue, Shafter, California - 93263
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Dirk Ming	Email Address:	ming@shafter.com

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.

Audit Narrative

The Shafter Modified Community Correctional Facility (SMCCF) was constructed in 1991 and is located at 1150 East Ash Road in an industrial section of the incorporated city of Shafter, California. Shafter is approximately 20 miles northwest of Bakersfield, in the California Central Valley.

SMCCF is a city-operated correctional facility under contract with the California Department of Corrections and Rehabilitation (CDCR). The facility houses low to medium security level male adult inmates, the majority of which are in the latter stages of their sentences. The facility does not house female inmates or youthful offenders. Most of the inmates will be released to the community from the facility or transferred to other jurisdictions at the completion of their sentence.

At the time of the audit visit, the facility housed 569 inmates employed 83 staff members who have contact with the inmate population.

Under its contract with CDCR, the facility does not house inmates who may have a condition, circumstance, identification or disability that may potentially threaten their safety, to include, but not necessarily be limited to the following: inmates who identify as LGBTI, gender non-conforming inmates, inmates who have had reported sexual abuse, inmates who reported sexual abuse at screening, youthful inmates, blind inmates, deaf inmates, wheelchair-bound inmates, or inmates with known low cognitive scores. Because of that fact, no inmate interviews could be conducted with those who may be in one of those categories.

Approximately five years ago, the city bifurcated the correctional services operation from the Shafter Police Department. SMCCF is now its own city department and is managed by a correctional chief, an assistant chief and two operational lieutenants. The entire senior leadership team at the facility has more than 20 years of service each with the agency.

On October 9, 2019, the SMCCF and Six Points Justice Solutions, Incorporated, entered into a standard contractual agreement for the performance of a complete PREA Audit. The Principal of Six Points Justice Solutions has been certified by the United States Department of Justice to conduct PREA audits.

Pre-Audit Phase

The Pre-Audit phase was formally initiated on October 21, 2019 in the Online Audit System (OAS). Prior to the initiation of the entry into OAS, a telephone conference was conducted including the auditor, the chief and the assistant chief (facility PREA Coordinator). The purpose of the call was to discuss the Pre-Audit Questionnaire, milestone dates and to answer

any questions the facility might have regarding the audit.

On November 13, 2019 (slightly more than eight weeks before the onsite audit), the facility was provided with the required postings announcing the upcoming audit to the inmate population. The notices were posted throughout the facility in conspicuous locations, such as all dorms, the library, classrooms and in the main hallways of the facility. The notices were printed on bright pink paper in both English and Spanish. The posting was completed throughout the facility seven weeks prior to the scheduled onsite audit.

The posting included the identification of a PREA audit, the dates of the onsite audit, name and mailing address of the auditor, including the company name, a notice of confidentiality for any correspondence mailed and received by the auditor. As of the preparation of this document, no correspondence was received by the auditor from inmates or staff.

On October 22, 2019, the auditor began reviewing the Pre-Audit Questionnaire (PAQ) and all associated documents uploaded by the PREA Coordinator. The purpose of the document review was to assess the thoroughness of the documents and compliance with PREA standards. Numerous emails were exchanged, and phone conversations occurred with the PREA Coordinator between this date and the end of the calendar year on points of clarification and to address missing information. On January 16, 2020, a formal Issue Log was provided to the facility containing 21 areas the auditor requested to be addressed. All but two of those items were addressed prior to the initiation of the onsite audit and all were resolved prior to leaving the facility following the onsite audit.

On January 16, 2020 the auditor requested and received the following documents from the PREA Coordinator: a roster of all inmates assigned to the facility; a roster of all Limited English Proficient Inmates (LEP), a roster and shift schedule for staff assigned to the facility; a roster for all specialized staff assigned to the facility; a roster of all volunteers assigned to the facility. The rosters were obtained for the auditor to randomly select inmates, staff and volunteers to be interviewed during the onsite audit phase. Contractors are not permitted into any area of the facility occupied by inmates and have no inmate contact.

The full inmate roster contained 569 names in alphabetical order. The roster included the first and last name of the inmate, their individual CDCR identification number, their dorm housing number and bunk number.

The staff roster was organized by the three shifts. First shift operates from 2200-0600 hours, second shift from 0600-1400 hours and the third shift from 1400-2200 hours. The volunteer information provided was a schedule of services provided on the second and third shifts.

Prior to arriving for the onsite audit, the auditor identified a total of 38 inmates to be interviewed. Three inmates were randomly identified from a list of 19 categorized as LEP on a separate roster provided by the facility. Thirty-five (35) inmates were identified from a roster of 569 inmates housed at the facility in its eight dorms to be interviewed by the audit team. The auditor included multiple inmates from each housing unit in the facility and ensured that during the actual interviews, the inmates selected represented a diverse cross section of the inmate population based on race and ethnicity. The facility was not made aware of the names of the inmates to be interviewed, until the interviews were to take place. On a couple of occasions an inmate was not available, and the audit team randomly selected another inmate without input from facility staff.

The three LEP interviews were conducted by an auditor who is a fluent Spanish speaker. An educator and volunteer were randomly selected by the audit team to be interviewed based on the schedule of services provided at the facility.

A total of 26 facility staff members were interviewed, including 16 line staff members, which was inclusive of supervision. Staff were randomly selected by the auditor from shift rosters, which included all employees assigned to the facility who may have inmate contact. The auditor ensured that staff members from each of the three shifts were represented. A total of nine specialized staff members were identified from the rosters and positions confirmed by the PREA coordinator prior to the onsite audit phase. The facility was unaware which staff members would be interviewed until the actual time of the interview.

Onsite Audit Phase

The onsite audit phase began at 0830 hours on Tuesday, January 21, 2020 and was completed at noon on January 22, 2020. The audit team consisted of the auditor and three assistant audit team members. Two of the assistant audit team members are active sergeants with a Southern California sheriff's department in a correctional environment, who each have the responsibility of implementing PREA standards in their agency. The other assistant audit team member is a retired sergeant from a Southern California sheriff's department, who worked in a correctional environment and is familiar with PREA standards. Each of the audit team members has an investigative background and was trained in conducting PREA interviews by the lead auditor.

An in-briefing was conducted by the audit team with the PREA Coordinator and the Chief of Corrections. The auditor explained the pre-audit phase, audit phase and corrective action phase to the facility staff present. The onsite audit schedule was thoroughly reviewed, and an opportunity was provided for any questions. A facility staff member was assigned to the audit team to accommodate the facility inspection, logistics needs, and to assist in coordinating inmate and staff interviews.

Methodology Used in Compliance Determination

In order to determine compliance with each standard, the auditor conducted a thorough review of each PREA policy contained in sections 5.22 and 5.22A. The auditor reviewed personnel files, training records, inmate records, educational plans and materials provided to inmates, and watched the PREA Video, "What You Need to Know." The audit team conducted interviews, had dozens of informal conversations with staff and inmates, and observed staff and inmates throughout the visit.

In each standard, the auditor reviewed relative documents, conducted interviews and made observations. In order to determine the facility had met a standard, the policy had to be in compliance with PREA requirements, and the facility had to demonstrate through its practices that it was in compliance. That was determined in multiple ways. First, through interviews with staff to assess their comprehension of PREA policy and their responsibilities. Secondly, through observations, of staff and facility characteristics. Thirdly, inmates were interviewed to determine if staff performed their duties based on their own observations and to ensure that education being provided to them by the facility was grasped.

These components were applied to each standard to determine compliance.

In two instances during the onsite audit it was determined that the facility would be out of compliance. The auditor shared with the PREA Coordinator where they fell short and offered corrective action. In both cases, the facility followed the corrective action and demonstrated compliance prior to the completion of this report.

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.

Facility Characteristics

At approximately 0930 hours, the facility inspection phase of the onsite audit was initiated with the entire audit team and a staff member escort.

The total inmate population at the time of the onsite audit was 569, supervised by 83 staff members and utilizing a total of 83 monitored and recorded video cameras on the interior and exterior of the facility.

The facility is a rectangular-shaped structure divided in two halves to include the West Side and the East Side. Each side of the structure is virtually identical to the other, containing four separate housing units each. The SMCCF facility is situated squarely on its lot, with the administration portion of the building facing north, and the dorms and recreation yard facing south.

Northside Exterior

The rectangular shaped staff parking area is located on the north side of the facility and is outside of the secure portion of the prison. Once staff, or visitors park their vehicles they proceed to a pedestrian sally port. The pedestrian sally port is attached to a chain link fence, topped with concertina wire, which extends the length of the parking lot. A single vehicle gate is to the west of the pedestrian gate to accommodate deliveries and transportation vehicles to the facility.

Visitors must contact the west control booth via intercom. A uniformed staff member exits the facility, meets visitors, searches their property and obtains identification. Once permitted entry into the secure area outside of the facility, you proceed to a locked hard door, which must be opened from the west control booth.

Administration

Once you enter the locked hard door, the administration area of the facility is to the left through an open hard door.

To enter the security portion of the facility, visitors must pass through a portable metal detector. A locked sally port gate leads to a hard-locked entry door to the west control booth and a hard-locked door to the right, which leads to the housing areas of the facility.

When you enter the administration area, the front office consists of several cubicles occupied by civilian professional staff. If you proceed straight, you enter a hallway which contains the office of the chief, assistant chief, operational lieutenants, a conference room and a break room.

Located inside the front administration is a locked hard door, which must be opened electronically by west control. Inside the locked door is a staff breakroom, two staff locker rooms and the watch commander's office. At the far end (south end) of the break room is another hard door, which leads to the secure portion of the interior of the facility and the housing units.

No inmates are allowed unescorted in any of the above areas.

Receiving and Release Area (R&R)

The R&R area is located at the northwest corner of the facility structure. The exterior of the R&R area contains an electronically controlled vehicle gate to accommodate transportation vehicles. This gate always remains closed, except to allow the ingress and egress of vehicles. There are two video cameras in the bus bay, which are monitored and recorded in the west control booth and can be viewed at the watch commander's desk. A locked hard door with a window leads to the interior of the R&R.

The interior of R&R is shaped like a "V," with a single hallway. The R&R area has two video cameras located at the top of each angle on the "V." This area of the facility has five one-person cells and a temporary holding cell, which can hold up to 10 inmates. The audit team escort officer said that the temporary holding cell is typically used for no longer than approximately one hour.

One cell (Cell #3) has a video camera and is used as a suicide watch cell. The camera is monitored at the watch commander office and west control booth. Conversations with staff indicated that in the rare occurrence of an inmate being placed on suicide watch, a staff member is assigned to constantly monitor the inmate until transportation from the facility can be arranged. The toilet area of each cell is visible from the cell door window but would require an individual to stand directly in front of the window in order to see an inmate using the toilet. On the exterior of each of the cell doors is a paper log which staff members use to document safety checks. At the time of our visit, none of the cells, or holding area was occupied.

The R&R officer's office is located at the bottom of the "V" and includes a hard door that according to the officer is always left open while the officer is present. During our visit to the facility, there was no intake process being conducted. However, the intake officer described the process, showed the audit team all the written PREA information provided to incoming inmates and a copy of the receipt document each inmate is required to sign confirming receipt of the materials. Inmates are provided a brochure which contains information about sexual safety in the facility. The brochure also contains toll free contact numbers and addresses in which a report of sexual abuse or harassment can be made outside of the facility. A pamphlet is also provided to inmates, which contains victim services information and toll-free numbers to contact.

The intake officer is responsible for interviewing each inmate arriving at the facility and uses a screening form to determine if any incoming inmates do not meet the “safety” criteria discussed earlier in this document, and whether they have been previous victims of sexual abuse in a confinement setting. The intake officer uses this information to determine if the inmate is suitable for the facility, based on its contract with the CDCR. The intake officer said there has not been a circumstance in which an inmate has provided information that indicated they had been sexually abused in a confinement setting, or that they had reported sexual abuse or harassment.

The officer’s office contains two file drawers containing the intake file for each inmate assigned to the facility. A review of three files during the tour was conducted and each contained the signed receipt of PREA materials documents. During our conversation, the Intake officer displayed through knowledge of PREA and her responsibilities in ensuring inmates receive the requisite information.

A bulletin board in the R&R area contained a “Shine the Light” PREA poster, a pamphlet and a brochure which contained information on how to report PREA related allegations in writing or via phone, and toll free numbers to advocacy groups who could provide assistance to inmates. The bulletin board also contained a pink PREA audit announcement in both English and Spanish.

At the time of our visit, there were four inmate workers assigned to the R&R area. The auditor asked one of the inmate workers assigned if they were familiar with the intake process and the responsibility to provide PREA related education. The inmate worker was able to describe the process of providing information to incoming inmates and confirmed that the intake officer “always” provides the requisite information.

As you proceed down the right angle of the “V” there are two windows that view into two medical holding cells. Each of the windows is covered with a heavy fabric material flap, which can be lifted by staff members in order to conduct safety checks. An electronically locked hard door controlled by the west control booth is located at the top of the right angle “V” and leads to a hallway inside security.

Medical Area

The medical office of the facility occupies the interior portion of the R&R “V.” The medical area is staffed 24 hours per day and includes an examination/treatment room, two cells, a holding cell, an office and a storage area.

From 0600-1400 hours, Monday thru Friday, the medical area is staffed by a physician and a registered nurse. From 1400-2200 hours, the medical area is staffed by a registered nurse and a licensed vocational nurse is on duty from 2200-0600 hours, seven days per week. The weekend coverage on second and third shifts consists of a registered nurse.

A single video camera is in the medical area, which is monitored at the west control booth and the watch commander’s office. Inmate medical files are maintained in a locked cabinet inside the medical office.

A conversation with the on duty nurse about her responsibilities related to PREA revealed that her duty in the event of a sexual assault allegation is to treat any traumatic injury, but not to collect physical evidence, or perform any examination specifically related to a sexual assault.

Laundry

The laundry area of the facility is located to the north of the medical area. It has a lockable hard door, which is left open while the laundry area is in operation. Approximately ten inmates are assigned to the laundry area each weekday and they are supervised by one correctional officer. At the time of our visit, the laundry room was extremely well organized and neat, and the inmate workers were working quietly. The room consists of numerous built-in racks which contained neatly organized inmate clothing and bedding. The room also contained several industrial washers and dryers.

The physical layout of the room is rectangular, with a cutout located on the right side of the room. The officer has a stool located next to the door of the laundry from which he can monitor about 80% of the area. The cutout area to the right can be monitored by a convex mirror.

There are two video cameras in the laundry area located at the front and rear of the room. The cameras are monitored at the west control booth and the watch commander's office.

The laundry officer stated during conversation that he rarely uses the stool at the front of the room and spends most of his shift moving about the laundry area monitoring the inmates' activity. He said during the workday there is little downtime and that the workers are typically too busy to involve themselves in any other activities. He said that when the work is completed for the day, the inmates are returned to their dorm.

Required PREA postings were visible on the laundry room's bulletin board, including the "Shine the Light" poster, PREA pamphlet and brochure, and the pink PREA audit announcement.

Dorms

The eight facility dorms are split into two distinct areas – the east side and the west side. The west side contains dorms 1, 2, 3, and 4. The east side contains dorms 5, 6, 7, and 8. Each of the dorms are identical in design and each have 80 bunks and lockers.

The west side dorms are staffed by two correctional officers. One is responsible for dorms 1 and 2, while the other officer is responsible for dorms 3 and 4. The two officers split their time between the four dorms.

The same configuration and operation are contained on the east side, with one officer responsible for dorms 5 and 6, while the other is responsible for dorms 7 and 8.

At the time of our visit, there were 19 security staff members on duty, including a shift lieutenant and 18 correctional officers. Later in the day on third shift, there was a sergeant watch commander, a senior deputy supervisor and 12 correctional officers on duty.

Each side of the facility is connected by a single main hallway. In that main hallway, large rectangular windows make it very easy to view the entirety of each dorm.

The west side control booth is accessed from the main facility entry sally port. It is staffed by one correctional officer. The officer is responsible for responding to radio traffic and managing electronically locked security doors on the west side of the facility. The west booth has large windows which enable the assigned officer to see into each of the west side's four dormitories. Mounted above the windows are four television screens, which contain views of approximately 20 video cameras in the facility. The officer stated that she has access to any of the security cameras in the facility, however those displayed represented the areas where an event is most likely to happen.

It was the observation of the audit team that based on the duties of the booth officer, there is little time to monitor the video cameras. According to our escort officer, the cameras are primarily for historical value in the event of an incident. He stated that video is archived for about two weeks.

The east side booth is a nearly identical setup, with the officer having the same responsibilities for the east side of the facility. The major difference is the entry to the east side booth is through a sally port in the security side's main hallway.

Each of the eight dorm logs are contained in a red, hard-bound calendar book kept in the officer's podium at the front of each dorms. Nearly all the entries in the logbooks were very generic and did not appear to contain the exact time that activities took place. Many entries were on the five-minute mark, such as 1000, 1105, 1330 hours.

The four officers assigned to the west and east side dorms were asked independently if supervisory staff conducted unannounced rounds in each of the facility's dorms. All four said that supervisors conducted unannounced rounds each day. When asked how unannounced rounds were accomplished without line staff knowledge, each said that none of the dorms have phones and that announcing that information over the radio would be in violation of facility policy.

Based on the audit team's observations, it would be very difficult for a supervisor to be on the floor and in the dorms without staff being aware. The physical layout of the facility does not allow for secretive visits.

The officers were also asked if and how the unannounced visits are documented. One of the officers showed us the "red book" and pointed to what looked like initials written in red ink. The officer said that the red ink indicated an unannounced round by a supervisor. The entry, however, did not indicate a specific time, a name of the supervisor, or that it was specifically an unannounced round. This was the case in each of the eight dorms.

Officers assigned to each side's four dorms are on their feet for virtually the entire shift. There are no areas to sit and officers spend nearly all their time either in the main hallway observing activities through the windows of each dorm, or, physically walking through the dorms.

According to facility policy and statements made by the officers, they are required to make full dorm walk security checks each hour. It was the audit team's observation that the logging of these security walks lacks detail. The entries were generic in nature and no specific officer observations were logged.

Dorm #1

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen by the inmates inside. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from left to right. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The left side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of modesty, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. The audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in the dorm contained the pink PREA audit announcement, the PREA brochure, pamphlet and "Shine the Light" PREA poster. All the information was posted in English and Spanish, and contained reporting phone numbers, addresses and toll-free advocate phone numbers. The bulletin board is cluttered with numerous announcements and other information, making it difficult to single out the PREA specific information.

Five inmates were consensually contacted during our tour of the dorm. Four of the five indicated that by the time an officer enters the dorm (regardless of gender), the inmates have already alerted themselves that officers would be walking. One of the five stated that officers never made an announcement before entering the dorm.

All inmates contacted said it was rare for female officers to enter the dorms and we were told that it is even more rare that a female officer would walk through the entire dorm.

All five of the inmates in this dorm were at least aware of PREA, and each was aware that PREA information was located on the bulletin board, if necessary.

Dorm #2

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from left to right. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The right side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in the dorm contained the pink PREA audit announcement, the PREA brochure, pamphlet and "Shine the Light" PREA poster. All the information was posted in English and Spanish, and contained reporting phone numbers, addresses and toll-free advocate phone numbers. The bulletin board is cluttered with numerous announcements and other information, making it difficult to single out the PREA specific information.

Four inmates were contacted during our tour of the dorm and spoke freely with the audit team. All but one indicated that by the time an officer enters the dorms (regardless of gender), the inmates have already alerted themselves that officers would be walking. One inmate said that no announcements were ever made that he could remember.

Three of the four contacted said it was rare for female officers to enter the dorm and one said female officers never walk through the entire dorm.

Three of the four contacted in this dorm were aware of PREA, and an equal number knew that PREA information was located on the bulletin board, if necessary. The same inmate who stated that no announcements were made, said that he was not aware of PREA.

Dorm #3

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from left to right. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The left side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

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Five inmates were contacted during our tour of the dorm and spoke freely with the audit team. All indicated that by the time an officer enters the dorm (regardless of gender), the inmates have already alerted themselves that officers would be walking.

All inmates contacted said it was rare for female officers to enter the dorm and we were told that it is even more rare that a female officer would walk through the entire dorm. One inmate said he had never seen a female officer in the dorm in his one year at the facility.

Four of the five inmates contacted in this dorm were aware of PREA, and the same number knew that PREA information was located on the bulletin board, if necessary. The inmate who claimed no knowledge of PREA said he was likely told and had forgotten the information because it did not pertain to him.

Dorm #4

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from left to right. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The right side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in the dorm contained the pink PREA audit announcement, the PREA brochure, pamphlet and "Shine the Light" PREA poster. All the information was posted in English and Spanish, and contained reporting phone numbers, addresses and toll-free advocate phone numbers. The bulletin board is cluttered with numerous announcements and other information, making it difficult to single out the PREA specific information.

Two inmates were contacted during our tour of the dorm and spoke freely with the audit team. Both indicated that announcements were made by staff before entering the dorm. Both said the announcement was made regardless of the gender of the officer.

Both inmates contacted said it was highly unlikely for a female officer to enter the dorm and rare that a female officer would walk through the entire dorm.

Both inmates contacted in this dorm were aware of PREA and knew that PREA information was located on the bulletin board, if necessary.

Dorm #5

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from right to left. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The left side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in the dorm contained the pink PREA audit announcement, the PREA brochure, pamphlet and "Shine the Light" PREA poster. All the information was posted in English and Spanish, and contained reporting phone numbers, addresses and toll-free advocate phone numbers. The bulletin board is cluttered with numerous announcements and other information, making it difficult to single out the PREA specific information.

Four inmates were contacted during our tour of the dorm and spoke freely with the audit team. Two of the four said announcements were made by staff before entering the dorm. Two said announcements were never made and that it was up to the inmates to alert each other if staff entered the dorm.

All four inmates contacted said female officers were never seen in the dorms.

Three of the four inmates contacted in this dorm were aware of PREA and knew that PREA information was located on the bulletin board, if necessary. The inmate who said he was not aware of PREA, said he had heard the term, but was not certain what PREA was all about.

Dorm #6

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from right to left. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The right side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in this dorm contained no information regarding PREA. We were later told by the escort that the materials were all present at approximately 0630 hours that morning. He said it had been his responsibility to ensure materials were present in all identified locations and he had checked earlier in the morning prior to our arrival. We had also been told by the facility leadership team and multiple line staff members that the east side of the facility houses inmates identified as "Northerners" and that they are notoriously uncooperative with law enforcement and facility staff. We were also told by staff that the term Northerners is a geographic identification and not associated with any specific gang, race or culture.

Three inmates were contacted during our tour of the dorm and were relatively uncooperative. Two of the three said they were familiar with PREA, but that it didn't pertain to them. One said specifically, "if anything like that happened in here, we would take care of that shit ourselves. The officers would never know, unless we make someone roll it up (a term used by inmates regarding an inmate who has been told by other inmates to leave the dorm voluntarily)".

Only one of the three indicated that announcements were made by staff before entering the dorm, but he was unsure whether it pertained to the officer's gender or not.

Dorm #7

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from right to left. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The left side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in this dorm contained no information regarding PREA. We were later told by the escort that the materials were all present at approximately 0630 hours that morning. He said it had been his responsibility to ensure materials were present in all identified locations and he had checked earlier in the morning prior to our arrival. We had also been told by the facility leadership team and multiple line staff members that the east side of the facility houses inmates identified as "Northerners" and that they are notoriously uncooperative with law enforcement and facility staff. We were also told by staff that the term Northerner is a geographic identification and not associated with any specific gang, race or culture.

Attempts were made by the audit team to speak to inmates in this dorm, but none would speak to us.

Dorm #8

Prior to us entering the dorm, staff announced that a female would be entering the area. The dorm contains a single, hard locked door, which contains a large window. It is virtually impossible for an officer to enter the dorm without being seen. There is no public address system in the dorm, so the announcement of an officer being present cannot be made until the officer opens the door. Because of the dorm configuration and distance most inmates would be from the door, knocking, or rapping on the door or window would be heard by very few inmates.

The dorm is a rectangular space, angled from right to left. The front area of the dorm contains an indoor recreation area consisting of fixed benches and tables. Two televisions are mounted on the left wall and the facility uses individual listening devices purchased by the inmates to hear the television volume. This makes for a relatively quiet living area.

The right side of the dorm contains showers and toilets, running linear along the wall. A privacy curtain has been installed so inmates using the shower or toilet can do so with a sense of privacy, yet staff can still identify if inmates are in the area.

The dayroom area and sleeping area are separated by an approximately three-foot high pony wall. Because of the bunk configuration, there are numerous blind spots throughout the dorm. There are two cameras located at the left front corner and right rear corners of the dorm. The cameras are monitored at the west control booth and the watch commander's office. As stated for the previous dorm, the audit team viewed the camera views from the west control booth and determined that there are still numerous blind spots created by bunks, lockers and the pony wall. It was also determined that those areas could only be seen by an officer walking the entirety of the dorm.

A podium is located at the front left of the dorm for the officer's convenience. There is no chair or stool in the hosing area for an officer to sit.

The bulletin board in this dorm contained no information regarding PREA. We were later told by the escort that the materials were all present at approximately 0630 hours that morning. He said it had been his responsibility to ensure materials were present in all identified locations and he had checked earlier in the morning prior to our arrival. We had also been told by the facility leadership team and multiple line staff members that the east side of the facility houses inmates identified as "Northerners" and that they are notoriously uncooperative with law enforcement and facility staff. We were also told by staff that the term Northerners is a geographic identification and not associated with any specific gang, race or culture.

Attempts were made by the audit team to speak to inmates in this dorm, but none would speak to us.

Two inmates were contacted during our tour of the dorm and spoke to the audit team freely. Both indicated they were familiar with PREA, but neither believed it pertained to them. Both inmates said officers generally made announcements before entering the dorm, but that it was unnecessary because inmates typically alerted each other before the officer made entry.

Classrooms

Three classrooms are in adjoining hallways, off the main hallway, between the west and east sides of the facility. The hallways are in an "L" shape and reconnect with the main hallway.

Two video cameras cover the hallway, which creates no blind spots.

Each of the classrooms contains a single hard locked door with a large window. The entirety of the classrooms can be viewed from the door window. Each classroom contains a single video camera monitored from the west control booth and the watch commander's office.

On the east side of the facility there is a similar configuration, which contains counseling offices, an officer report writing room and a barbershop. All the doors in this area were locked and not in use during our facility inspection. Each of the offices and report writing doors had a large window which was covered. If uncovered, the entirety of the space could be viewed from outside the door. The escorting officer stated the office windows were covered in order to provide privacy for counselors, so other inmates in the area would not know which inmate was in a counseling office. The escorting officer stated the report writing window was covered so any inmates in the area could not see if, or how many officers may be using the room. He said the window was covered for "facility security."

The barbershop had no window covering. The escorting officer said that when the barbershop is in use, the door is open. It is a very small room with no blind spots. There is no video camera in this room.

Canteen

The facility canteen is in the main hallway and contains a rolling metal window. The rolling window is locked when the canteen is not in use. Access to the canteen can only be made from a locked, secure corridor, where inmates have no access. No inmates are allowed in this canteen.

Kitchen, Kitchen Dock and Dining Area

The kitchen and dining area are located on the northside of the building on the left side of the main hallway between the east and west sides of the building. The dining area is a square room containing fixed tables and seats. The area is covered by two video cameras monitored in the east and west control booths and the watch commander's office. Security staff is assigned to the dining area when inmates are present. There are no blind spots in the dining area.

The kitchen area is located through an open door adjacent to the dining area. It is an open area supervised by two kitchen workers and a security officer when inmates are present. On the right side of the kitchen is a changing area and restroom for the inmate workers. The restroom is completely out of view, however kitchen staff said they are present anytime the area is in use. There was no video camera in this area of the facility. There is a door frame that leads to this area from the kitchen, but there is no door attached to the area, so it is always open. There are two cameras in the main kitchen area, both monitored from east and west control booths, and the watch commander's office.

At the left rear area of the kitchen is an "L" shaped storage room with two video cameras and one convex mirror. Large racks contain kitchen supplies and create blind spots to the naked eye. Kitchen staff assured audit team members that inmates are not allowed in this area unsupervised and that a kitchen worker, or correctional officer must accompany any inmate accessing this area. While there are blind spots, the installation of a convex mirror allows someone standing at the door of the storage room to view nearly all the "L" shaped area.

The kitchen dock is located at the rear of the kitchen area on the north east corner of the facility and is designed like most commercial receiving areas. There is an angled driveway that leads to the raised dock. The entire dock is enclosed by chain link fence, topped with concertina wire. A single vehicle gate leads to the enclosed, secure area of the outdoor portion of the facility. The area has two video cameras monitored at the east control booth and the watch commander's office. There are no blind spots and staff said inmates are not allowed on the dock unaccompanied by staff. The door to the dock remains locked when not in use.

On the right side of the kitchen dock area is a chain link fence, topped with concertina wire, which separates the dock area from the outdoor maintenance area.

Maintenance Area

The maintenance area is located next to the kitchen dock area at the north east portion of the building. The indoor maintenance area is a rectangular shaped room with no blind spots and contains two video cameras monitored at the east control booth and the watch commander's office. There was no one present in the maintenance area during our visit. The escorting officer said that a civilian maintenance worker supervises an inmate work crew of approximately five and that inmates are not allowed in this area unsupervised.

A windowless double door leads to the outside maintenance yard, which has a chain link fence, topped with concertina wire on the left side, and a concrete wall on the right side, which is part of the main building.

The outside maintenance area contains shelving on the right side and pieces of equipment in the area. There are no blind spots and the area is covered by two video cameras monitored at the east control booth and the watch commander's office.

Exercise Yard

The outdoor facility exercise yard is located on the southside of the building and stretches the entire length of the facility structure. It measures approximately 120 yards by 40 yards. It is an open area with a covered officer station in the center of the yard. Exercise equipment, basketball courts and large open areas partially covered with grass comprise the exercise yard. Three officers are assigned to the interior of the exercise yard and one officer is assigned to the roof overlooking the yard to provide security.

Restrooms are located on the facility's wall and are clearly visible from virtually anywhere in the yard. A pony wall provides privacy for anyone using the toilet, but an officer can easily see if the area is occupied. The yard area is covered by four video cameras monitored in the east and west control booths, and the watch commander's office.

Interviews

All random inmate, specialized inmate, random staff, specialized staff, and volunteer interviews were conducted face-to-face during the two-day onsite inspection. Interviews with the SAFE nurse and victim advocacy personnel were conducted telephonically.

During the pre-audit phase, the auditor randomly preselected a total of 38 inmates to be interviewed based on the roster provided by the PREA coordinator. All three LEP inmates completed their interviews without issue. During the interview process of the 35 randomly selected inmates, all requested inmates were escorted to the four audit team members.

However, 16 of the 38 refused to speak the audit team.

It was determined that 14 of the 16 were housed in the east side dorms (dorms 5 thru 8) and two were housed in west side dorms. We had been previously told by staff that the east side dorms house the inmates identified as Northerners, previously described in this document. None of the inmates who refused to be interviewed self-identified as Northerners, and none provided a specific reason for not wishing to be interviewed. In the instance when an inmate refused to be interviewed, the associated audit team member randomly selected another inmate from the same dorm on the roster provided by the facility. In total, 38 inmates were interviewed for the purpose of this audit.

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.

Number of standards exceeded:	3
Number of standards met:	42
Number of standards not met:	0
Standards exceeded: 3 (115.11; 115.15; 115.33) Standards Met: 42 Standards Not Met: 0	

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 1. Agency Organizational Chart <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PREA Compliance Manager <p><u>Findings:</u></p> <p>Shafter has a stand-alone, 26-page policy that is specific to PREA. In establishing the PREA policies in a single document, the agency has made it simple for an outsider to see on paper how the facility intends to implement the PREA standards. The policy is written in clear, easy to understand language and addresses each point of the standards specifically.</p> <p>In order to determine compliance for this standard, the auditor relied on a comprehensive review of the requisite facility policies, interviews with the Agency Head, PREA Coordinator and the PREA Compliance Manager. Additionally, the auditor had the opportunity to assess the PREA Coordinator's knowledge of policy and how it is implemented at the facility. Also, the auditor had the chance to interact informally with the Agency Head, and PREA Compliance Manager. Each demonstrated an exceptional understanding of PREA and how it is implemented and followed at the facility.</p> <p>The Shafter Modified Community Correctional Facility (SMCCF) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. SMCCF Policy section 5.22 (Prison Rape Elimination Act [PREA] Rev. 1/19), I, Policy states, "Shafter MCCF shall maintain a zero tolerance for sexual misconduct in its facility. All sexual misconduct is prohibited." Additionally, I Policy Section V. Prevention Planning, V-1 Zero Tolerance, it states, "SMCCF mandates a zero tolerance towards all forms of Sexual Abuse and Harassment."</p>

In Policy section III. General Definitions, #20, sexual misconduct is defined as, "Any threatened, coerced, attempted, or completed sexual assault or nonconsensual sexual conduct between inmates (offenders). As it relates to employees, any sexual behavior by a departmental employee directed toward an Inmate (offender), as defined in California Code of Regulations (CCR) Section 3401.5 and Penal Code (PC) Section 289.6. The legal concept of "consent" does not exist between departmental employees (offenders); any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law." In their interviews, the PREA Coordinator and the Agency Head were specifically asked if "harassment" is included in the definition and both responded that it is. The PREA Coordinator pointed to the section in the policy which addresses behavior" and said it is an all-inclusive term.

Facility policy section I., Policy states how the facility implements its policy: "This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim." Interviews with line staff and management confirmed an overall understanding of this policy.

SMCCF Policy Section IV. Definitions Related to sexual abuse, provides definitions in five distinct categories: Section A. states that, "Sexual abuse by another inmate (Offender) includes any of the following acts, if the victim does not consent, is coerced into such act by overt, or implied threats of violence, or is unable to refuse:" Subsections 1 through 4 define specific acts in this category; Section B, states that, "Sexual abuse by an employee, contractor or volunteer includes:" Subsections 1 through 6 define those acts for this category; Section C., states, "Sexual Harassment includes:" Subsections 1 and 2 outline actions that meet this definition; Subsection D., states provides a definition for "voyeurism" and Section E discusses the definition of "sexual activity."

The facility's policy identifies sanctions against employees and inmates in the event sexual abuse or harassment had been deemed to have occurred. In Section III of the facility's PREA Policy, under #20, Sexual Misconduct, it states in part, "...any sexual behavior between them (employee and inmate) constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. In Policy Section IX-4 Staff First Responder Duties, Responsibility when Sexual Harassment is Alleged, item "g.", reads, "If the investigation is determined substantiated, the abuser shall be referred for disciplinary sanctions in accordance with CDCR DOM and Title 15 and be re-assessed to determine if any issues need to be addressed. Staff shall remind the abuser of SMCCF and CDCR's zero tolerance policy on Sexual Harassment and inform him that continued violations may result in housing that is more restrictive." Additionally, and specific to this standard, the PREA Coordinator was asked if harassment was included in the definition of Sexual Conduct when it refers to employees. She stated, "Absolutely, and any employee found in violation of this policy will be subject to discipline in accordance with facility policy."

SMCCF states in its policy (Section I, Policy) that its strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, "...will be accomplished by maintaining a program to address education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim." Subsequent policy sections specifically address how each of the measures above shall be accomplished at the facility.

The PREA Coordinator at the SMCCF is the Assistant Chief of Corrections. This is the only facility the agency operates, so the Assistant Chief is the number two in command and is in the upper level of the agency's management structure.

During her interview, the Assistant Chief was asked how she responded to any issue that may arise related to PREA compliance. She stated that she liked to get to the source of the issue and speak to whoever in the facility may be close to the area of concern. She also said that she liked to speak to any other stakeholders impacted to ensure that any decision or change in direction made does not negatively affect any other area. She also said she has full autonomy in enact any policy change to ensure compliance with PREA standards, however she says she always informs the Chief on any changes made. Based on the auditor's interactions with her during the on-site audit, it was clear she held a position of high responsibility within the agency.

The Assistant Chief and PREA Coordinator stated in her interview that her responsibilities as the PREA Coordinator are a top priority of her function. This is demonstrated by her personally providing the comprehensive training to all inmates assigned to the facility. Additionally, during her interview and in general conversation, the Assistant Chief had a full grasp of the agency's PREA Policy and takes a hands-on approach to its implementation.

The facility organization chart shows the Assistant Chief directly below the Chief of Corrections. Anytime the Chief is away from the facility, or otherwise unavailable, the Assistant Chief assumes command of the facility.

The position of PREA Compliance manager is held by one of the two Correctional Lieutenants assigned to the facility. For the purposes of context, here is the top-to-bottom rank hierarchy at the facility: Chief; Assistant Chief; Lieutenant; Sergeant; Senior Correctional Officer; Correctional Officer. The Correctional lieutenant holds a management level position within the facility.

In his interview with the auditor, the PREA Compliance manager said that PREA is a high priority at the facility and that it takes precedence over virtually any other issue at the facility. Because of that, he says he always has time to work on any PREA related issues that may arise.

The position of Correctional Lieutenant is in the agency's organizational chart. The two correctional lieutenants assigned to the facility report directly to the Assistant Chief, who is the agency's PREA Coordinator.

The PREA Compliance manager reports to the PREA Coordinator, which is defined in the agency's organizational chart.

As described above, the agency covers the requirements of this standard thoroughly in its policies. This coupled with the auditor's observations of the facility's leadership team, the auditor has determined that SMCCF has exceeded this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SMCCF has no contracts to have its inmates housed at another facility.

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>Policy and Documents Reviewed</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. Facility Staffing Plan 3. Staffing Schedule 4. Dorm Logs 5. Recorded Video <p><u>Interviews</u></p> <ol style="list-style-type: none"> 1. Chief (Warden) 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Staff <p><u>Findings</u></p> <p>The SMCCF is a municipally operated facility under contract with the California Department of Corrections and Rehabilitation (CDCR) to house male state prison inmates. A staffing plan was developed by the two agencies in order to determine the best staffing model for this facility.</p> <p>The facility is managed by a Chief, Assistant Chief, (2) Lieutenants, (5) Sergeants, (5) Seniors, (55) Corrections Officers, (19) civilian support staff, and (4) medical staff. The minimum staffing level for Monday through Friday is the following:</p> <ul style="list-style-type: none"> · First Watch – (8) · Second Watch – (15) · Third Watch – (14) <p>For Saturday and Sunday:</p> <ul style="list-style-type: none"> · First Watch – (8) · Second Watch – (16) · Third Watch – (13) <p>The Watch Commander will utilize overtime to ensure minimum staffing levels are maintained.</p> <p>In his interview, the PREA Compliance Manager stated that he was a member of the team that developed the staffing plan for the facility, in conjunction with staff from the CDCR. He said in the development of that plan, the PREA standards were at the forefront of their staffing plan discussions. The Compliance manager said that eight of the eleven components of the required staffing considerations mandated by PREA standards came into play. According to him, the only non-applicable considerations were negative findings by investigative agencies, judicial findings, and findings by oversight bodies.</p>

The facility has in place 83 recorded video cameras. The cameras are in all housing areas, interior and exterior common areas and hallways. All cameras can be monitored in the West and East control booths and the watch commander's office. Based on the observations of the auditor, the East and West control booth officers are typically too busy with other tasks to constantly monitor the cameras. During informal conversations with these officers, each said independent of the other, that if an incident is occurring, they can quickly access the affected area of the facility and monitor the situation. Conversations with other officers concluded that the best use of the video monitoring system is the historical value of recordings when reviewing an incident that has occurred.

During his interview, the Compliance Manager stated that the cameras are not a replacement for personnel but are an added security feature to the facility.

It was noted during the facility inspection that there are numerous blind spots in each of the eight dorms, despite the use of video cameras and mirrors. It appears the only solution to cover these areas would be to install a minimum of four additional cameras in each of the eight dorms.

According to the Compliance Manager, an assessment of the current system would need to be conducted to determine if it could support the additional 32 cameras. Regardless, it would be a significant expense to install the additional cameras. At the time of this audit report, the state of California was considering curtailing the contract with SMCCF, therefore it was unlikely the state would consider the expense at this time.

The Chief of the facility (Warden) was also interviewed for this standard. He was also a member of the team that developed the staffing plan for the facility. He reiterated that PREA was a significant component of the staffing plan and that the 11 required considerations in the development of the plan were discussed and utilized, if applicable. He also said that although the facility has 83 video cameras, it is not a substitute, or a replacement for correctional officers. He said it is an added tool that has proven valuable during investigations.

The Chief stated that the staffing plan, which is reviewed annually by himself, the Assistant Chief and the two Correctional Lieutenants is maintained in a file in the Assistant Chief's office. Additionally, the facilities staffing schedule for each of the three shifts is updated monthly and a copy is maintained with the staffing plan. The auditor reviewed the file in the Assistant Chief's office and found it to be as stated by the Chief.

When asked if the facility ever falls below the minimum staffing level, the Chief responded, "no," and that the staffing plan requires the watch commander to hire overtime to fill any vacant positions.

Additionally, since there have been no substantiated or unsubstantiated incidents of sexual abuse, there has been no need to consider this for the staffing plan. The Chief indicated that if that were to change, then an assessment would be made to determine if the staffing plan needed to be adjusted considering the incident.

The Chief, PREA Coordinator and PREA Compliance Manager all stated that video surveillance and other electronic monitoring is considered during the annual staffing plan review, no previous recommendations had been made for enhancements. The auditor brought to the attention of the facility command staff the numerous blind spots not covered by video surveillance in the dorm. The auditor requested that at the next staffing plan meeting, that the recommendation be made to seek bids to upgrade the system to adequately cover each of the dorms. The PREA Coordinator has said that they will comply with the recommendation.

Given the cost of the possible upgrade, the auditor has determined that this will not be a formal corrective action at this time.

The average number of inmates housed in the facility since August 20, 2012 is 610. Since August 12, 2020, the staffing plan has been predicated on a population of 640 inmates, which is the facility's maximum capacity.

There have been no instances when the facility's staffing plan has not been followed.

Annually, the Chief, Assistant Chief and the two Correctional lieutenants meet to discuss the deployment of personnel at the facility and take into consideration the eleven areas required by the PREA standards. The results of the meeting are documented in the facility staffing plan. If adjustments are made, they are made on the staffing schedule, which is placed in the staffing plan file, along with the updated staffing plan. The auditor confirmed that the annual staffing plans and staff schedules are maintained in a file in the Assistant Chief's office.

In Policy Section 5.22, V-3, e. and f. (Supervision and Monitoring), it states, "Facility management and supervisors will conduct and document unannounced rounds within their respective areas to identify and deter Employee Sexual Abuse and Sexual Harassment. Employees are prohibited from alerting other Employees that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility."

During the on-site audit facility inspection, the audit team asked to review evidence that the unannounced rounds were being logged. Each dormitory contains a red, hard-bound calendar book, which is used to document various events that take place each day in the dorm. When reviewing the logbook, the dorm officer pointed to a scribbled signature in red ink on the page. There was no time, no legible name and no indication that the entry was to indicate an unannounced round.

Two sergeants were interviewed, and both stated that they are responsible for conducting unannounced rounds. Each stated that they initial the logbook in red ink when an unannounced round is conducted. Both were asked how an outsider reviewing the log would know that the red initials represent an unannounced round, both said, in essence, "that's how we do it."

Additionally, the two sergeants were asked how they ensure their rounds are unannounced, both said that policy mandates the unannounced rounds. One of the two sergeants said, "frankly, we spend quite a bit of time on the floor as it is, so an unannounced round is really no big deal. The officers expect to see us out there anyway, so there is no need for them to alert other staff that we're there. Besides, I think they know there'd be some level of discipline if they warned their partners."

The auditor was able to review recorded video showing a male sergeant entering a dorm, walking to the podium and initialing the red calendar book.

The audit team reviewed the dormitory logs and observed that the red initials indicating an unannounced visit took place on all three shifts.

The auditor informed the PREA Coordinator that the way the entries were made was insufficient and would be cause for a corrective action. The auditor recommended to the PREA Coordinator that the entry should include the precise time, a legible name of the supervisor conducting the round, and that the round was unannounced. The PREA Coordinator said the correction would be made immediately. Following the on-site audit, the PREA Coordinator forwarded a photo of how entries were being made, along with an amendment to the facility's PREA policy instructing supervisors on how to make the entries. The auditor reviewed the policy and the photo and deemed that this provision is now compliant.

During the inspection of the facility, eight line staff members on two different shifts were informally asked if higher level staff (watch commander and sergeants) conducted unannounced rounds and each said yes. However, three of the eight said independent of each other that it's difficult for a supervisor to make a truly unannounced round. The reason given that because of the open nature of the hallways and dormitories, it's very clear when a supervisor enters the secure area of the facility. When asked if officers ever notified one another when a supervisor was on the floor, all eight said, "no."

During the on-site audit, the audit team observed supervisors enter and exit the secure area of the facility numerous times and there was no indication that any alerts were being given to staff. In fact, it was the observation of the audit team that supervisors of all ranks were always routinely on the floor and it appeared to be business as usual. Active supervision appears to be the culture of this facility. In order to determine compliance for this standard, the auditor reviewed all applicable policies and found them to be compliant as stated above in the individual standards. Additionally, the auditor reviewed the facility staffing plan and schedule, interviewed the Chief, PREA Coordinator and PREA Compliance Manager, and ensured the facility was properly maintaining its plans and schedules in the PREA Coordinator's office.

As it pertains to unannounced rounds conducted by intermediate or higher-level staff, the auditor reviewed the applicable policies as stated above, interviewed two sergeants, had informal conversations with eight line staff members, a control booth officer, reviewed the individual dorm logs for documentation of unannounced rounds and viewed recorded video to confirm supervisors were conducting the required checks.

After a thorough review of policy, coupled with interviews, inspection of other documents, informal conversations with staff and the audit team's own observations, it was evident the SMCCF was conducting unannounced visits. However, it was also the audit team's finding that the facility supervisors were not properly documenting the unannounced rounds. A recommendation was made to the PREA Coordinator, and the following corrective action was taken:

1. SMCCF Policy Section 3.06.1, (Shift Watch (1st), Shift Watch (2nd), Shift Watch (3rd)), General Duties and Responsibilities contain the following language: "Conduct unannounced rounds and when completed, document in the log books your name, time and that the visit was unannounced"
2. As proof of practice for this standard, the facility provided photos of logbooks showing the corrected logging of the unannounced rounds

Based on the review of policy, documents, video recordings, interviews, informal conversations with staff, and observations made by the audit team, the auditor has concluded that SMCCF has now met this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SMCCF does not house youthful inmates.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><u>Policy and Documents Reviewed:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Random Inmates 2. Random Staff <p><u>Findings:</u></p> <p>The contract between the CDCR and SMCCF does not allow the facility to house transgender inmates. Although the facility has a policy that addresses cross-gender pat-down searches, it's the practice to always have a male officer search the male inmates.</p> <p>Based on the audit team's observations announcements were made each time we observed a staff member entering a dorm, and each time the audit team entered a dorm, a "female walking" announcement was made due to the three female audit team members.</p> <p>Each staff member interviewed was very clear in their statements that announcements were made each time staff enters a dorm and the consensus of the inmate population (27 of 38) was that announcements were always made.</p> <p>The facility does not house transgender inmates, but all 16 staff members interviewed knew that facility policy prohibited the search of a transgender inmate solely to determine genital status.</p> <p>There have been zero incidents of cross-gender strip or body cavity searches in the past 12 months.</p> <p>In the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff.</p> <p>The facility, by its policy, does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The facility does not house female inmates. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): The facility does not house female inmates. SMCCF Policy 5.22 (PREA), Section V-4, a. and b., states, "Cross-gender strip (and) visual body cavity searches are prohibited except in Exigent circumstances." Section V-4, b., also states, "...visual body cavity searches are prohibited except for Exigent Circumstances and shall be performed by off-site Medical Practitioners." Section V-4, c., says, "SMCCF shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches."</p> <p>SMCCF Policy Section V-4, f. (Limits to Cross-Gender Viewing, Searches and Observations), says, "Inmates at SMCCF will shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine bunk checks."</p> <p>During the on-site audit, the audit team observed that each of the eight dorms is virtually identical. The bathroom and shower area are located on the right or left wall of the dorm, depending on the configuration. While standing at the front of the dorm,</p>

looking toward the rear, the shower and restroom area are visible. However, the facility has erected a privacy curtain made of white, non-transparent material. The material blocks the waist area of inmates while they shower or use the restroom area. Additionally, a review of the video cameras from the dorm showed that someone monitoring the cameras cannot look directly into the shower and restroom area.

SMCCF Policy Section V-4, g. (Limits to Cross-Gender Viewing, Searches and Observations) states, "Female employees will announce their presence when entering the housing units or any areas where inmates are likely to be showering, performing bodily functions, or changing clothes."

It was the audit team's observation that the dormitory design does not allow for an announcement to be made prior to entering a housing dorm. There is a hard door, with a large window that must be unlocked before entrance is made. The exterior of the dorm contains large windows in which staff can see into the dorm and inmates can see out. The team observed officers unlock the door, enter and make an announcement. The most common announcement was, "officer walking." During the visit, the team did not observe any female staff enter a dorm. However, there were three female audit team members. Each time the team entered the dorm, the officer would state, "female walking."

During the on-site inspection of dorms, 11 inmates were specifically asked if female officers announced their presence in the dorm. Seven of the 11 said an announcement was always made, two said the inmates alert themselves when an officer is walking, regardless of gender, and two stated no announcements were ever made.

Thirty-five random inmates were interviewed at SMCCF. Of the 35, 27 stated that some announcement was made when a female officer enters the dorm. Six said no announcements were made, and two said the inmates alerted themselves to officers walking. Two inmates said it was rare for female officers to ever enter the dorms and both said they had never seen a female officer walk through the entirety of the dorm. None of the 35 inmates said they are ever naked in front of female staff.

On the two days of our on-site audit, the team observed that there were no line-level female officers working dorm positions. On the 2nd Shift, there were female officers assigned to the West and East Control Booths. The Receiving and Release Officer was a female, but her duties did not require her to enter the dorms. On 3rd shift, there were two female supervisors. One was asked if she enters the dorms and she said yes, and that each time she announces her presence by saying, "female walking." Based on comments made by inmates that females rarely walk to the back of the dorm, she was asked if she walks the entirety of the dorm and she said that she does, when she has time.

Sixteen random staff were interviewed for the audit and all 16 stated that they announce their presence when entering a dorm and all 16 stated that inmates can shower and use the restroom without being seen by female staff. When asked how that was accomplished, all 16 referenced the privacy curtain in each dorm.

SMCCF Policy V-4, d. (Limits to Cross-Gender Viewing, Searching and Observations) states, "SMCCF shall not search or physically examine a Transgender or Intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a Medical Practitioner."

All sixteen random staff members interviewed were aware of the policy prohibiting the search of transgender inmates for the sole purpose of determining genital status. After thoroughly reviewing agency policy, assessing the interviews of inmates and staff, conducting informal conversations with staff and inmates, and observing staff entering dorms, it is the auditor's conclusion that the SMCCF exceeds this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policies and Documents Reviewed:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. Spanish language PREA Pamphlet and PREA Brochure <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head (Chief) 2. Random Staff 3. Inmates who are LEP <p><u>Findings:</u></p> <p>The facility’s contract with the CDCR has precluded inmates with most physical disabilities from being housed at the facility. As an example, there are no inmates in wheelchairs, or using in type of mobility assistance. There are no deaf or blind inmates at the facility, and at the time of the audit team’s visit, there were no inmates who would be identified as intellectually disabled. The only category of inmate with the possible need for assistance in comprehension, are the 14 inmates listed by the facility as LEP.</p> <p>In the interview of the three LEP inmates, it was determined that none had difficulty having access to PREA materials in Spanish, and that if necessary, it was easy to identify a Spanish-speaking staff member for assistance.</p> <p>The audit team determined that anywhere PREA materials were posted in the facility, they were in English and Spanish.</p> <p>SMCCF Policy V-5, a., (Inmates with Disabilities who are Limited English Proficient) says, “SMCCF will ensure that inmates with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from SMCCF’s effort to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.”</p> <p>During his interview, the agency head (Chief) said that the facility offers written materials and videos related to PREA in Spanish and that there are multiple staff members on each of the three shifts who are bilingual when verbal translation is necessary.</p> <p>At the time of the audit team’s visit to the facility, there were no inmates being housed who had a physical or intellectual disability which would prohibit them from understanding PREA materials provided by the facility.</p> <p>SMCCF produces all PREA related information in Spanish and can have that information translated into virtually in other language, if necessary. The PREA Coordinator and the Receiving and Release officer stated that Spanish is the only other language other than English spoken by the current inmate population.</p> <p>Prior to the on-site audit, the facility provided the auditor with a list of inmates (a total of 14) identified as Limited English Proficient (LEP). The auditor randomly selected three inmates from that list, and each was interviewed by a member of the audit team who is bilingual. All three inmates indicated they were able to read PREA information in Spanish and that it was received on the day they arrived at the facility. Each stated it was not necessary for anyone to interpret the information or read it to them.</p>

During the on-site audit, the bilingual audit team member spoke informally to seven inmates who were either bilingual or spoke Spanish only. All seven indicated that written materials are readily available in Spanish, and if necessary, it is easy to identify a Spanish-speaking staff member. It was the audit team's observation that in dorms where PREA information was posted, it was always posted in Spanish. SMCCF Policy Section V-5, c. (Inmates with Disabilities or who are Limited English Proficient) says, "Inmates at SMCCF shall not be relied upon as readers or other types of assistants except in exigent circumstances and limited circumstances where an extended delay in obtaining effective interpreter could compromise the inmate's safety the performance of first-response duties, or the investigation of the inmate's allegations. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report."

The audit team confirmed through informal conversations with staff members at all ranks that there are multiple bilingual personnel assigned to each shift. All staff interviewed stated there should never be an instance when an inmate would need to be utilized for interpretation.

There have been no documented instances.

Based on a thorough review of the policy, interviews with the Chief, random staff, inmates who are LEP, observation by the audit team during the visit, and informal conversations with inmates, the auditor has determined that SMCCF meets this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policies and Documents Reviewed:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. Personnel Files <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) staff <p><u>Findings:</u></p> <p>SMCCF Policy V-6 (Hiring and Promotions) states the following:</p> <p>“a. SMCCF is prohibited from hiring or promoting anyone who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in a confinement setting or the community.</p> <p>b. SMCCF shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone.”</p> <p>c. SMCCF will conduct criminal background checks and make its best effort to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years.</p> <p>d. SMCCF will ask applicants and employees directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees, all employees are required to disclose any such conduct as soon as it occurs.</p> <p>e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>f. SMCCF shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee on receiving a request from an institutional employer for whom such employee has applied for work.”</p> <p>SMCCF Policy Section V-6 Hiring and Promotions, Hiring Contractors States:</p> <p>a. SMCCF is prohibited from contracting with anyone (who may have contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in a confinement setting or in the community.</p> <p>b. SMCCF shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor who may have contact with inmates.</p> <p>c. SMCCF shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years.”</p> <p>SMCCF has developed a robust background, hiring and promotional process, which is managed by the City of Shafter’s Department of Human Resources.</p> <p>In her interview, the human resources manager stated she was very familiar with the hiring protocols put in place for the SMCCF and was aware that many changes were made to the process following the previous PREA audit.</p> <p>Prior to the previous audit, few, if any of the specific questions required by the PREA standards were asked. Since that time, she says that they use the National Crime</p>

Information Center (NCIC) and the Consolidated Criminal History System (CCHRS) in order to conduct background checks on potential new staff, contractors, and for promotions. She indicated the facility will notify her when five-year background checks are due.

She said that anyone who has had previous sexual abuse or harassment incidents will not be hired, and if an incident has occurred and is not disclosed by a current employee, they will be discharged from their position with the city. She also said that all new hires are asked in the application process whether they've had instances of any sexual abuse, harassment, or any civil, or administrative action and that an affirmative answer would cause the individual to be disqualified. She additionally added that current staff have an affirmative duty to report any such activity. She was also asked that if she were contacted by another entity about an employee whether she would disclose information regarding substantiated allegations, she said she is required to provide that information.

The PREA Coordinator stated in her interview that no contractors have contact with the inmate population, therefore no contractor background records were reviewed.

The following personnel files were reviewed by the auditor:

The personnel files for all 13 employees hired and two promotions in the past 12 months were reviewed and all contained criminal history checks which confirmed no allegations or convictions for sexual abuse or harassment. Each of the applicant's background packages included questions of past conduct which were answered with negative responses. The 13 new hire files were also reviewed for other PREA mandated information and all were in place.

Five personnel files were reviewed by the audit team to ensure the five-year criminal history check had been performed and all were in place with no findings of criminal activity.

Based on the thorough review of SMCCF policy, interviews with the human resources manager, the PREA Coordinator, and a review of 20 personnel files, it is the auditor's determination that the facility meets this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Documents Reviewed:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head (Chief) 2. Warden (Chief) <p><u>Findings:</u></p> <p>SMCCF Policy Section V-7 Facility Upgrades and Technology states the following: “SMCCF shall consider the effects of any (new or upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on Facility’s ability to protect inmates from Sexual Abuse.”</p> <p>The agency has not acquired a new facility or made substantial renovations or upgrades to the existing facility.</p> <p>In his interview, the Agency Head (Chief) said that the facility installed video surveillance technology prior to PREA standards going into effect. He said discussions had been held on how they might upgrade the system to better serve the inmates’ sexual safety, however, those conversations were not documented. The auditor advised the Chief that numerous blind spots were identified in each dorm and that initial video cameras (four per dorm) would likely reduce or eliminate those issues. The Chief stated that he and his staff would document that discussion in their next staffing plan meeting and make a recommendation for the upgrade. The Chief said, however, that CDCR was considering eliminating the contract and likely would not approve the upgrade.</p> <p>Based on a review of the facility policy, interview with the Chief, the observations made during the on-site audit, and approved recommendations for an upgrade to the video surveillance system, the auditor has determined the facility has met this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Documents Reviewed:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection Revised 1/19 2. Memorandum of Understanding with High Desert Women’s Center. <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Random Staff 2. SAFE/SANE Staff 3. PREA Compliance Manager <p><u>Findings:</u></p> <p>SMCCF maintains a comprehensive, 12-page document detailing protocols in the event of a sexual abuse or harassment allegation. The evidence protocol is a 14-point, step-by-step guide for the first responder. The language is simple to follow and provides enough detail for the first responder to ensure that all steps are taken to gather and preserve evidence.</p> <p>SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VI, Referrals of Allegations for Investigations, b., states, “CDCR will investigate allegations against CDCR staff both administrative and criminal.”</p> <p>Section c., states, “SMCCF will conduct administrative investigations.”</p> <p>CDCR staff at the facility includes counselors and teachers. Should allegations against them be made (either administrative or criminal), CDCR investigators would conduct the investigation. If an incident occurs involving a SMCCF staff member that does not rise to the level of being criminal, the investigation will be conducted by SMCCF investigators.</p> <p>SMCCF does not conduct investigations that involve potential criminal behavior. Should an incident occur involving a SMCCF employee and/or inmates that involves potential criminal behavior, it will be investigated by either the Kern County Sheriff’s Office, or CDCR. At the time of this audit, the PREA Coordinator said the first call would go to the KCSO.</p> <p>SMCCF Policy 5.22A Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection Revised 1/19 is a comprehensive 12-page document that outlines the facility’s protocols for investigations and evidence collection.</p> <p>The facility does not house youthful offenders; therefore, this standard is not applicable.</p> <p>SMCCF Policy 5.22A, Section III, D., 5., Evidence Protocol and Forensic Medical Exams states, “SMCCF shall offer all inmates who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim’s consent and without cost to the inmate regardless of whether the victim names the abuser or cooperates with the investigation that arises out of the incident.”</p> <p>SMCCF Policy 5.22A, Section III, D., 6., prohibits on-site forensic medical examination or evidence gathering.</p> <p>SMCCF Policy 5.22A, Section III, D., 6., requires that a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) conduct the</p>

forensic medical examination. If one is not available a qualified medical practitioner can conduct the examination. The forensic medical examination shall be conducted at a local hospital.

SMCCF Policy 5.22A, Section III, D., 5., Evidence Protocol and Forensic Medical Exams states, "SMCCF shall offer all inmates who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the inmate regardless of whether the victim names the abuser or cooperates with the investigation that arises out of the incident."

SMCCF Policy 5.22A, Section III, D., 6., requires that a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) conduct the forensic medical examination. If one is not available a qualified medical practitioner can conduct the examination. The forensic medical examination shall be conducted at a local hospital.

SMCCF Policy 5.22A, Section III, D., 6., requires that a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) conduct the forensic medical examination. If one is not available a qualified medical practitioner can conduct the examination. The forensic medical examination shall be conducted at a local hospital.

SMCCF Policy 5.22A, Section III, E., 5., states that if the forensic medical exam is offered, but refused, the facility shall document the refusal.

SMCCF Policy 5.22A, Section III, D., 7., says, "A victim's advocate shall be made available to accompany the victim through examinations and investigatory interviews."

SMCCF Policy 5.22A, Section III, D., 8., states that efforts to provide an advocate shall be documented.

SMCCF Policy 5.22A, Section III, D., 10., states, "SMCCF may not utilize facility employees as advocates unless the following documentation exists: a.

Documentation is on file that no other advocates are available in the community, and; b. Documentation exists that validates designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic medical exams in general."

The agency also has a memorandum of understanding with the High Desert Women's Center to provide advocacy services, when necessary.

SMCCF Policy 5.22A, Section III, D., 7., says, "A victim's advocate shall be made available to accompany the victim through examinations and investigatory interviews."

The Kern County Sheriff's Office and CDCR, who would be responsible for investigating criminal allegations, are both agencies who are required to follow PREA standards. The Kern County Sheriff houses county jail inmates and CDCR houses state prison inmates and both follow PREA standards regarding investigations.

The facility has put into place policies which provide for proper handling of a victim and an alleged abuser. The protocols include the offering of a forensic medical exam, documentation of that exam, provision for an advocate to accompany the victim throughout the treatment and investigative process. Contingencies have been put into place to ensure advocates are available, and if not, a provision for a qualified staff member to fulfill that role.

At the time of this audit, there was no history of a sexual assault since PREA standards were adopted, so there were no cases to review, or inmates to interview to determine if incidents were handled in accordance with PREA standards. Sixteen random staff were interviewed, and all said they were aware of evidence collection protocols. Each was probed to provide an example of how to handle damp, soiled linens. Thirteen of the sixteen answered appropriately, two were able to describe collection processes, but were unclear on how to best package the damp evidence. One staff member was unclear on any evidence collection procedures. A SAFE/SANE staff member at San Joaquin Medical Center was telephonically interviewed. She stated she would indeed be responsible for conducting SAFE/SANE examinations at the hospital. She said although she did not recall ever conducting an exam for an inmate from SMCCF, she had performed numerous exams in the past. She also said that if a SAFE/SANE examiner were not available, there are typically multiple qualified medical providers who could perform the exam. The PREA Compliance Manager was thoroughly knowledgeable regarding the facility's responsibility to provide a victim advocate to accompany an inmate for a forensic exam. He said if one was not immediately available from the High Desert Women's Center, he would seek a referral for another agency. Additionally, the PREA Compliance Manager stated that both the CDCR and KCSO are subject to PREA standards and must follow the requirements of PREA Standard 115.21 (a). The auditor conducted a search of both agency's websites, which stated that both follow all PREA standards. Based on a thorough review of facility policy, review of the MOU with HDWC, and interviews with a SAFE/SANE staff member and PREA Compliance Manager, the auditor has determined the facility has met this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A – Investigating Allegations of Sexually Abusive Behavior (PREA) 2. Agency Website <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head (Chief) 2. PREA Coordinator 3. Investigative staff member <p><u>Findings:</u></p> <p>The SMCCF maintains clearly defined policy as it pertains to the investigation of sexual abuse and sexual harassment allegations. The policy delineates the responsibilities of agency investigators in the cases of administrative investigations, and the expected cooperation of SMCCF staff with outside agencies in criminal investigations.</p> <p>SMCCF Policy 5.22A, section B., 1. a, specifically states that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including inmate-on-inmate sexual abuse and staff sexual misconduct. SMCCF conducts only administrative investigations regarding allegations of sexual abuse or sexual harassment. In her interview with auditors, the facility PREA Coordinator stated that criminal investigations would be conducted by the Kern County Sheriff’s Office.</p> <p>The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published under “PREA” on the Shafter Modified Community Correctional Facility webpage, associated with the City of Shafter website.</p> <p>Although no referrals had been made, a file folder is maintained in the PREA Coordinator’s file cabinet, which would hold documentation of any referrals made. The SMCCF website states that either the Shafter Police Department, or Kern County Sheriff will conduct any criminal investigations and the SMCCF will conduct any administrative investigations.</p> <p>In his interview, the Agency Head confirmed that the agency ensures an administrative or criminal investigation would be completed for all allegations of sexual abuse and sexual harassment. There were no documented allegations for the time period of this audit.</p> <p>The Agency Head also articulated that criminal allegations would be referred to the Kern County Sheriff’s Office, which has legal authority to conduct such investigations in this jurisdiction. The Agency Head also stated that SMCCF would document any referrals.</p>

Because SMCCF is contracted by the California Department of Corrections and Rehabilitation (CDCR), there are CDCR counselors who are assigned to the facility. In the event a CDCR employee was the subject of a criminal, or administrative investigation, CDCR would conduct any criminal or administrative investigations. If a SMCCF staff member were the subject of an allegation that was deemed to be administrative, trained SMCCF staff would conduct the investigation.

A facility lieutenant, who is responsible for conducting administrative investigations was interviewed. He stated in his interview that the agency does have a policy in place that requires allegations of sexual abuse or sexual harassment are referred to the Kern County Sheriff's Office for criminal investigation.

The facility PREA Coordinator is responsible for maintaining any referrals and showed the auditor the folder in her office where those referrals would be maintained.

The agency website was reviewed by the auditor and it contained information accessible to the public on the agency's policy regarding the referral of criminal investigations to either the Shafter Police Department, or the Kern County Sheriff's Office.

The auditor reviewed the facility website regarding the investigation of PREA sexual assault and harassment allegations. The website information states. "All allegations of Sexual Abuse or Sexual Harassment will be referred for an investigation to a law enforcement agency (Shafter Police Department or Kern County Sheriff's Office) with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Shafter MCCF will conduct administrative investigations. California Department of Corrections Rehabilitation (CDCR) will investigate allegations against CDCR staff both administrative and criminal."

The auditor thoroughly reviewed applicable agency policy, reviewed the content on the agency website and conducted interviews with the Agency Head (Chief), PREA Compliance Manager, and an investigative staff member. Based on the totality of those components, the auditor has determined that the facility is following this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A – Investigating Allegations of Sexually Abusive Behavior (PREA) 2. PREA Training Curriculum 3. Personnel Training Records 4. PREA Training Rosters <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff <p><u>Findings:</u></p> <p>SMCCF Policy 5.22, Section VII, a., Prison Rape Elimination Act (PREA) Revised 1/19, says, “All employees shall receive PREA Training (2012 Government Guidelines for Standard) and yearly refresher PREA Training shall be conducted each year thereafter.”</p> <p>Section VII, b., 2., says, “(The facility shall 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.”</p> <p>Section VII, b., 3., says, “(The facility shall train all employees who may have contact with inmates on:) Inmate’s right to be free from Sexual abuse and Sexual Harassment.”</p> <p>Section VII, b., 4., says, “(The facility shall 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.”</p> <p>Section VII, b., 5., says, “(The facility shall train all employees who may have contact with inmates on:) The dynamics of Sexual Abuse and Sexual Harassment in confinement.”</p> <p>Section VII, b., 6., says, “(The facility shall train all employees who may have contact with inmates on:) The common reactions of Sexual Abuse and Sexual Harassment victims.”</p> <p>Section VII, b., 7., says, “(The facility shall train all employees who may have contact with inmates on:) How to detect and respond to signs of threatened and actual Sexual Abuse.”</p> <p>Section VII, b., 8., says, “(The facility shall train all employees who may have contact with inmates on:) How to avoid inappropriate relationships with inmates in a SMCCF or Program.”</p>

Section VII, b., 9., says, “(The facility shall train all employees who may have contact with inmates on:) How to communicate effectively and professionally with inmates, including LGBTI or Gender non-conforming inmates...”

Section VII, b., 10., says, “(The facility shall 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.”

The auditor reviewed the training curriculum provided to employees. On page 20 of the curriculum is a section regarding staff responsibilities. The PREA Coordinator stated that in in this section facility-specific information is discussed with employees.

Section VII, c., says, “PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies.

Section VII, a., 1., says, “All employees shall receive PREA Training (2012 Government Guidelines for Standard) and yearly refresher PREA Training shall be conducted each year thereafter.”

Section VII, d., says, “Employees shall document through signature or electronic verification that they have understood the training they have received.”

PREA Training at SMCCF is provided by outside vendor 10-8 Tactical and Training. For the purposes of determining compliance for this standard, the auditor reviewed the training curriculum to ensure all subject matter required by the standard is covered. The training includes videos, break-out sessions and discussions regarding PREA related topics. The auditor found that the training block provided covers all required topics and that it is tailored to inmate make-up of the facility and the facility lay out.

Sixteen random staff were interviewed, and all answered affirmatively to question #1 in the random staff interview script regarding the topics covered during training. Each staff member attending PREA training must sign a roster acknowledging that the training was received and understood. The auditor reviewed the rosters from calendar year 2019 and matched them with the employee roster. The auditor confirmed that all 13 staff members hired in the past 12 months had attended and acknowledged having received the training.

The PREA Coordinator was also interviewed and she stated she attends the training and worked with the trainer to ensure all aspects of PREA education were being provided to staff.

Based on a thorough review of agency policy related to employee training, a review of the training curriculum, a review of personnel training records and training rosters, the auditor has determined that SMCCF meets this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A – Investigating Allegations of Sexually Abusive Behavior (PREA) 2. Training curriculum 3. Volunteer Records <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Volunteers 2. PREA Coordinator <p><u>Findings:</u></p> <p>SMCCF Policy 5.22, Section VII-2, a., Prison Rape Elimination Act (PREA) Revised 1/19, Volunteer and Contractor Training says, “All employees, volunteers, and contractors shall receive training on SMCCF’s Sexually Abusive Behavior and Prevention and Intervention Program prior to assignment.”</p> <p>Section b., states, “The facility will ensure that all volunteers and Contractors who have contact with inmates are trained on their responsibilities under SMCCF and CDCR’s Sexual Abuse and Harassment Prevention, detection and response policies and procedures.”</p> <p>A total of 31 volunteers and contractors who may have contact with inmates were provided the training in the past 12 months.</p> <p>Policy Section VII-2, c. and d., says, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact the have with inmates. All volunteers and contractors who have contact with inmates shall be notified of SMCCF and CDCR’s zero tolerance policy regarding Sexual Abuse and Sexual Harassment and informed on how to report such incidents.”</p> <p>Policy Section VII-2, e., says, “Volunteers and contractors shall document through signature or electronic verification that they understand the training they have received.”</p> <p>The PREA Coordinator stated in an interview that contractors are not permitted to have contact with inmates at SMCCF.</p> <p>The audit team reviewed the training curriculum for volunteers to ensure it met the criteria required by the PREA standards and determined that the training covered the mandated material.</p> <p>Ten volunteer records were reviewed, and all contained a signed acknowledgement and understanding of training and were current.</p> <p>Two religious services volunteers were interviewed, and each had a thorough understanding of PREA and their responsibilities as facility volunteers. Each stated that if they witnessed or became aware of an incident that involved sexual abuse of harassment, they would immediately report it to a facility supervisor.</p>

Based on a thorough review of agency policy, an assessment of the training curriculum, a review of volunteer training records, and the interviews conducted, the auditor has determined that the facility meets this standard.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A – Investigating Allegations of Sexually Abusive Behavior (PREA) 2. PREA Pamphlet 3. PREA Brochure 4. PREA Poster 5. PREA Video, “What You Need to Know” 6. Inmate Education Curriculum 7. Inmate Education Receipts (signed) <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Inmates <p><u>Findings:</u></p> <p>SMCCF Policy 5.22, Section VII-3, a., Prison Rape Elimination Act (PREA) Revised 1/19, Inmate Education says, “During the intake process, the facility shall provide each inmate with written information (pamphlet) on the facility’s zero tolerance policy regarding Sexual Abuse or Sexual Harassment, how to report incidents suspicious of Sexual Abuse and Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.”</p> <p>A total of 3,932 inmates were admitted to the facility in the past 12 months. All of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.</p> <p>The Intake officer stated that every inmate entering the facility receives the comprehensive training within 30 days. This was confirmed by the PREA Coordinator, who provides the comprehensive training to inmates. The audit team reviewed 13 randomly selected inmate records maintained in the Intake Office. The records are kept in a locked filing cabinet only accessed by the Intake Officer. All 13 records contained the training receipts, and all had been completed within 30 days of arrival at the facility.</p> <p>SMCCF Policy 5.22 VII-3 is inclusive of all inmate education required by PREA Standards. Since the agency has only one facility, therefore there are no intra-facility transfers of inmates. All inmates admitted to the facility, whether they have been assigned previously or not, receive all inmate education.</p> <p>SMCCF Policy 5.22 VII-3, d., states, “The education will be provided in formats accessible to all inmates, including those with disabilities and those who are limited English proficient.”</p>

SMCCF Policy 5.22 VII-3, e., says, “Each inmate will sign for receipt of written materials and participation in comprehensive education sessions, which shall be retained in individual files located in Reception and Release.”

SMCCF Policy 5.22 VII-3, f., states, “Key information will be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials.”

During the on-site audit, 38 random inmate interviews were conducted and only two inmates indicated they had received no education as it relates to PREA. However, the audit team reviewed the files of both inmates (along with 13 randomly selected inmate files), which indicated that both inmates had in fact received the comprehensive education provided by the facility. A review of other inmate records in the files for those two inmates showed that the signatures on the receipts for the comprehensive training appeared authentic.

Additionally, the 38 inmates were asked on what specific areas of PREA in which they received education (question #5). Thirty of the 38 recalled at least some of the information that was presented. Another six said they probably received the information, but just did not remember specifics, and two had no recollection of education being provided.

The Intake Officer for the facility was interviewed by auditors and demonstrated thorough knowledge of the inmate education process as it relates to PREA. During her interview, the Intake Officer articulated that each inmate receives PREA education on the day they arrive at the facility. Each inmate is provided a pamphlet, an inmate handbook and must watch the PREA video, “What You Need to Know.” She also added that inmates do not leave the processing area upon arrival until they receive the PREA education.

Each inmate must acknowledge on a form they have received the information, and, identify whether they were able to read the information themselves, or, that they cannot read the information, but it was communicated to them effectively. The form is signed by the inmate and the Intake officer and maintained in a file in the Intake Officer’s office.

The facility is divided into two sections – the East Side and the West Side. During the inspection of the facility, it was discovered that three of the eight housing areas did not contain the required PREA posters and printed materials. All three of those housing areas were on the East Side of the facility. Interviews of random inmates and random staff members indicated that a group of inmates identified as “Northerners” (a geographic designation not affiliated with specific races or gangs) controls inmate activities on that side of the facility. The Northerners are typically not cooperative with staff during investigations and encourage others to not cooperate as well. This “control” of the East side of the facility extends to what information is maintained on the housing area bulletin boards. The bulletin boards are open, and items can be easily removed. PREA information is deemed to conflict with the Northerner’s mission of not being cooperative, therefore, the inmates pull the information down from the bulletin board when it’s posted.

During the on-site audit, 21 inmates were contacted in dorms and informal discussions occurred regarding PREA Education. Eighteen of the 21 stated they received PREA education upon arrival at the facility. Of the 21, 20 said that information was readily available to them, if needed. Each was asked how they would obtain that information, each said it was posted on the bulletin board in the dorm. The one inmate who stated that he was not sure how he would obtain information, was in one of the three dorms where PREA postings had been removed. The auditor spoke with the PREA Coordinator about this finding and recommended that an alternative method of posting must be developed that would inhibit the removal of items from the bulletin board.

After the on-site visit, the facility redesigned dorm bulletin boards, which are now covered in plexiglass. Inmates can no longer directly access items posted on the bulletin board. The facility provided photographs of the bulletin boards as proof of practice.

The auditor reviewed the materials provided to inmates, including the brochure, pamphlet, and inmate handbook, and found that they were thorough and contained all necessary information required in the PREA standards.

SMCCF does an exceptional job in delivering PREA education to its inmate population, which was evident in the interviews the audit team conducted. Thirty-six of the 38 inmates interviewed acknowledged having received the comprehensive education. The written policy the facility has in place is thorough and is in line with the standard.

PREA related information, reporting numbers, counseling numbers and advocacy agency information is posted in every dorm and in multiple other areas of the facility where inmates may travel.

After an assessment of facility policy, educational materials provided to the inmates, interviews with inmates, informal conversations with inmates, the interview with the Intake Officer, and observations made during the facility inspection, the auditor has determined that the facility has exceeded the standard.

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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The SMCCF does not conduct criminal sexual abuse investigations in a confinement setting.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. Medical Staff Training Materials 3. Medical Staff Training Records <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Medical Staff (registered nurse) <p><u>Findings:</u></p> <p>SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VII-5 Specialized Training: Medical and Mental Health Practitioners, provides the facility's policy regarding training medical staff. The facility does not have mental health staff. Should an inmate need to be seen by a mental health practitioner, they are transferred to Wasco State Prison (CDCR).</p> <p>The auditor reviewed the policy and found it to contain all necessary provisions required in the PREA standard. Additionally, the auditor reviewed the training materials used to educate medical staff and found it to contain all the necessary criteria required by the PREA Standard.</p> <p>There are four medical staff assigned to the facility: one physician (assigned Monday through Friday); two registered nurses; one licensed vocational nurse. The auditor reviewed the training records for all four medical staff and found that all had received the required training, and signed a roster acknowledging receipt and understanding of the training material.</p> <p>A registered nurse was interviewed who confirmed that facility medical staff does not conduct forensic medical exams and that the sole responsibility in the event of sexual abuse is to triage any traumatic injury. The registered nurse responded affirmatively to having received all the training outlined in question #2 in the medical staff member script.</p> <p>Based on a review of the facility policy, review of training records of medical staff, and an interview with a registered nurse assigned to the facility, the auditor has determined the facility meets the standard.</p>

115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. SMCCF Risk Assessment Screening Forms 3. CDCR Form 1882 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Risk Screening Officer 2. Random Inmates 3. PREA Coordinator 4. PREA Compliance Manager <p><u>Findings:</u></p> <p>SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VIII Screening for Risk of Victimization and Abusiveness contains a step-by-step process for the screening officer to follow in order to properly complete the assessment. Since the facility is under contract with CDCR to house its inmates, a coordinated approach is used to ensure inmates transferred to the facility are identified and screened properly.</p> <p>The screening officer is required to complete CDCR Form #1882, which is an initial basic housing form completed for all CDCR inmates. The SMCCF screening officer completes a portion of the form and then it is forwarded to CDCR for completion, based on CDCR-specific information related to the inmate’s history in the state prison system. These completed forms are maintained in a locked storage cabinet in the Reception and Release office.</p> <p>At intake, the officer completes a one-page, facility-specific risk assessment form. The auditor reviewed the CDCR form #1882 and the SMCCF risk assessment forms and found they contained all required criteria to be evaluated in the PREA standard. If information is learned through the screening process that indicates that the inmate is either vulnerable, or may be a risk to others as an abuser, that inmate would be placed in a temporary holding cell and a supervisor at the rank of lieutenant or higher must be immediately contacted. The SMCCF contract with CDCR does not allow for inmates deemed to be vulnerable, or a risk to others, to be housed at the facility. Once a determination has been made by the lieutenant, the inmate is transferred from the facility to a CDCR prison. This process is fully documented in the SMCCF policy.</p>

The facility policy Section VIII specifically addresses the 30-day reassessment requirement based on any additional, relevant information. In the past 12 months, no 30-day screenings were required based on additional information. The same policy states a reassessment will be conducted based on a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The same policy also prohibits from being disciplined for refusing to answer or disclose information.

The risk assessment officer (who is also the Intake Officer) was interviewed. She demonstrated a thorough understanding of the PREA standards and the risk assessment process. She stated that she is the only line-staff level officer who has access to any of the information collected during the assessment. The interview took place in her office and she showed the auditor the cabinet where the completed assessments are maintained. The auditor randomly selected 14 packets and found each to be thoroughly completed. The officer was asked how many assessments resulted in an inmate being deemed at risk, or a threat. She said that none had occurred since PREA standards had been implemented and she attributed that to the housing criteria in the contract with CDCR.

The risk assessment officer said that within 30 days of arrival at the facility, she will reassess the inmate. If additional factors have come to light since the initial screening, the file will be taken to the SMCCF classification committee comprised of the classification lieutenant (PREA Compliance Officer), PREA Coordinator, and the risk assessment officer for a determination. She also said that inmates are never disciplined for refusing to answer questions or disclosing information.

A total of 38 inmates were interviewed. Thirty-four responded that they recalled being asked any questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse at the facility. Four did not recall if that question was specifically asked.

Of the 38 inmates interviewed, 25 recalled being asked if the questions were ever asked again. Ten did not recall being asked at all, and three said they may have been, but did not specifically remember. Of the 25 who recalled being asked the questions again, 18 said it was shortly after they arrived at the facility, but none could say specifically when. Seven stated it was within a few days of arriving at the facility. Based on a review of the agency's policies, review of the completed CDCR 1882 forms, the facility risk assessment form, interviews with the risk assessment officer, PREA Compliance Manager, PREA Coordinator, and random inmates, the auditor has determined that SMCCF meets the standard.

115.42	Use of screening information
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 695 360"><u>Policy and Document Review:</u></p> <ol data-bbox="300 376 1273 409" style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p data-bbox="252 427 411 461"><u>Interviews:</u></p> <ol data-bbox="300 477 783 555" style="list-style-type: none"> 1. PREA Compliance Manager 2. Risk Assessment Officer <p data-bbox="252 573 392 607"><u>Findings:</u></p> <p data-bbox="252 622 1469 902">Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VII-2 Use of Screening Information, a., says, "Screening information shall be used to determine housing, bed, work, education, and programming assignments with in the facility in order to keep potential victims away from potential abusers." Housing assignments are made on a case-by-case basis based on the interview of the risk assessment officer.</p> <p data-bbox="252 913 1481 1440">The risk assessment officer said that housing determinations at the facility absolutely include an assessment on whether an individual would be sexually safe in the facility. She said, however, that the type of inmate allowed at the facility requires greater attention to race and possible gang affiliation in determining housing. The contract between CDCR and SMCCF does not allow transgender, intersex or LGBTI inmates to be housed at the facility. However, the facility has in place policies to ensure all PREA standards are followed. The risk assessment officer stated that no inmates who would be in those categories have ever been housed at the facility. She additionally said that if it was determined at screening that the inmate was in one of those categories, they would be transferred from the facility immediately.</p> <p data-bbox="252 1451 1469 1731">The PREA Compliance Manager stated in his interview that although policy is in place, the contract with CDCR prohibits transgender, intersex and LGBTI inmates to be housed at the facility. He also said that if it was determined at intake that an inmate was in one of those categories, they would be immediately transferred from the facility. He additionally said there has never been litigation or legal action against the facility regarding transgender, intersex or LGBTI inmates.</p> <p data-bbox="252 1742 1406 1821">No transgender, intersex, or LGBTI inmates are assigned to the facility, so there were none to be interviewed.</p> <p data-bbox="252 1843 1465 1977">Based on a review of facility policy, and interviews with the PREA Compliance Manager and the risk assessment officer, the auditor has determined that the facility meets this standard.</p>

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Warden (Chief) <p><u>Findings:</u></p> <p>SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VIII-3 Housing, addresses holding inmates in Transit Holding Cells (temporary holding cells). In his interview, the Chief indicated it would be highly unusual occurrence if an inmate was placed in a Transit Holding Cell for greater than 24 hours. Based on its contract with CDCR, any inmate who needs to be segregated from the general population is not fit for housing at SMCCF.</p> <p>In the instance it were necessary, inmates would be housed at the facility in a Transit Holding Cell, they would have access to programs and services for which he is otherwise eligible, and the facility shall document and justify any restriction imposed. In his interview, the Chief said they do not have a segregated housing area in the facility, but only have the Transit Holding Cells. He said because of this, there are no officers who are identified as dedicated to managing segregated housing areas. He said this extends to disciplinary action. Any inmate in violation of facility rules, or otherwise deemed not suitable for general population housing, is transferred to a state prison. He also said if an inmate were at high risk of sexual victimization, they would be involuntarily housed in a Transit Holding Cell, but only for the period it would take to transfer him to a state prison.</p> <p>There have been no instances in the past 12 months when an inmate has been involuntarily housed in a Transit Holding Cell because they were at risk of sexual victimization.</p> <p>Based on a thorough review of SMCC policy and interview with the Chief, the auditor has determined the facility meets the standard.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Random Staff 2. Random Inmates 3. PREA Compliance Manager <p><u>Findings:</u></p> <p>SMCCF Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VIII-4 Reporting of Sexual Abuse, provides multiple ways for inmates for inmates to internally report sexual abuse. Per the policy, inmates can report verbally to any SMCC staff member, verbally to any CDCR staff member (counselors at the facility), or in writing to either a staff member or CDCR staff member.</p> <p>Based on observations made by the audit team, informal conversations with inmates, inmate interviews and staff interviews, preparing a written notification, either by name or anonymously is simple. There are multiple mail/document boxes for various requests inside the dorm in which an inmate could place a notification in writing.</p> <p>The agency also has multiple ways for inmates to report sexual abuse, sexual harassment or retaliation to outside entities. Inmate brochures posted in the dorms, reports can be made via third party (family, friends or others outside the facility), they can write the Officer of Inspector General PREA Ombudsperson, or they can call the Ombudsperson’s office via collect call, or the CDCR Office of Internal Affairs.</p> <p>The audit team was able to successfully make calls from inmate phones to both the OIG and Internal Affairs offices without charge.</p> <p>Facility policy requires any employee with knowledge of potential sexual abuse or harassment and to accept those reports verbally or in writing. By policy, staff must report that knowledge immediately. If staff members believe the information to be confidential, a provision in policy allows them to make the report to the Chief or Assistant Chief. Staff have been informed of these directives through training and codification in facility policy.</p> <p>Sixteen staff members were interviewed. All sixteen knew how they could individually report sexual abuse or harassment, and all could articulate how inmates could report as well. Fourteen of the 16 said they would document verbal reports of sexual abuse or harassment, but two said they would immediately make a verbal notification to a supervisor.</p>

A total of 38 inmates were interviewed. Of those 38, 35 named various ways in which they could report sexual abuse or harassment. Four specifically said they would call family members. The others stated they would either tell a staff member, or a supervisor. Two of the inmates stated they would not report sexual abuse or harassment but would take care of the problem themselves.

The inmates were less clear on how to report abuse or harassment outside of the facility. Four said they would tell a family member or friend on the outside; 18 said they believed outside contact information was posted in the dorm; 10 said they would not report outside of the facility, and six said they were unaware of how to contact anyone outside the facility.

The PREA Compliance Manager was interviewed and was knowledgeable about ways in which inmates can make a report, including those made outside the facility. He was asked how he would be notified if a report were made to either the OIG, or Internal Affairs' office. He said they would receive an immediate phone call to either the Chief, or Assistant Chief if they were available. He said if the report were to occur on a weekend, the watch commander would take the call, and then report immediately to the Assistant Chief. He said the facility would then take whatever steps were necessary to protect the victim, isolate the abuser (if applicable) and obtain any evidence.

The facility does not house inmates who are being held only for immigration purposes.

Based on a thorough review of facility policies, interviews and informal conversations with inmates, and an interview of the PREA Compliance Manager, the auditor has determined that SMCCF meets the standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. Inmate Handbook <p><u>Interviews:</u> None</p> <p><u>Findings:</u> Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VII-4 Reporting Sexual Abuse, Emergency Procedures, delineates in detail the process for handling Emergency Grievances. The policy, in part, says that the Chief of Corrections, or his designee (the Assistant Chief), shall ensure that immediate corrective action be taken to protect the alleged victim. Additionally, the policy states there will be a response to the inmate within 48 hours and a final decision within five calendar days. Section VIII-5 Exhaustion of Administrative Remedies states in the first line that, "There is no time limit on when an inmate may submit a grievance." Facility policy also states that inmates do not have to submit a grievance to a staff member who is the subject of the grievance, nor can that staff member be referred that grievance. Section VIII-6 Inmate Access to Outside Confidential Support Services and Section VIII-7 Third Party reporting provide in detail procedures for both of those areas. The auditor reviewed these policies thoroughly and found all of them to contain all criteria required to meet the PREA standard. The auditor reviewed the inmate handbook and found the relevant information from facility policy is also contained in the handbook. There were no emergency grievances, or general grievances filed in the past 12 months related to an issue of sexual abuse, sexual harassment, or retaliation, therefore, there was no data to evaluate, or inmates to interview. Based on a thorough review of the facility policy and review of the inmate handbook, the auditor has determined that SMCCF meets the standard.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. PREA Brochure 3. PREA Pamphlet 4. PREA Poster 5. Inmate Handbook <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Random Inmates <p><u>Findings:</u></p> <p>As part of the intake process, verified through interviews with the Intake officer, and a review of inmate files, each inmate is provided a PREA Pamphlet and PREA brochure. Inside those documents are the names, telephone numbers and addresses of the Alliance Against Family Violence and the High Desert Women’s Center. The auditor verified that the phone numbers provided can be reached without charge to the inmate. Additionally, the pamphlet and brochure are posted on each dorm bulletin board for reference.</p> <p>The facility has a memorandum of understanding with the High Desert Women’s Center to provide emotional support services. The MOU expired in 2018, however the PREA Coordinator has spoken to the center and they have assured her that the MOU will be updated, and services will be continued. The auditor attempted to contact the representative responsible for the MOU, but at the time of this audit report, had not received a return call.</p> <p>Inmates who wish to make a call to receive support services must do so from a telephone in the dorm. During the on-site audit, the audit team observed that telephones were generally available, and if an inmate wished to use the phone, he could do so with some privacy. During informal conversations with inmates during the visit, the audit team was told by multiple inmates that it’s not difficult to find a quiet time in which to make a confidential phone call. The inmate pamphlet that each inmate receives contains a statement that all calls are recorded, and that any allegation of sexual abuse or sexual harassment will be investigated.</p>

Thirty-eight inmates were interviewed. Of the 38, 20 stated that they were aware that some type of support services were available. Ten said there probably were services available, and eight were unsure what support services might be available to them. Only four of the 38 could recall when specifically, when they received the information. In probing those that knew there were services available, 15 of the 20 said they knew there was a phone number located on the dorm bulletin board. Five of the inmates said that they could find it in printed material available from the facility, if needed.

None of the 38 inmates believed any phone call made from inmate phones would have any guarantee of privacy. The consensus of inmates was that they know phone calls are recorded and they know there is always the possibility of someone hearing what was said. Thirty of the 38 said they knew if staff were aware, or heard of an allegation, that there would be no confidentiality. Eight said they were not certain about confidentiality issues.

During the past 12 months there have been no inmates who have reported sexual abuse; therefore, no interviews took place.

Based on a thorough review of the agency's policy, a review of the inmate brochure, inmate pamphlet, inmate poster, informal conversations with inmates, and formal interviews with inmates, the auditor has determined that SMCCF meets the standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. PREA Brochure 3. SMCCF Website <p><u>Interviews:</u> None</p> <p><u>Findings:</u> Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section VIII-7 Third Party Reporting details the process for receiving third party complaints. The policy states, "SMCCF has publicly posted on its website, third party reporting procedures and its methods of receiving third party reports of Sexual Abuse and Sexual Harassment on behalf of inmates assigned to Shafter MCCF." Additionally, the policy states, "Grievances filed by a third party will be investigated regardless of whether the inmate participates in the process and if the inmate does not participate, it will be documented in the investigative report." The auditor reviewed the agency website and found that instructions are provided to third party reporters, providing them a mailing address, a phone number to call and a list of information that would aid an investigation, such as, Inmate victim's name and CDCR number, Perpetrator's name and ID number (if available), When/Where the incident occurred (date, time, location – i.e. dorm, shower, etc.), Incident description, and the reporting party's name, contact information and relationship to the inmate/victim. The auditor also reviewed the inmate brochure, which listed notifying family members as a method of reporting sexual abuse or harassment, and a telephone number to call. Based on a thorough review of agency policy, a review of the SMCCF website, and review of the PREA brochure, the auditor has determined that the facility meets the standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Warden (Chief) 2. Medical Staff (registered nurse) 3. Random Staff <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section IX-1, a., says, "All employees are required to immediately report any of the following:</p> <ul style="list-style-type: none"> · Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a facility · Retaliation against inmates who reported an incident · Any employee neglect or violation of responsibilities that may have contributed to an incident of retaliation <p>Sub-section b., states, "Apart from reporting to designated supervisors or officials; staff shall not reveal any information related to a Sexual Abuse report to anyone other than to the extent necessary to make treatment, investigation and other security management decisions."</p> <p>Policy requires medical practitioners at the facility to the same reporting standards as all employees. Additionally, they must inform inmates their duty report, and the limitations of confidentiality. The facility policy includes the required reporting parameters as outlined in the PREA standards as they related to individuals under the age of 18.</p> <p>Sixteen random staff members were interviewed. All 16 stated their responsibility was to immediately report any of the three areas covered in paragraph (a) of this standard. Of the 16, 14 were clear on their responsibility of confidentiality related to the information received. Two of the 16 were uncertain if the information received was confidential. When the two were probed more deeply about confidentiality, each stated they understood that the information is confidential.</p> <p>A registered nurse assigned to the third shift was interviewed. She said she was aware of her duty to advise inmates on her reporting requirements and limits of confidentiality. She also said if an incident of sexual abuse occurred, her responsibility would be to report it to an on-duty supervisor immediately. She said that to her knowledge no such incidents have occurred at the facility.</p>

The Chief was interviewed. He said that any allegation of sexual abuse or sexual harassment would be immediately directed to the facility investigator. As it pertains to incidents involving individuals under the age of 18, the Chief reminded the auditor that the facility does not house juveniles, however, if it were to occur, he said he would need to report the incident to local service agencies.

The PREA Coordinator was interviewed and asked the same question regarding individuals under the age of 18. She also reminded the auditor that there are no individuals housed at the facility under the age of 18, but she said she would be required to notify the Kern County Department of Children Support Services.

There have been no reports of sexual abuse or sexual harassment filed at the facility in the past 12 months for adults or individuals under the age of 18.

Based on a thorough review of the agency's policy, coupled with the interviews of random staff, a registered nurse, the Chief, and the PREA Coordinator, the auditor has determined that SMCCF meets the standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head/Warden (Chief) 2. Random Staff <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section IX-2, Agency Protection Duties, says that personnel shall take immediate action to protect the victim. The policy also says that all conversations with the victim should be sensitive, supportive and non-judgmental.</p> <p>In the past 12 months there have been no such incidents at the facility.</p> <p>The Chief was interviewed and stated there were options on how to best protect the victim. Depending on the information received, the victim could be removed from the dorm, placed in a Transit Housing Cell and moved to a state prison. If the facility had credible knowledge of a specific alleged abuser, the abuser could be removed and transferred to a state prison. Regardless, he said, the primary expectation is that staff do whatever is necessary to protect the victim.</p> <p>Sixteen random staff members were interviewed and all 16 said that the primary concern was to protect the victim. All were probed and asked to provide an example of how best to protect the victim. Of the 16, 14 said they would escort the victim to a Transit housing Cell. Two said they would take the victim to the clinic. All said it was imperative that the victim be removed from the dorm.</p> <p>Based on a thorough review of the policy, coupled with interviews with the Chief and random staff, the auditor has determined that SMCCF meets the standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head/Warden (Chief) <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section IX-3, says that if an inmate alleges sexual abuse occurred at another facility, the facility shall document those allegations and the Chief of Corrections or the Assistant Chief of Corrections will notify that agency as soon as possible, but no more than 72 hours after the allegation was received. It also says that the facility will document the notification with copies to the PREA Compliance Manager and PREA Coordinator. If SMCCF receives notification of alleged abuse, the allegation will be investigated in accordance with PREA Standards.</p> <p>SMCCF has had no such incidents in the past 12 months.</p> <p>The Chief was interviewed and said that if an allegation were to be made that occurred at SMCCF, the point of contact would be the Assistant Chief, who also serves as the PREA Coordinator. He said that the Assistant Chief would ensure an investigation was initiated immediately. He said there have been no reports of this nature in the past 12 months.</p> <p>Based on a thorough review of agency policy and interview with the Chief, the auditor has determined that SMCCF meets the standard.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Random Staff 2. Security Staff 3. Non-security First-responder <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section IX-4, First Responder Duties, says that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, and immediately notify the on-duty supervisor. The policy also says the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p>Additionally, the policy says that if the alleged sexual abuse occurred within 96 hours, the first security staff member to respond to the report 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. The same time frame applies to the abuser.</p> <p>SMCCF policy says that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a supervisor immediately.</p> <p>In the past 12 months, there have been zero incidents of sexual abuse reported. A civilian kitchen staff member was interviewed as a non-security first responder. She was asked how she would respond to an inmate who had alleged sexual abuse. She said she would immediately notify an officer. She said that whenever inmates are around (in the kitchen area), there's always an officer present. She also said she felt it would be her responsibility to make sure the victim was, "OK," and safe. She added that it would be important to know if the abuser was in the area, so she could tell the officer. It took some probing and hypothetical situations; however, the kitchen staff member was able to articulate portions of all areas in the question. She was not as clear on evidentiary issues but understood the concept and necessity.</p> <p>A total of 16 random staff members were interviewed. Because there is no differentiation between random staff, and security staff, all were asked the question regarding first responder actions to an allegation of sexual abuse.</p>

Of the 16 interviewed, 14 said their immediate response would be to tend to the victim. Two said they would first notify a supervisor. Ten of the 16 provided clear descriptions of their responsibilities in separating the victim and abuser, evidence collection and the need to ensure the victim and abuser did not wash, brush teeth, etcetera, in order to preserve evidence. Five of the 16 were accurate in describing their duties, requiring mild probing to ensure all points were covered. One staff member was adamant he would ask for a supervisor and wait for them to respond before taking any other action. The auditor attempted probing methods to illicit a more detailed response, but the staff member appeared to be unclear on what his duties would be and said he would not do anything until being directed by a supervisor.

Based on a thorough review of the agency policy, and interviews with security and non-security staff, the auditor has determined that the facility meets the standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF PREA Coordinated Sexual Abuse Response Book 2. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Warden (Chief) <p><u>Findings:</u></p> <p>The facility has developed the SMCCF Coordinated Sexual Abuse Response Book. The book is an eight-page document, placed in a hard-cover binder located in the watch commander's office. SMCCF is the only facility the agency operates, so the plan is facility specific.</p> <p>The book operates as a checklist for first responders, non-sworn first responders, supervisors, medical staff, and investigators.</p> <p>The first section of the book is dedicated to first responders. The auditor thoroughly reviewed the items on the list and found them to be consistent with what PREA standards require of a first responder.</p> <p>Each section of the book provides enough information to ensure that all responding members of the team have the information necessary to successfully manage the event.</p> <p>At the back of the book is a supervisor's checklist to ensure that all steps have been taken to manage the event.</p> <p>The Chief was interviewed and had a thorough understanding of the Response Book, where it was located and how it should be best utilized. He said the book is located in the watch commander's office, and in the event a sexual abuse is reported, it should be the first thing the watch commander does is reference the book to ensure all steps are taken to properly manage the event. He said in the event he is notified of a sexual abuse, the first question he would ask the watch commander is if all the steps in the Response Book have been followed.</p> <p>Based on a thorough review of the Response Book, a comparison to agency policy, and the interview with the Chief, the auditor has determined that SMCCF meets the standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u> None</p> <p><u>Interviews:</u> 1. Agency Head (Chief)</p> <p><u>Findings:</u> The agency maintains a collective bargaining agreement with the same organization that represents CDCR officers. Based on the interview with the Chief, there is no language in that agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Based on the interview with the Chief, the auditor has determined that SMCCF meets the standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Agency Head/Warden (Chief) 2. Staff Member Monitoring Retaliation <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section IX-7, Protection Against Retaliation, details that 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. The facility has designated the Assistant Chief as the staff member responsible for monitoring retaliation.</p> <p>The policy also outlines multiple protective measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Facility policy also includes a section that reads, "For at least 90 days following a report of Sexual Abuse, or until there is no longer a continuing need, the facility shall monitor the conduct and treatment of inmates or employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded."</p> <p>The agency will also seek remedies to the situation and will monitor beyond 90 days if warranted.</p> <p>The policy also requires that status checks be performed and will include assessing if any discipline has occurred, housing changes, or program changes. The policy extends to include anyone other inmate who expresses fear of retaliation. If so, the facility will take steps to protect that inmate.</p> <p>There have been zero such incidents in the past 12 months.</p> <p>The Chief was interviewed and stated that if an inmate requires protection from retaliation, the facility will consider housing changes, or removing for the abuser. For employees, he said job changes or shift changes would be a consideration.</p>

The Assistant Chief (staff member charged with monitoring retaliation) was interviewed and demonstrated an exceptional knowledge of the standard. She articulated her role in monitoring retaliation and that monitoring would occur for at least 90 days, and multiple options are available to ensure the safety of inmates and employees. She said for inmates, and that job changes were a possibility, housing change, including transfer from the facility. She said in the event an event were to occur, the inmate would be monitored to ensure there were no unusual disciplinary issues, changes in their normal program and that she would personally follow up with the victim to ensure there were no additional concerns. She also said there were counseling options as well, if they were necessary.

For employees, the Assistant Chief said that schedule changes were a possibility, or job changes. She said that unfortunately, the agency only operates one facility, so a transfer to another facility was not an option. She said that counseling would be available to the employee as well.

The facility has no segregated housing and there were no inmates who were at risk of sexual victimization, or who have alleged or suffered sexual abuse. There also were no inmates who had alleged sexual abuse, and since no incidents have been reported in the past 12 months, there was no documentation to review.

Based on a thorough review of SMCCF policy, coupled with interviews of the Chief, and Assistant Chief, the auditor has determined the facility meets the standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Warden (Chief) <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section IX-8, Post-Allegation Protective Custody addresses this standard, and refers to Section VIII-3, Housing. The policy prohibits the placement of inmates who allege to have suffered sexual abuse 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.</p> <p>The policy also states that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>There have been no inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p>The Chief was interviewed and said that the facility does not have segregated housing, but has Transit Housing Cells, that are used temporarily to segregate inmates until they have been transported to a state prison. He said, however, that if the need arises, they could be used to involuntarily segregate potential victims of sexual abuse for their safety. He said if the cells needed to be used for that purpose, no inmate would be placed in the cell without first having an assessment. He said they would ensure they had full access to programs. He said placing an inmate in a Transit Housing Cell would be an absolute last resort. He said there have been no instances such as this to use these cells.</p> <p>Because there is no true segregated housing at the facility, there was no segregated housing officer to interview, or any inmates who may have been placed in segregated housing. Since no events such of this have occurred, there was no documentation to review.</p> <p>Based on a thorough review of the agency's policy, and interview with the Chief, the auditor has determined that SMCCF meets the standard.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19 <p>-</p> <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. KCSO Investigative Staff 2. SMCCF Investigative Staff <p><u>Findings:</u></p> <p>SMCCF Policy 5.22A Investigating Allegations of Sexual Abusive Behavior (PREA) states that all allegations of sexual abuse and sexual harassment shall be investigated. The auditor thoroughly reviewed the agency’s policy regarding sexual abuse and sexual harassment investigations and found that it followed each of the provisions in this standard verbatim.</p> <p>The policy dictates that in circumstances where sexual abuse has been alleged, investigators from the Kern County Sheriff’s Office (KCSO), Sexual Assault and Abuse Investigations Unit (SAAIU) would conduct criminal investigations. KCSO, is a PREA-compliant agency, with investigators who have been specially trained on sexual abuse in a confinement setting.</p> <p>A detective for the agency was interviewed. He said SAAIU investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They also interview alleged victims, alleged abusers, and witnesses. He said they review prior reports and complaints of sexual abuse involving the alleged abusers.</p>

When detectives believe the evidence supports criminal prosecution, the agency will conduct compelled interviews, but only after consultation with the district attorney on whether compelled interviews may compromise prosecution.

KCSO assesses the credibility of alleged victims and alleged abusers, and witnesses on a case-by-case basis. Credibility is not determined based on the individual's status as an inmate or staff member. KCSO investigates all allegations of sexual abuse without requiring a victim who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding.

An SMCCF investigator, who would administratively investigate allegations of sexual abuse and sexual harassment was interviewed. She said she had been trained on specific topics, such as techniques for interviewing sexual abuse victims, criteria and evidence needed to substantiate an administrative finding, or a criminal referral. She also said she has been trained on Miranda and Garrity advisements and proper evidence collection methods.

She also said that the facility would investigate an allegation of sexual abuse or sexual harassment immediately.

The investigator was asked what steps she would take in initiating and investigation and how long it would take. She said that the facility administrator and CDCR would be notified prior to initiating the investigation. The facility is required to notify the Corporate PREA Coordinator (CDCR), the Regional PREA Coordinator (CDCR) and the highest CDCR staff member on site within two hours of the occurrence. She said the notifications would not hinder the collection of evidence, preservation of the crime scene, or separation of the alleged victim and alleged abuser. If the alleged abuser is a staff member, only the Chief and the facility investigator would be notified on the specifics of the allegation. The Chief and the investigator are responsible for making referrals to law enforcement for criminal investigation and to the CDCR.

Regarding third-party reports, the investigator said the agency's website contains contact information on how to make a report (which the auditor confirmed). She said an investigation would be initiated immediately and added that this would happen regardless of whether the alleged victim inmate wished to participate in the investigation.

She was asked how direct and circumstantial evidence she would be responsible for gathering. She said her responsibility would be to gather and preserve any available electronic data, such as video surveillance footage. She would interview the alleged victim, the alleged abuser, and any available witnesses. She said if her initial investigation, or evidenced dictated, she would immediately notify local law enforcement to conduct a criminal investigation.

She also added that credibility is not based on an inmate, or staff members status and is done on an individual basis. She added that if a staff member were involved and they either resigned or had been terminated, that those circumstances would not stop the investigation and it would continue. She said if a criminal investigation is initiated, she would fully cooperate with that agency and would maintain all investigative reports per agency policy (agency policy is in line with this provision of the PREA standard as confirmed by the auditor).

There have been no criminal or administrative sexual abuse or sexual harassment investigations conducted at the facility since 2012, therefore there were no reports to review, investigative files to review, or inmates to interview.

Based on a thorough review of SMCCF's policy and interviews with investigative staff from KCSO and the facility, the auditor has determined that SMCCF meets the standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy and Document Review:

1. SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19

Interviewspan>:

1. SMCCF Investigative Staff

Findingsn>:

SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19, Section III, Guidelines, B., Investigations, 2., Investigative Reports, d., Evidentiary standard for administrative investigations states, "SMCCF shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated."

As it pertains to administrative investigations, the SMCCF investigator said that a standard no greater than preponderance of the evidence would be used to substantiate a finding. She added that the inmate alleging the sexual abuse or sexual harassment would be notified of the investigation's finding.

There have been no criminal or administrative sexual abuse or sexual harassment investigations conducted at the facility since 2012, therefore there were no reports to review, or investigative files to review.

Based on a thorough review of SMCCF policy, coupled with the interview of the facility investigator, the auditor has determined that SMCCF meets the standard.

115.73	Reporting to inmates
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 371 695 405"><u>Policy and Document Review:</u></p> <ol data-bbox="304 461 1353 546" style="list-style-type: none"> <li data-bbox="304 461 1353 546">1. SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19 <p data-bbox="252 696 485 730"><u>Interviewspan>:</u></p> <ol data-bbox="304 786 663 916" style="list-style-type: none"> <li data-bbox="304 786 587 819">1. Warden (Chief) <li data-bbox="304 875 663 916">2. SMCCF Investigator <p data-bbox="252 1066 427 1099"><u>Findingsn>:</u></p> <p data-bbox="252 1155 1477 1386">SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19, Section K., Reporting to Inmates, states verbatim each of the provisions of 115.73. The auditor has thoroughly reviewed the policy and paired it with each of the provisions in this standard and has found it thorough and complete.</p> <p data-bbox="252 1536 1449 1666">The Chief was interviewed for this standard and stated that if an investigation were to occur, that indeed, the inmate making the allegation would be notified of the results of the investigation.</p> <p data-bbox="252 1816 1461 2002">The SMCCF investigator was also interviewed for this standard and asked if the agency has a procedure that requires an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded in an investigation. She responded, “yes.”</p>

The facility has had no reports of sexual abuse or sexual harassment in the past 12 months and has not had one since PREA standards were enacted, therefore, there were no inmates to interview and no documentation to review.

Based on a thorough review of the agency's policy, coupled with interviews with the Chief and facility investigator, the auditor has determined that SMCCF meets the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <p>1. SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19</p> <p><u>Interviewspan>:</u></p> <p>Nonep></p> <p><u>Findingsn>:</u></p> <p>SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19, L., Disciplinary Actions, 1., Employee Disciplinary Sanctions says that employees shall be subject to discipline for sustained violations of sexual abuse and sexual harassment, up to and including termination for any employee found guilty of sexual abuse. The policy goes on to say that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>The policy additionally states that sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. Also, that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.</p> <p>There have been no allegations made in the past 12 months, or since PREA standards were enacted, therefore there was no documentation for the auditor to review.</p> <p>Based on a thorough review of SMCCF policy, the auditor has determined that the facility meets the standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> Warden (Chief) <p><u>Findings:</u></p> <p>SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19, Section L., Disciplinary Actions, 3., Corrective Action for Contractors and Volunteers, states verbatim, "...that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies; any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates; the facility will take remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."</p> <p>The facility erroneously entered the Pre-Audit Questionnaire that in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The facility contacted OAS support and was told to advise the auditor that the entry was made in error. There have been no sexual assault or sexual harassment allegations made against volunteers or contractors in the past 12 months.</p> <p>The Chief was interviewed for this standard and said that any founded allegation involving sexual abuse or sexual harassment against a volunteer or contractor would result in termination.</p> <p>Based on a thorough review of the agency's policy, coupled with the interview of the Chief, the auditor has determined that SMCCF meets the standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Warden (Chief) 2. Medical Staff (registered nurse) <p><u>Findings:</u></p> <p>SMCCF Policy 5.22A, Investigating Allegations of Sexually Abusive Behavior (PREA) & Evidence Collection Revised 1/19, Section L., Disciplinary Actions, 2., Inmates Disciplinary Sanctions states the following:</p> <ul style="list-style-type: none"> · Inmates who are found guilty of engaging in sexual abuse involving other inmates (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions · Sanctions shall be 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 · The disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any should be imposed · The Shafter MCCF does not provide on-site therapy, counseling or other interventions designed to address the reasons or motivations for the abuse; however, the HUB in situation (Wasco State Prison) offers these services and the inmate can be scheduled for appointments for those services. Note: inmates can refuse any medical or mental health treatment by completing a CDC-7225 form · Disciplining inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact · A report of Sexual Abuse made in good faith by an inmate based upon a reasonable belief that the alleged conduct occurred, will not constitute a false report or lying · The policy also states that it prohibits all sexual activity between inmates and disciplines inmates for such activity and that the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced

The Warden (Chief) was interviewed for this for this standard was interviewed and said that any inmate found guilty of a criminal charge, or through a facility investigation would be subject to discipline. He said the discipline would be in line with the inmate's disciplinary history and commensurate with discipline given in any previous events. He also said that any mental health history would be considered in any discipline handed down.

A registered nurse was also interviewed for this standard and said that no mental health, or counseling services are offered at the facility. She said inmates would be sent to Wasco State Prison for counseling, if necessary. She also said that non-participation would not impact the inmate's access to programming.

There have been no such inmate disciplinary incidents at the facility in the past 12 months, so no documentation was available for review.

Based on a thorough review of agency policy, coupled with interviews of the Chief and registered nurse, the auditor has determined SMCCF meets the standard.

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

Policy and Document Review:

1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19

Interviews:

1. Risk Screening Officer
2. Medical Staff (registered nurse)

Findings:

Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section X, Medical and Mental Health Screening; History of Sexual abuse, states the following:

- Inmates who have disclosed any prior sexual victimization during a screening shall be referred to Mental Health (Wasco State Prison) for further evaluation within 14 days
- All inmates who have previously perpetrated sexual abuse, as indicated during the screening are offered a follow-up meeting with a mental health practitioner (Wasco State Prison) within 14 days
- Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, if necessary, to inform security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law
- Medical practitioners are required to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Medical staff will issue the Orientation Handbook to Health Care Services to all new arrivals and each inmate will sign indicating they understand the PREA confidentiality

The risk screening officer was interviewed for this standard. She said any inmate who disclosed they experienced prior sexual abuse, or was a previous abuser, they will be offered a meeting with a medical or mental health practitioner within 14 days. She said SMCCF does not offer mental health services and the inmate would be transferred to Wasco State Prison, if a meeting was requested.

The registered nurse was also interviewed. She said that the facility does not house inmates under the age of 18, however, she said if someone was under the age of 18 there would be no informed consent. If they were over the age of 18, it would require informed consent.

There have been no instances of inmates disclosing either prior sexual victimization, or that they had been an abuser. Based on conversations with the command staff about this topic, inmates assigned to SMCCF have been screened by CDCR and would not be permitted at the facility had such disclosures been previously made. Based on a thorough review of SMCCF policy, coupled with interviews with the risk screening officer and registered nurse, the auditor has determined the facility meets the standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Medical Staff (registered nurse) 2. Security Staff 3. Non-security staff first responder (kitchen staff) <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section XI, Medical and Mental Health Care, XI-1, states the following:</p> <ul style="list-style-type: none"> · Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services · The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment · Medical staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis · Inmate victims of sexual abuse while incarcerated are 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 · Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident <p>The SMCCF policy also states that during normal business hours (when a registered nurse is available), a sexual abuse victim with traumatic injuries (other than those observed during a forensic medical exam) will be triaged by the nurse. If life-threatening injuries have occurred, the inmate would be transported to a hospital via paramedics/ambulance. A call would be immediately made to CDCR, Wasco State Prison, to inform them of the need to transport.</p>

A registered nurse was interviewed for this standard. She said that any inmate who is a victim of sexual abuse would be seen immediately by facility medical staff. She said treatment would be limited to traumatic injury, other than what would be observed, or treated in a forensic medical exam. She said her responsibility would be to triage that injury until the inmate could be transported to the hospital. She said forensic medical exams are not conducted by facility medical staff. She said if time permits at the facility – barring a life-threatening injury – information would be shared regarding emergency contraception and prophylaxis.

A civilian kitchen staff member was interviewed as a non-security first responder. She was asked how she would respond to an inmate who had alleged sexual abuse. She said she would immediately notify an officer. She said that whenever inmates are around (in the kitchen area), there's always an officer present. She also said she felt it would be her responsibility to make sure the victim was, "OK," and safe. She added that it would be important to know if the abuser was in the area, so she could tell the officer. It took some probing and hypothetical situations; however, the kitchen staff member was able to articulate portions of all areas in the question. She was not as clear on evidentiary issues but understood the concept and necessity.

A total of 16 random staff members were interviewed. Because there is no differentiation between random staff, and security staff, all were asked the question regarding first responder actions to an allegation of sexual abuse.

Of the 16 interviewed, 14 said their immediate response would be to tend to the victim. Two said they would first notify a supervisor. Ten of the 16 provided clear descriptions of their responsibilities in separating the victim and abuser, evidence collection and the need to ensure the victim and abuser did not wash, brush teeth, etcetera, in order to preserve evidence. Five of the 16 were accurate in describing their duties, requiring mild probing to ensure all points were covered. One staff member was adamant he would ask for a supervisor and wait for them to respond before taking any other action. The auditor attempted probing methods to illicit a more detailed response, but the staff member appeared to be unclear on what his duties would be and said he would not do anything until being directed by a supervisor.

There have been no incidents of sexual abuse in the past 12 months, so there were no inmate victims to interview and no documentation to review.

Based on a thorough review of the agency policy, coupled with interviews with a registered nurse, a kitchen staff worker, and 16 first responders, the auditor has determined that SMCCF meets the standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <p>1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19</p> <p><u>Interviews</u>:</p> <p>1. Medical Staff (registered nurse)</p> <p><u>Findings</u>:</p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section XI-2, Ongoing Medical and Mental Health Care, states the following:</p> <ul style="list-style-type: none"> · SMCCF will offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse · The evaluation and treatment shall include follow-up services, treatment plans, and (when necessary) referrals for continued care following transfer or release · These services shall be provided in a manner that is consistent with the level of care an individual would receive in the community · Victims shall also be offered tests for sexually transmitted infections as medically appropriate, and offered at no financial cost to the inmate, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident · SMCC shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Mental health services would be provided at Wasco State Prison <p>A registered nurse was interviewed for this standard, and she said ongoing medical and mental health care treatment would always take place. She emphasized the facility does not provide mental health care, but inmates can be transported to Wasco State Prison for those services. She also said that the services offered at the facility (or at the state prison) are consistent with community standards.</p> <p>There have been no incidents of sexual abuse, therefore no follow-up treatment to inmates has been made. There were no inmates of sexual abuse to interview and no documentation for the auditor to review.</p> <p>Based on a thorough review of SMCCF policy, coupled with the interview with the registered nurse, the auditor has determined that the facility meets the standard.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. Warden (Chief) 2. PREA Compliance Manager 3. Incident Review Team <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section XII, Data Collection and Review, XII-1, Sexual Abuse Incident Reviews states the following:</p> <ul style="list-style-type: none"> · A Sexual Abuse Incident review will be conducted at the conclusion of every Sexual Abuse Investigation allegation that has been determined substantiated or unsubstantiated · Such reviews shall be conducted within 30 days of the conclusion of the criminal or administrative sexual abuse investigation · The review team shall consist of upper level management officials and the PREA Compliance Manager, with input from line supervisors, investigators and medical practitioners. The Corporate (CDCR) PREA Coordinator may be consulted as part of this review · A “PREA After Action Report” of the team’s findings shall be completed and submitted to the Corporate (CDCR) PREA Coordinator no later than 10 working days after the review. The review team shall consider, at minimum the following: whether allegations or investigation indicates a need to change policy or practice to better prevent, detected, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area of the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in the area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff · The facility shall implement recommendations for improvement or documents its reasons for not doing so

The Chief was interviewed for this standard. He said although there have been no incidents, the team make-up consists of the PREA Compliance Manager, supervisors and medical staff. He says the team would look at every aspect of the incident, including background of the inmates involved, gang affiliations, housing locations, staffing, technology and any history of the inmates. He said that information would be used to assess if changes needed to be made, including physical modifications, staffing and video surveillance.

The PREA Compliance Manager was also interviewed. He said that any completed would be directed to him within 10 days of completion. He said her would review the report, especially any recommended changes. If he had questions he would go back to the committee for consultation and ultimately implement the requested changes. He said the report would be forwarded to the CDCR Corporate PREA Coordinator. The PREA Compliance Manager also sits on the review team and said any incident would be completely dissected. He had a copy of the PREA Standard for this area, which he said he would consult to ensure all aspects of the incident were properly reviewed.

Since PREA Standards were enacted, there have been no incidents for the team to review, therefore there was no documentation for the auditor to review.

Based on a thorough review of SMCCF policy, coupled with interviews of the Chief and PREA Compliance Manager, the auditor has determined that the facility meets the standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <p>1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19</p> <p><u>Interviews</u>≥:</p> <p>Nonep></p> <p><u>Findings</u>≥:</p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section XII-2, Data Collection, says the following:</p> <ul style="list-style-type: none"> · SMCCF shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions · This data shall be aggregated at least annually. The data is required to include all necessary data to answer questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS) · Upon request, SMCCF shall provide such data from the previous calendar year to the Department of Justice no later than June 30 · The Facility PREA Compliance Manager shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate (CDCR) PREA Coordinator on a monthly basis <p>The agency has had no reported sexual abuse or sexual harassment cases in the past 12 months, so there is no data to assess. The agency does not contract with a private or public entity, therefore, there is no additional data to include.</p> <p>Based on a thorough review of agency policy, the auditor has determined that SMCCF meets the standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy and Document Review:

1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19
2. Annual Reports

Interviews:

1. Agency Head (Chief)
2. PREA Coordinator
3. PREA Compliance Manager

Findings:

Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section XII-3, Data Review for Corrective action states the following:

SMCCF shall review all data collected in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- Identifying problem areas
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole

The SMCCF makes its reports available at the agency's website. The auditor reviewed the reports on the website and found them to contain all necessary information pursuant to the standard. Each of the reports has been signed by the Chief.

Per the agency policy, SMCCF may redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

The Chief was interviewed for this standard. The Chief was asked how he uses the annual reports. He said he uses it to assess facility efficiency and whether adjustments or modifications need to be made to enhance security and sexual safety. He confirmed that he signs the annual report.

The PREA Coordinator was also interviewed. She said that if incidents occurred in the facility that they would use the data to ensure that education and detection programs were working properly, or if adjustments needed to be made. She said any data collected is stored in password-protected electronic folders, only accessed by herself, the PREA Compliance Manager and the Chief. She said printed copies of reports are maintained in a locked filing cabinet in her office.

The PREA Compliance Manager was interviewed and said that data captured would be vitally important to how the facility addresses sexual safety. He said that data would be used to ensure all programs related to PREA were working as designed.

The facility has had no reports of sexual abuse or sexual harassment in the past 12 months; therefore, no data was available for review.

Based on a thorough review of agency policy, coupled with interviews with the Chief, PREA Coordinator, and PREA Compliance Manager, the auditor has determined that SMCCF meets the standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Policy and Document Review:</u></p> <ol style="list-style-type: none"> 1. Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19 2. Annual Reports <p><u>Interviews:</u></p> <ol style="list-style-type: none"> 1. PREA Coordinator <p><u>Findings:</u></p> <p>Policy 5.22 Prison Rape Elimination Act (PREA) Revised 1/19, Section XII-4, Data Storage, Publication, and Destruction states the following: “Data collected pursuant to this procedure shall be securely retained for at least 10 years. Any Sexual Abuse data that is aggregated will be published to the website annually. If no incidents are reported the aggregated report template will indicate zeros. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed.”</p> <p>The auditor reviewed the available data and since there have been no reports of sexual abuse since PREA standards were enacted, all data showed as zeros. The PREA Coordinator was interviewed for this standard. She said that if any incidents were to occur, they would ensure aggregated data was accurate before publishing and that any personal identifying information had been removed. She said electronic data is secured in password-protected files, with access only to her, the PREA Compliance Manager and the Chief.</p> <p>Based on a thorough review of agency policy, available data, and coupled with the interview of the PREA Coordinator, the auditor has determined that SMCCF meets the standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Findings:</u> The facility was previously audited in September 2016, with the final audit report signed by the auditor on February 2017.</p> <p>The facility staff allowed full access to the facility and access to all inmates and employees requested for interviews. During the facility inspection, the audit team entered every housing unit and freely spoke to inmates. Staff did not hinder, interfere or attempt to direct the audit team in anyway. Each staff member was cooperative with our requests and did so with no complaint.</p> <p>The facility provided access to all documents, written and electronic.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Only one previous audit has occurred and it has been posted on the agency's website at shafter.com/prea .

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)	na

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	no
	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?	no
	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?	no
	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?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	no

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	no
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	no
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	no

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	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?	no

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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
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	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in 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?	no

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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

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

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

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.)	na

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.)	na

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how 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

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of 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

115.42 (d)	Use of screening information	
	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

115.42 (e)	Use of screening information	
	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

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	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 decree, legal settlement, or legal judgement.)	na
	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 decree, legal settlement, or legal judgement.)	na
	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 decree, legal settlement, or legal judgement.)	na

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency 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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities 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

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, 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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does 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).	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation 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

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (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