

Disclaimer: This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP is **not** responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at [\(713\) 818-9098](#), or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 12, 2023

Auditor Information

Name: Karen Dalton Email: karendalton@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: P.O. Box 11481 City, State, Zip: Whittier, CA 90603

Telephone: 562-652-0179 Date of Facility Visit April 25 – 27, 2023

Agency Information

Name of Agency: Federal Bureau of Prisons

Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice

Physical Address: 320 First Street NW City, State, Zip: Washington, D.C. 20534

Mailing Address: 320 First Street NW City, State, Zip: Washington, D.C. 20534

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: Colette S. Peters, Director

Email: BOP-RSD-PREACoordinator@bop.gov Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Cynthia Campagna, Acting National PREA Coordinator

Email: BOP-RSD-PREACoordinator@bop.gov Telephone: 202-616-5994

PREA Coordinator Reports to: Allison Leukefeld, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0
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Facility Information

Name of Facility: Metropolitan Correctional Center (MCC) San Diego			
Physical Address: 808 Union Street		City, State, Zip: San Diego, CA 92101	
Mailing Address (if different from above): Same as Above		City, State, Zip: Same as Above	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison		<input type="checkbox"/> Jail
Facility Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input checked="" type="checkbox"/> Other (please name or describe: AAAHC)			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:			
Warden/Jail Administrator/Sheriff/Director			
Name: Raul Campos, Jr.			
Email: SDC-PREAComplianceMgr-S@bop.gov		Telephone: 619-232-4311	
Facility PREA Compliance Manager			
Name: Natasha Mickens, Associate Warden			
Email: SDC-PREAComplianceMgr-S@bop.gov		Telephone: 619-232-4311	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Michael Kruger			

Email: SDC-PREAComplianceMgr-S@bop.gov		Telephone: 619-232-4311	
Facility Characteristics			
Designated Facility Capacity:		814	
Current Population of Facility:		757	
Average daily population for the past 12 months:		764	
Has the facility been over capacity at any point in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?		<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:		18 year an up – 25-35 median age range	
Average length of stay or time under supervision:		6 months	
Facility security levels/inmate custody levels:		ADMINISTRATIVE/COMMUNITY, IN, OUT	
Number of inmates admitted to facility during the past 12 months:		2962	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		268	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		2612	
Does the facility hold youthful inmates?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)		<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>		<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	229
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	8
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	14
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	9
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	40

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

apply (N/A if no external entities are responsible for administrative investigations)

- State police
- A U.S. Department of Justice component
- Other (please name or describe:
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite 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.

Introduction

Karen S. Dalton, a United States Department of Justice (USDOJ) Certified PREA Auditor for Adult Jails and Prisons, and Doctor of Public Health, conducted the Prison Rape Elimination Act (PREA) audit of Metropolitan Correctional Center (MCC) San Diego between April 25-April 27, 2023. MCC San Diego is operated by the Bureau of Prisons (BOP).

The auditor was contacted by PREA Auditors of America, LLC, located in Cypress, Texas in February 2023 to discuss the pending PREA audit of MCC San Diego. The PREA Auditors of America, in conjunction with the BOP and auditor developed and executed a contract, signed by the auditor on 03.02.2023.

PRE-ONSITE AUDIT PHASE

On March 6, 2023 an email was received from PREA Auditors of America with photographs of the Audit Notices being displayed in several areas throughout the facility. A confirmation of notices being posted throughout the facility was made while on-site at MCC San Diego. On March 13, 2023 the MCC San Diego Pre-Audit Questionnaire, agency and facility policies and directives, and supporting documentation was received in preparation for the on-site audit. Between April 13 and April 21, 2023 the auditor and BOP engaged in dialogue regarding documentation needed by the auditor on-site, such as lists of inmate population, staff by shift and posts, and proposed schedule.

Prior to being on-site, the auditor contacted Just Detention International (JDI) to inquire if any inmate correspondence had been received. JDI responded immediately that no correspondence has been received. No inmate correspondence had been received by the auditor.

The San Diego Sexual Assault Response Team (SART) was contacted via email on April 19, 2023 with no avail. The county of San Diego Emergency Management Services Office (EMS) manages the SART. The website sandiegocounty.gov was reviewed for information related to the SART.

The PAQ, previous MCC Final Audit Report, and supporting documentation provided by the BOP were reviewed prior to the on-site portion of the audit. The PRC Jails and Prisons Audit Instrument, Auditor Compliance Tool, Audit Tour Instructions, Interview Protocols, Auditor's

Summary Report, and the Checklist of Documentation were assembled for use during the on-site review.

ONSITE AUDIT PHASE

The audit launched with an in-brief on April 25, 2023 at 0730 hours. In addition to the PREA auditor, in attendance were three auditors from the American Correctional Association (ACA), seven BOP Reviewers and one BOP Reviewer-In-Charge, and BOP Agency and Facility staff. BOP agency staff included the Chief, ACA/PREA Audit Section and the Management Analyst, Central Office. Facility staff in attendance included the Warden, Associate Warden/Facility PREA Compliance Manager, Associate Warden of Operations, a Unit Manager, and Case Management Coordinator. Day one concluded at 1630 hours with an out-brief with MCC San Diego Warden, two MCC Associate Wardens, the BOP Chief, ACA/PREA Audit Section, Management Analyst, Central Office, and three ACA auditors.

Immediately following the in-briefing a facility tour ensued. The BOP Management Analyst, Central Office, Associate Warden/PREA Compliance Manager, and the PREA Auditor conducted the tour together. All administrative areas, including the Associate Warden's Area, Computer Services, Trust Fund/TRUFACS management, Investigative Offices and Records Management were toured. Inmate housing units, the Special Housing Unit (SHU), medical and psychology, food preparation and storage, religion, education, and reentry were toured. Recreation and commissary areas, which are coordinated and facilitated on the rooftop were observed. Laundry, Facilities Management, Intake and Release were observed as well. The auditor tested several areas for blind spots, unlocked or unsecured doors, and supervision of inmates. One door was missing a lock. It was confirmed a work order had been submitted, a new lock was installed and observed by the auditor to be in working conduction.

Interviews of inmates were conducted face-to-face in the respective housing unit, in a Counselor or Case Manager's office. Interviews were conducted in a private manner with facility staff outside the office respecting the auditor's privacy. The PREA Resource Center (PRC) inmate interview protocols were used for random and targeted inmate interviews. Additionally, staff interviews were conducted in conference rooms, inmate housing unit staff offices, and administrative staff offices. PRC interview protocols for both random and specialized staff were utilized to conduct the interviews.

The submitted staffing plan was reviewed and tested against staff by shift rosters. Sufficient staffing was noted as was mitigation of blind spots throughout the facility through the use of convex mirrors and a security camera system. The cameras were fixed, and could be viewed from the investigative offices, main control and executive staff offices. Cameras did not violate privacy of inmate's use of the restroom or shower facilities. During interviews, all inmates indicated they were able to shower and use the restroom with ample privacy.

Zero-tolerance posters and PREA violation reporting information was visible throughout the facility, both for staff and inmates to see. Any area an inmate had access to, including elevator landings on each floor, recreation, and the facility lobby contained information about sexual safety. Each housing unit was observed to have PREA Audit Notices posted with auditor contact information included.

Formal interviews with staff and inmates took place each day during the on-site visit, with the exception of the Agency Head and Agency PREA Coordinator, which took place during the PRE-ONSITE PHASE. The Rape Crisis Center Staff and Volunteer interviews were conducted POST-ONSITE. Utilizing the PRC interview protocols the following facility staff were interviewed:

1. Warden - 1
2. Associate Warden/PREA Compliance Manager -1
3. Lieutenant – Higher Level Facility Staff responsible for conducting unannounced rounds -1
4. Medical Service Administrator -1
5. Mental Health Chief -1
6. Human Resource Staff -1
7. Investigative Staff -1
8. Staff who perform screening for risk of victimization and abusiveness -1
9. Staff who supervise inmates in segregated housing -1
10. Incident Review Team member -1
11. Staff responsible for retaliation monitoring -1
12. First responders (all BOP staff are trained on first responder duties)
13. Intake Staff -1
14. Reentry Coordinator -1
15. Religious Provider -1
16. Recreation Specialist -1
17. Food Service Manager – 1
18. Line Staff who Supervise Youthful Inmates – 0 – Facility does not house youthful inmates
19. Random Staff – 12
20. Agency Head – 1 – PRE-ONSITE
21. Agency PREA Coordinator – 1 – PRE-ONSITE
22. Rape Crisis Center Staff – 1 – POST-ONSITE
23. MCC San Diego facility Volunteer - 1 - POST-ONSITE

Utilizing PRC interview protocols for random and targeted inmates, lists of inmates by housing unit, as well as compiled lists of targeted groups were provided to the auditor. Three distinct means of obtaining inmate interviews were utilized. First, utilizing a random sequence from each housing unit, dependent upon how many inmates were in a housing unit, up to four inmates were selected to be interviewed. If the inmate was not available, a random inmate from that housing unit was chosen to be interviewed. For targeted inmates, randomization was completed for those who were identified as Limited English Proficient (LEP) and cognitively impaired. Attempts were made to interview all other inmates identified in a specialized group. The auditor successfully interviewed inmates in the following specialized categories:

1. Cognitively Impaired - 4
2. LEP – Limited English Proficient - 7
3. Transgender - 2
4. Bisexual - 1

5. Inmates who reported sexual abuse -0
6. Inmates who disclosed sexual victimization during the risk screening - 1
7. Random Inmates – 16
8. Youthful Inmates – 0 – Facility does not house youthful inmates
9. Physically impaired – 0
10. Hearing and/or Sight Impaired – 0

Facility Characteristics

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

The Metropolitan Correctional Center (MCC) San Diego is located at 808 Union Street, San Diego, CA 92101, and its parent agency is the Federal Bureau of Prisons (FBOP), a component of the United States Department of Justice (USDOJ). The facility is located in the Downtown San Diego district, surrounded by federal, municipal, and local buildings (complex), such as courts and administrative buildings. The San Diego marina is to the west moving north, with eclectic neighborhoods beyond the judicial complex to the south and east of the facility.

MCC San Diego holds male and female prisoners of all security levels. The facility does not accept youthful inmates. Most of the facility's inmates are not designated, meaning they have pending cases in the United States District Court for the Southern District of California. For inmates who are considered designated, their sentence averages six months or less.

The facility opened in December 1974 and represented the first shift within the BOP to a new generation of high-rise prison buildings, along with MCC New York and MCC Chicago. The building includes 23 stories and has a rated capacity of 814. The inmate count upon arrival was 748 inmates; 37 females and 711 males.

The facility is one building with nine housing units. There are six multiple occupancy cell housing units, three open bay/dorm style housing units, 40 single cells, yet no single cell housing units. The Special Housing Unit (SHU) located on the 5th floor of the building is comprised of single and double occupancy cells.

Each housing unit is self-contained and provides access to telephones (both public and for legal, crime stoppers and for making any type of report internally and externally). The auditor tested the phones which were operational. Computer terminals equipped with TRULINCS, the BOP Trust Fund Limited Inmate Computer System. This system includes an electronic messaging system whereby inmates can communicate within the facility as well as externally with friends, family, and loved ones. The TRULINCS system also provides the opportunity to report sexual abuse and sexual harassment within the facility as well as outside the facility.

Inmates are part of the laundry and food services operation. Impeccable cleanliness and/organization in these two areas, coupled with leadership dedicated to safety were observed by the auditor. All areas in this complex were saturated with security measures. Mirrors where cameras may not catch the blind spots. Staff in secure areas to ensure inmates are supervised at all times.

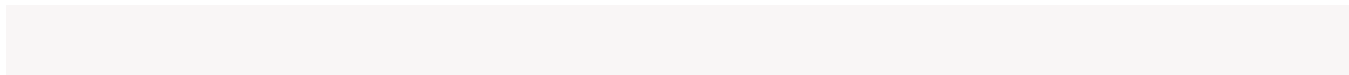
Health care, both mental and physical, are provided 24 hours daily in two primary areas of the facility; medical services area on the 3rd floor, and in the intake area. Staff are BOP employees. The auditor briefly spoke with medical and psychology team members during the facility tour, gaining information about service coordination of the inmates. Additionally, for intake and release a true team approach is taken with "unit teams" that include a counselor and case manager, as well as intake and psychology staff to manage the inmate's course of treatment and care while completing their sentence.

During the second day of the site visit the BOP Director announced a new agency mission, vision, and core values. The mission states "Corrections professionals who foster a humane and secure environment and ensure public safety by preparing individuals for successful reentry into our communities." The vision of BOP is "Our highly-skilled, diverse, and innovative workforce creates a strong foundation of safety and security.

Through the principles of humanity and normalcy, we develop good neighbors.” The agency’s core values include accountability, integrity, respect, compassion and correctional excellence.

Security cameras and convex mirrors are situated throughout the facility ensuring there are no blind spots. The auditor tested several potential blind spot areas and ensured all the cameras were operational throughout the facility.

MCC San Diego offers a variety of faith-based programs and a law library. Optional programs offered are alcohol/substance abuse treatment, prevention, and education. The facility offers GED (General Education Development), movie nights and a scheduled recreation program. Recreation takes place on the rooftop of the facility and includes basketball and handball courts, and inmates can enter tournaments when they are offered. Additionally, intensive psychological programming and monitoring are offered to inmates.



Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.31 & 115.34

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

MCC San Diego Pre-Audit Questionnaire
BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program
BOP Program Statement 5324.11 – Sexually Abusive Behavior Prevention and Intervention Program
BOP Program Statement 5270.09 – Inmate Discipline Program
BOP Zero Tolerance Posters
Agency and Facility Organizational Charts
BOP Correctional Programs Division Memorandum PREA Coordinator Job Description
Agency Mission Statement, Vision, and Core Values
2021 BOP Annual PREA Report
BOP ONESource Document
Inmate A & O Handbook
First Responder Duty Cards (carried by all facility staff)

Interviews:

Agency PREA Coordinator
MCC San Diego Associate Warden/PREA Compliance Manager
Medical/Mental Health Staff
Random Staff
Random Inmates

Findings:

The agency has a written policy mandating zero-tolerance for sexual abuse and sexual harassment. Zero-tolerance efforts are made through posters displayed throughout the facility, a zero-tolerance video shown in the inmate housing units, and an introductory video shown in the facility lobby. Agency statement provides five directives; 1) Help detect incidents, perpetrators, and inmate victims of sexually abusive behaviors, 2) Help prevent sexually abusive behavior, 3) Educate staff to intervene properly and in a timely manner, 4) Document, report, and investigate reported incidents, and 5) Discipline and/or prosecute perpetrators.

Agency PREA Coordinator and MCC San Diego PREA Compliance Manager indicated since PREA was their primary focus, time and authority were provided. Further, the organizational charts show both positions as upper-level management in the agency and facility, respectively. The Agency PREA Coordinator reports to the Agency Assistant Director, and MCC San Diego PREA Compliance Manager reports directly to MCC San Diego Warden. MCC staff were aware of the zero-tolerance policy and noted regular training in overall sexual safety as well as first responder duties.

Both agency and facility directives and the inmate handbook outline potential sanctions for violations of the zero-tolerance policy. Interviews with random staff and random inmates revealed knowledge of the zero-tolerance policy and potential sanctions if violated. Additionally, the BOP ONESource document is created and utilized for the purpose of assisting staff in responding to allegations of prohibited and/or illegal sexually abusive behavior.

Conclusion:

Provisions (a)(b)(c) were documented in agency and local policy and directives, organizational charts and confirmed through staff and inmate interviews. Based upon a review and analysis of all available evidence, MCC San Diego is found to be in compliance with Standard 115.11.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Interviews:

Agency Contract Administrator
Inmates

Findings:

On February 23, 2023 a request was made by PREA Auditors of America (PAOA) to allow for certified PREA Auditors to interview the Agency Contract Administrator to discuss provisions related to this standard.

On February 28, 2023 the BOP Assistant Director responded with a memo that reads “This memo serves to meet PREA auditor evidentiary requirements regarding a change to the Agency’s use of contracts for the confinement of inmates in the Bureau of Prisons. Specifically, per the President’s Executive Order on Reforming Our Incarceration System to Eliminate the Use of Privately Operated Criminal Detention Facilities, issued on January 26, 2021, the Bureau of Prisons no longer engages in contracting for inmate confinement.”

Additionally the memo indicates the BOP does not have any contracts with private entities for the confinement of its inmates and does not foresee this occurring in the near future.

During the inmate interviews, two inmates stated they had been transferred to MCC from a private facility.

Conclusion:

Provisions (a) and (b) are non-applicable since the agency and facility do not have contracts to house inmates in private correctional institutions.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the 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. []. No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes 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? Yes 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? Yes 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 No
- 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 No
- 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 No
- 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 No NA
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Directive
 BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program
 MCC Memo dated February 3, 2023
 MCC Schedule
 Institution Duty Officer Completed Unannounced Rounds completed forms
 Agency Program Statement 3000.03 – Human Resources Management Manual
 Facility tour
 MCC memo dated March 8, 2023

Interviews:

Agency PREA Coordinator
 MCC San Diego Warden
 MCC San Diego Associate Warden/PREA Compliance Manager
 MCC San Diego Higher Level Staff conducting unannounced rounds

Random Staff

Findings:

Agency Program Statement 3000.03 outlines staffing within the Agency, while Program Statement 5324.12 states “Unannounced rounds by supervisory staff conducted with intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Office (IDO) conducts and documents the unannounced rounds. At the end of the IDO’s tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention.”

MCC San Diego PREA Compliance Manager indicated an annual meeting is held to discuss the facility staffing plan. A copy of the Fiscal Year 2022 Annual Initial & Mid-Year Budget/Planning Committee Meeting was reviewed that covered an array of items pertinent to this standard. The Agency PREA Coordinator, MCC San Diego Warden, MCC San Diego PREA Compliance Manager and random staff interviews indicated the facility does not deviate from the approved staffing plan. Video monitoring is adequate and there have been no upgrades to video monitoring equipment in the past 12 months. There have been no deviations from the staffing plan as any deficiency is mitigated utilizing overtime. The facility implements a three-shift coverage schedule that includes AM, PM, and Overnight shifts to ensure 24 hours of coverage is met.

All elements of provision (a) are discussed and taken into consideration annually and the PREA Compliance Manager addresses staffing issues with MCC San Diego Warden as needed. There have been no judicial findings of inadequacy through any investigative agency or external oversight bodies. The facility tour showed ample security measures in place through video monitoring and mirror placement.

The PCM indicated through routine meetings, the makeup of the inmate population, staff placement and shift assignments, programming and service provisions, and trends (if any) through inmate grievances and reporting are discussed to ensure safety and security throughout the facility. The PCM indicated in the past 12 months MCC hired eight additional staff.

As evidenced through the documentation of unannounced rounds, discussions with MCC San Diego Warden, PCM, an individual charged with conducting unannounced rounds, and random staff, the unannounced rounds are mandated, and facility staff understand unannounced rounds are implemented to ensure the safety and security of the facility. The individual conducting unannounced rounds indicated alerting any staff member of the rounds taking place is prohibited. Sample logs of the unannounced rounds indicate that all higher-level staff, shift supervisors, and department heads complete unannounced rounds. The entire facility must be covered, with the Special Housing Unit (SHU) requiring an unannounced round daily. The documentation is submitted, verified and signed by the PCM.

Conclusion:

Provisions (a)(b)(c)(d) were met through agency directives, staff interviews, MCC documentation, and during the facility tour. MCC is found in compliance with Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5216.06 – Juvenile Delinquents
BOP Document – Custody and Care Juveniles
MCC San Diego Pre-Audit Questionnaire

Interviews:

Agency PREA Coordinator
MCC San Diego PREA Compliance Manager

Findings:

The BOP manages facilities for justice involved juveniles and does not place juveniles in adult facilities. Policy states “Juveniles under the age of 18 or sentenced under the JJDPa will be placed in institutions or other facilities in accordance with the JJDPa and this Program Statement.” Both the Agency PREA Coordinator and MCC San Diego PREA Compliance Manager indicated no federal juveniles are sent to adult facilities. MCC reported they rarely receive individuals under age 25. This was indicated on the PAQ that notes while they are an adult facility, the average age of the inmate population is between 25-34 years of age.

Conclusion:

By BOP statute youthful offenders are not housed in BOP adult facilities. Provisions (a)(b) and (c) are not applicable since there are no youthful offenders in MCC San Diego. Based upon the analysis of available information and interviews MCC San Diego is found in compliance with Standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5521.06 – Searches of Housing Units, Inmates, and Inmate Work Areas
BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC San Diego Facility Tour

Interviews:

MCC San Diego PREA Compliance Manager
Random Staff
Random Inmates
Targeted Inmates
Transgender Inmates

Findings:

BOP prohibits cross-gender strip searches, cross-gender visual body cavity searches, and any physical search or examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Medical services staff will conduct a more thorough medical exam when necessary with transgender or intersex inmates. Although allowed, no cross-gender searches due to exigent circumstances have occurred during the audit time period.

The Agency PREA Coordinator confirmed the practice prohibiting cross-gender strip and visual body cavity searches, indicating only in exigent circumstances or by a medical professional.

Staff indicated, and policy requires all cross-gender strip searches and cross-gender visual body cavity searches to be documented. There have been zero incidents of any cross-gender searches at MCC and therefore no documentation. MCC San Diego PCM noted that on a regular basis PREA "tidbits" are distributed via internal email to all staff. These are reminders delivered in small chunks to keep staff abreast of sexual safety in the facility. Staff mentioned reminders addressing cross-gender strip and visual body cavity searches. Two transgender inmates were interviewed and noted they were searched respectfully by MCC staff members.

Staff noted they received regular training on how to properly conduct cross-gender pat searches, and training does include the prohibition of cross-gender strip and visual body cavity searches. Upon hire, and during initial staff training entitled *Introduction to Correctional Techniques*, direction is provided to staff, followed by a more intensive training at the BOP training center in Georgia, and then continuous training at the facility. Male staff indicated they are prohibited from searching female inmates, and if there were no female staff immediately available to conduct a search would call out on the radio for staff assistance with a female search.

During the facility tour areas where inmates are searched was observed. Staff described how the search would take place, and how they were trained to conduct the search in a respectful manner.

Interviews with random, targeted and transgender inmates indicated they are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Showers in each inmate housing area were equipped with a shower door, or curtain that allowed for privacy. Inmates noted staff were very respectful of their privacy. It should be noted that in the intake area of the facility, an additional 4-inches of half-walls were added to several holding cells. This is because the line of sight into the cell and view of the toilet was evident. The addition of the 4-inch extension allows for increased privacy without compromising security in the holding cells.

MCC San Diego makes cross gender announcements in two ways. First, when staff of the opposite gender are outside of a housing area they ring a bell three times to initiate their presence. This gives inmates time to cover themselves. The three rings also initiate a light to flash for about 20-seconds to alert any hearing-impaired inmates. Once the bells ring and light flashes the secure door is unlocked and the opposite gender individual verbally announces their presence.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) were documented by Program Statements, a review of training, observation during the facility tour, and interviews. Based upon the review and analysis of all available evidence, MCC San Diego is found to be in compliance with Standard 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
DOJ Blanket Purchase Agreement for Telephonic Language Translations
MCC San Diego PREA Posters
MCC PREA Video
MCC Admissions and/orientation Handbook

Interviews:

MCC San Diego Warden
Inmates with psychological impairments
Inmates with limited English proficiency (LEP)
Random Inmates
Random Staff
MCC San Diego PREA Compliance Manager

Findings:

The BOP Memorandum outlines the availability for telephonic language translations for each of its facilities. MCC San Diego provides all aspects of their correctional practices in both English and Spanish and utilizes bilingual staff or the language line services with inmates whose native language is not English or Spanish. While touring the intake unit of MCC San Diego, an inmate who could not read or write was being processed in. Unit team members were able to read the materials to him and assessed if he understood what he was hearing. When asked how this inmate would receive services throughout his sentence at the facility, the intake supervisor indicated the unit team of the housing unit he was assigned to would be alerted and would work with him on any request, concern, or question he had. A review of MCC San Diego PREA video is shown in English and Spanish with closed captioning.

The agency policy indicates the institution PCM should reach out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when a need for such an accommodation is known. Discussions with both MCC San Diego PCM and Warden indicate this will occur if the situation presents itself. To date, MCC San Diego has not had to reach out for additional services.

In addition to MCC documents being provided in English and Spanish, the inmates are provided education and religious services in English and Spanish. All LEP designated inmates noted receiving their intake process in Spanish and they indicated they experienced no issues with day-to-day functionality within the facility. The interviews with LEP individuals were conducted using a staff interpreter. Staff were aware of the availability of the Language Line services. Individuals with psychological impairments who were interviewed acknowledged they were able to participate in programs, specifically psychology services, and mentioned a team member on their unit they fully trusted and could speak with in confidence.

Agency and facility directives prohibit the use of inmate interpreters, readers, or other types of inmate assistants except in exigent circumstances. Staff indicated they do not utilize inmates as interpreters, and inmates indicated they are not asked by staff to interpret for other inmates.

Conclusion:

Provisions (a)(b)(c) were documented in policy, and through staff, random and targeted inmate interviews. Based on the review and analysis of all available evidence, MCC San Diego is found in compliance with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Recruitment Flyer
BOP Pre-employment Guide
BOP Policy 3000.03 – Human Resource Management Manual
BOP Policy 3420.11 – Standards of Employee Conduct
U.S Office of Personnel Management Form 85P - Questionnaire for Public Trust Positions
National Background Investigations Bureau – Fingerprint Submissions
BOP Memorandum for Human Resource Managers – The PREA and Records Requests by Prospective Employers Regarding Former BOP Employees
PAQ – MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego Human Resource Staff
Staff hired within the past month
MCC San Diego PREA Compliance Manager

Findings:

Policy 3000.03 addresses the agency's mandate to not hire or promote anyone who may have contact with inmates and shall not enlist the services of any employee or contractor who may have contact with

inmates who have engaged in or been convicted of engaging in sexual abuse in any confinement facility, or in the community. All employees and contractors are required to state if they have had any contact with law enforcement.

This is evidenced by a background check process upon applying for employment with the BOP, upon promotion, and every five years of employment with BOP. The BOP Pre-employment Guide, standards of employee conduct policy, the human resource manual and interview with MCC San Diego human resource manager provide a process map for how the employment process occurs within the BOP. Detailed communication between MCC and the agency occurs regarding the background process, which primarily occurs at the agency level and not at the local facility level. Potential employees must have a full background investigation completed, provide fingerprints, and a background check is completed for every employee every five years. The agency will not hire or promote anyone or engage in services or contracts with anyone who may have contact with inmates who has engaged in any type of sexual abuse or sexual harassment. Employees, contractors, and volunteers have an affirmative duty to disclose or report any type of incident. Further, omitting information or failure to disclose is grounds for termination of an employee or release of any contractor or volunteer.

The PAQ stated in the past 12 months eight new staff were hired by MCC who may have contact with inmates. One new hire was interviewed and discussed the hiring and background process.

MCC San Diego Human Resource staff confirmed attempts are made by the agency to contact previous employers as part of the background process to ensure there have been no incidents of sexual abuse or sexual harassment, or any resignation during an on-going investigation into violations of sexual safety. MCC may be notified that a background process has been terminated, however they will not receive details of the termination. Any request from a prospective employer regarding a former BOP employee shall be directed to the Office of Internal Affairs if it is an institutional employer. Any other type of employer will be directed to the Central Office.

For volunteers and contractors, a full background investigation is completed prior to any inmate contact. An annual check through NCIC is conducted for volunteers and contractors.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) and (g) were documented through policy, interviews, and agency directives. Based on a review of all available evidence, the agency and MCC San Diego are found to be in compliance with Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

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

Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

MCC San Diego facility Tour
PAQ – MCC San Diego Pre-Audit Questionnaire
Previous MCC Final PREA Audit Report

Interviews:

MCC San Diego PREA Compliance Manager
BOP Agency Head

Findings:

MCC San Diego PAQ indicated there had been no expansion or modification of MCC San Diego. A review of the audit report indicated sexual safety was top priority in the installation of the convex mirrors. The BOP agency head indicated whenever requests for facility modifications, expansions, or acquisition of monitoring technology is received, sexual safety is a priority for consideration.

Conclusion:

Based upon a review of the documentation and facility tour, MCC San Diego is found to be in compliance with Standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

MCC San Diego Pre-Audit Questionnaire
Policy Memorandum – FY14-POL-03 – Prison Rape Elimination Act Investigative Policy
BOP Program Statement – 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP & FBI Memorandum of Understanding on Violations of Federal Criminal Statutes
FBI Domestic Investigations and Operations Guide (DIOG)
BOP OneSource Document
DOJ/OIG PREA Training Curriculum Outline
Confirmation of Training Adherence
BOP Annual Training Curriculum – Sexually Abusive Behavior Prevention & Intervention Program
BOP Instructor Guide and Curriculum for Forensic Medical Examinations: An Overview for Victim Advocates
Staff Training Certificates for completion of the Forensic Medical Exams: An Overview for Victim Advocates
Review of the San Diego County Sexual Assault Response Team (SART) website
www.sandiegocounty.gov
Phone call & Email to San Diego County EMS Office
First Responder Pocket Cards (carried by all staff)
MCC San Diego facility Tour
Documentation of correspondence between MCC San Diego and San Diego SART

Interviews:

Random Staff
MCC Associate Warden/PREA Compliance Manager
MCC Investigative Staff
MCC Medical & Mental Health Staff
The Center for Community Solutions Staff

Findings:

MCC San Diego PREA Compliance Manager indicated that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Through staff interviews and during the facility tour the auditor inquired about evidence protocol. All staff referred to their first responder cards and confirmed the protocol through random staff interviews.

First responder duties are also outlined in Program Statement 5324.12, and the OneSource document, which is a checklist developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior. The statement also outlines the Bureau follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." MCC staff indicated requirements for documenting any efforts to provide SART services.

Medical staff indicated they have received specialized training through the BOP entitled *Forensic Medical Examinations: An Overview for Victim Advocates*. The curriculum was reviewed and training certificates

submitted. MCC San Diego PAQ noted there had been no forensic exams conducted in the past 12 months. A memo dated February 3, 2023 indicates there have been no instances within the past 12 months requiring the utilization of a victim advocate, qualified staff member, or qualified community-based organization staff member for victim accompaniment.

The BOP and MCC have well established protocols for victim care. The victim will be evaluated by Health Services staff, who will determine what type of physical examination is needed. In cases of rape, sexual assault, or as determined by medical staff, the inmate will be transported to UC San Diego (UCSD) Medical Center – Hillcrest for appropriate medical care. Should a sexual assault allegation be made at MCC, the Special Investigative Services (SIS) investigator, Agency Office of Internal Affairs (OIA), and the Office of the Inspector General (OIG) or the Federal Bureau of Investigation will become involved. The alleged victim is first referred to health services for an initial exam.

This information was confirmed by the Special Investigative Services (SIS) investigator, who indicated Agency Office of Internal Affairs (OIA), and the Office of the Inspector General (OIG) or the Federal Bureau of Investigation will become involved should the case be criminal.

An interview with staff from The Center for Community Solutions indicates they provide Sexual Assault Advocacy throughout San Diego County. Staff indicated they have a blanket MOU with all law enforcement entities, including jails and prisons in the county. The center will provide hospital accompaniment with law enforcement and SART and will meet the victim at the forensic exam site to provide emotional support and to help the victim make informed decisions. Additionally, they will provide criminal justice system accompaniment where survivors can choose to have advocates accompany them to law enforcement interviews, court dates, sentencings, and other judicial proceedings. Advocates can also help survivors to understand and navigate the Criminal Law system, including victim's rights. These services are provided to the victim at no cost.

Conclusion:

Provisions (a)(b)(c)(d)(e) & (f) were documented in program statements, memos, and interviews with staff and community agencies. Based upon the review and analysis of all available evidence MCC San Diego is found to be in compliance with Standard 115.21.

Recommendation

It is the recommendation of the auditor that MCC San Diego would benefit from engaging in communication with the Center for Community Solutions.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

San Diego

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Annual Training – Sexually Abusive Behavior Prevention & Intervention Curriculum
DOJ/OIG PREA Training Outline
MCC Annual Training Acknowledgement
MCC First Responder Pocket Cards

Interviews:

Random Staff
MCC San Diego PREA Compliance Manager

Findings:

The BOP requires all staff who have contact with inmates to be trained on their zero-tolerance policy. A review of the training curriculum shows that the 10 elements of the required training are covered. Random staff interviews indicated staff was properly trained and acknowledged annual training. Many

staff indicated they received comprehensive training upon being hired, and then were sent to a more thorough and intensive training at the BOP training site in Georgia, followed by annual training at MCC San Diego. MCC staff training rosters showed completion of annual training. Staff, including management, also confirmed receiving PREA “tidbits” on a regular basis from MCC San Diego PREA Compliance Manager. These “tidbits” are sent out via the email system and offer small chunks of PREA related information; addressing one of the required 10 training elements, or something more specific to an MCC process related to PREA compliance. Staff assigned to the housing units also indicated MCC San Diego PREA Compliance Manager routinely stopped on the floors to talk about PREA compliance in the facility. One staff member mentioned having to know the process for inmate reporting.

The reviewed curriculum both addresses and discusses under “Inmate Vulnerable Groups”, the higher incidence of sexual abuse history of female inmates compared to male inmates. This annual training also provides additional information on the sexual safety of female inmates through the BOP Cross-Development Course, and the Management of Female Offenders Course. The program statement requires all BOP staff receive the annual training, regardless of what BOP facility the individual works in or is transferred to.

MCC San Diego maintains impeccable training records and all employees acknowledge receiving the required annual training. Verification of documentation included employee signature of receipt of training with a date the training was completed. A random selection of MCC employees showed they had completed the annual training.

Conclusion:

Provisions (a)(b)(c)(d) were documented by policy, program statements, training records, training curriculum and staff interviews. Provisions (a)(b) were exceeded through the innovative efforts of MCC San Diego PREA Compliance Manager earning an exceeds standard rating for standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Annual Training – Sexually Abusive Behavior Prevention & Intervention Curriculum
MCC San Diego Contractor Training Checklist
Random completed MCC San Diego Contractor Training Checklists
FBOP MCC San Diego Volunteer Training Affirmation
Random completed MCC San Diego Volunteer Training Affirmations

Interviews:

MCC San Diego Chaplain
MCC San Diego PREA Compliance Manager
MCC San Diego Volunteer

Findings:

MCC San Diego maintains a contractor training checklist. The information on the checklist includes, in addition to PREA training all safety issues discussed in the initial training session. The name of the contractor, date of the training, and the contracted position they hold within the facility is contained on the checklist. Areas covered in the training include ethics code and standards of contact, basic records management, domestic violence, sexual assault & stalking, PREA/sexual abuse/harassment prevention, emergency situation and hostage procedures, drug interdiction/contraband and security issues, entrance and exit procedures, inmate accountability, confidentiality and the privacy act, keep and tool control, limits of worker's compensation, information security/sensitive information. The checklist is signed by each trainer in each area, initialed and signed by the correctional services supervisor, and signed and dated by the contractor. A training confirmation that reads *I am aware and understand the Federal Bureau of Prisons' zero tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment.*

Additionally, a BOP Volunteer Training Affirmation is completed for all volunteers assigned to MCC San Diego. The affirmation includes the date of the training, whether it is the initial 4-hour training or the 2-hour annual training, an outline of the course and the responsible department for the training elements. The course includes an overview and history of the BOP, employee conduct and responsibility, code of conduct, ACA (American Correctional Association) Code of Ethics, Freedom of Information and Privacy Acts, Sexually Abusive Behavior Prevention and Intervention Program (SABPIP), correctional services, safety and security procedures, drug interdiction training, religious services information and procedures, information security and sensitive information and administrative paperwork, fingerprints, pictures, and a question and answer session. A random sample of volunteer and contractor training acknowledgements were reviewed and had been provided within the past year. There were no volunteers on site during the audit. An interview with a volunteer took place during the post on site phase of the audit. MCC San Diego Chaplain and PREA Compliance Manager were able to articulate the training all volunteers and contractors undergo both when their assignment is initiated with BOP, if and when they arrive from another facility, and annual training.

There were no volunteers on site during the onsite audit phase. MCC San Diego PREA Compliance Manager provided the name and number of a current volunteer. An interview was conducted during the post-audit phase. The volunteer acknowledged receiving initial PREA training and annual required training.

Conclusion

Provisions (a)(b)(c) were documented in policy and program statements, and through completed training records of MCC volunteers, and interviews. Based upon the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC Institution Supplement 5290.14C – Admission & Orientation Program
MCC Sexually Abusive Behavior Prevention and Intervention Program – Admission and/orientation Lesson Plan – English & Spanish versions
MCC San Diego Pre-Audit Questionnaire
MCC Inmate A & O Handbook – PREA Compliance Manager Statement – Spanish & English versions
MCC Institution Admission and/orientation Program Checklist – Completed
Random Inmate Institution Files – Intake Records which include an Inmate Acknowledgement Statement
MCC San Diego PREA Posters – Spanish & English
MCC PREA Video – English, Spanish, Closed Caption
BOP TRULINCS computer system
MCC San Diego facility Tour – Observation of Inmate Process

Interviews:

MCC San Diego Intake Staff
Random Inmates
MCC San Diego Investigative Staff
MCC San Diego PREA Compliance Manager

Findings:

The BOP and MCC San Diego have a robust inmate education program that is introduced and engaged during the intake process. MCC San Diego PAQ indicates 2962 inmates were admitted to the facility during the previous 12 months. Over 2000 remained in the facility for over 30 days. A random sampling of the inmate files shows documentation the facility's zero-tolerance policy for sexual abuse and sexual harassment was provided at intake and an inmate's signature indicates they received and understand the information. Two random inmates indicated they could not remember if they received the information at intake, and also acknowledged being under the influence at that time of intake. They did acknowledge receiving information once assigned to their housing unit. A follow up of random and targeted inmate records confirmed information was provided during intake, upon housing assignment by the unit team, and through posters, and via the TRULINCS system. Designated LEP inmates were interviewed utilizing a MCC employee as an interpreter and all information was provided in their native language. Staff were aware of the language line services and knew where to access the information to utilize the line. Each inmate booked into MCC San Diego has an electronic file that is maintained as well as a hard file that the unit teams use to document any relevant information. Additionally, unit team members routinely discuss with the inmates the various ways to report. Confirmation of receipt of the required information was noted in the inmate file via the Inmate Acknowledgement Statement.

Posters, inmate A & O handbook and the showing of MCC San Diego PREA video were all acknowledged by the inmates interviewed. While inmates could not say specifically how often the video was shown, the general response was 1-3 times per week. The video is produced in English, Spanish and with closed captioning. Hearing and sight impaired inmates received their information through either an interpreter, or having the information read to them. During the site review an individual being booked in did not know how to read or write. Staff worked with him to read the information and assess his understanding of the information. Although intake staff have not encountered this, it was asked how zero-tolerance information would be provided to an inmate should they not receive it during intake due to a medical or psychological emergency or triage for an injury. Staff noted the unit team where the inmate was housed would be notified and the information provided immediately.

Conclusion:

Provisions (a)(b)(c)(d) were found compliant based upon the analysis of evidence provided. Inmate intake and institution files, interviews, and observation confirm MCC San Diego meets the expectations and is in compliance with standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)

Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

Agenda – BOP SIS/PREA National Video Conference Agenda, Curriculum
BOP Form 583 – Incident Report
BOP 9-step Investigative Flow Chart
BOP SIS/SIA Training Outline & Curriculum – Interviews and Union Issues
BOP Warning and Assurance to Employee Required to Provide Information Form
FBI Domestic Investigations and Operations Guide (DIOG)
Letter of Cooperation between the FBI and the BOP re: compliance with the DOJ federal regulations to implementation of the PREA regulations.
MCC San Diego investigative files
MCC San Diego Pre-Audit Questionnaire
MCC and Agency confirmation of training and MCC training completion certificates

Interviews:

MCC San Diego Investigative Staff
MCC San Diego Warden

Findings:

A review of the BOP SIS/SIA Lesson Plan and curriculum pertaining to investigations, how to conduct interviews and mitigating potential union issues, and interviews with investigative staff confirm the specialized training in investigations occurs for MCC employees conducting investigations on allegations of sexual abuse. The training curriculum shows techniques for interviewing sexual abuse victims, use of Miranda and Garrity warnings, how to manage evidence collection and criteria for both administrative and criminal referrals. The BOP has an extensive investigative flow chart. This steps are presented in a cumulative manner with Step 1: Inmate Reports Allegation of Sexual Abuse or Harassment to Staff; Step 2: Notify the Ops Lt. Immediately; Step 3: Maintain Crime Scene and Evidence Using Chain of Custody Protocol; Step 4: Contact Health Services; Step 5: Access TRUIINTEL and Complete a Report of Incident Form (BP-A0583); Step 6: Immediately Safeguard the Inmate; Step 7: Contact Psych Services; Step 8: Maintain Confidentiality; and Step 9: Notifications. Completion of the specialized training is maintained. MCC investigative staff keep track of completion of the specialized training. The PAQ indicates there are 11 staff members who completed the specialized training. MCC San Diego investigative staff indicated all current facility investigators, five people in total, had completed the specialized training in February 2023.

An MCC San Diego investigator was able to show the investigative process followed the flow chart documented above. A review of 10 MCC investigative files shows the internal process and referral process for investigations followed protocol and allegations were addressed immediately. The investigator submits an allegation to MCC San Diego warden who reviews and refers to Internal Affairs and then the OIG. The OIG determines if the investigation will be criminal or administrative, and authorization is provided back to MCC San Diego on how to proceed. If the investigation is returned to MCC it is completed. If unsubstantiated it is closed out, the post-investigation process occurs. If the allegation is deemed to be founded, all paperwork is submitted to Internal Affairs and the disciplinary process is initiated.

One staff on inmate allegation of voyeurism was discussed. MCC San Diego investigator wrote the referral, MCC San Diego Warden reviewed the referral and sent it to Internal Affairs. OIA had not authorized the case to move forward at the time of the interview, therefore the file was unavailable for viewing. The discussion appeared to cover all aspects of the investigative process.

An MCC San Diego investigator has camera monitors in the office which are reviewed regularly. Direct contact is maintained with all staff members on the housing units and executive staff (via different channels). MCC San Diego Warden discussed the revamping, retraining and redirecting of the facility process for investigations. Noting a need to strengthen the attention to detail pertaining to investigations, a new investigative lieutenant was assigned to the SIS to spearhead the investigative process.

Documentation was provided to show MCC San Diego facility investigators as well as investigators from OIA, OIG, and FBI received the specialized training developed through the Department of Justice. MCC San Diego investigator was well-versed on the investigative process. Understanding the parameters for investigations of sexual abuse in confinement settings and ensuring staff understood as well was a priority. The investigative training is not limited to a specialized training segment. A section of training that includes case studies and lessons learned from experienced investigators within the BOP system.

A Letter of Cooperation between the FBI and the BOP re: compliance with the DOJ federal regulations to implementation of the PREA regulations was reviewed to ensure the various agents and investigators who conduct such investigations received specialized training as well.

Conclusion

Provisions (a)(b)(c) were documented through program statements, staff interviews, a review of the training outlines, curricula, and training records. Based upon the review and analysis of all available evidence, MCC San Diego has shown to exceed standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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 No NA

115.35 (d)

- 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 No NA

- 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 No NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

MCC San Diego Pre-Audit Questionnaire
BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP PREA and Psychology Services Document outlining required specialized video training for medical and psychology personnel

Interviews:

MCC San Diego Medical Director
MCC San Diego Chief of Psychology
MCC San Diego PREA Compliance Manager

Findings:

MCC San Diego PAQ indicates there are 13 individuals assigned to provide medical and mental health care services at the facility. Formal interviews as well as informal discussions during the site review, coupled with completion certificates indicate all staff have received the required specialized PREA training for medical and mental health care practitioners. MCC San Diego medical director confirmed medical staff at the facility do not conduct forensic examinations. The Program Statement indicates

medical and mental health staff must be trained in basic PREA principles, receive specialized training, and the specialized training includes six modules. These are 1) PREA and Medical and Mental Health Care: A Trauma-Informed Approach; 2) PREA Specialty Training – Detecting and Assessing Signs of Sexual Abuse and Harassment; 3) Preserving Physical Evidence; 4) Effective and Professional Resources; 5) Reporting and the PREA Standards; & 6) Understanding Sexual Trauma in Custody.

Medical and mental health care staff, because they are BOP employees are trained on first responder duties and understand their obligation and duty to report when they have knowledge or suspicion of sexual abuse and/or sexual harassment. Both MCC San Diego Medical Director and Psychologist indicated the level of care provided at MCC San Diego surpasses the community standard of care. Additionally, the Medical Director participates in the Admissions and Operations (A&O) periodic rounds whereby Department Heads float through the facility conducting town hall-type meetings with the inmates to answer any questions they may have. Additionally, responsibilities of the Institutional Duty Officer are assigned to MCC San Diego Medical Director where unannounced rounds are conducted, logged, and submitted to MCC San Diego warden.

Conclusion:

Provisions (a)(c)(d) are met through policy, training outlines, confirmation of training and staff interviews. Provision (b) is not applicable since MCC San Diego facility medical staff do not perform forensic examinations. Based upon the review and analysis of all available evidence, MCC San Diego is found to be in compliance with standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- 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 No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Memorandum for Wardens – Intake Screening Guidance – Prison Rape Elimination Act
BOP PREA Intake Objective Screening Instrument
BOP Intake Screening Form
MCC San Diego Memo from Associate Warden/PREA Compliance Manager to MCC San Diego Warden
Random Inmate Files
MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego Staff responsible for Risk Screening
Random Inmates
Agency PREA Coordinator
MCC San Diego PREA Compliance Manager

Findings:

Program Statement 5324.12 requires all inmates be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. Additionally, the intake screening is required to take place within 72 hours of arrival at the facility. Staff who conduct the risk screening acknowledged an evidence-based method for conducting the intake screening and noted that the screening generally takes place immediately upon arrival. MCC San Diego reported conducting 2612 intake screenings in the past 12 months. Inmate interviews indicated they received a screening at the time of their arrival at the facility. The screening information is used in decisions related to housing, bed, work, education and program assignments. Staff place a high priority on keeping separate those inmates at high risk of being sexually victimized from those with a high propensity for being sexually abusive.

The PREA Intake Objective Screening instrument is used when conducting intake screening. Specific information must be noted in the comment sections of the Inmate Screening Form. If none of the criteria from the PREA Intake Objective Screening Instrument is applicable to the inmate, staff will stamp the file with "No PREA criteria met" in the comment section applicable to victimization or abusiveness. Information gathered and assessed includes the physical, mental, or developmental status of the inmate, age, physical build, previous incarcerations, criminal history, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

The Risk of Victimization section includes three factors; Answers to Intake Screening Form; General Physical Appearance and Presentation; and Criminal history from available documentation. Each factor includes the "Objective Criteria" coupled with "Referral Guidance". The Risk of Abusiveness has one factor which is the documented history of abusiveness from available documentation (PSR, incident reports, etc.). Objective criteria and referral guidance are provided as well. A random sample of inmate Intake Screening Forms were reviewed. Additionally, files for those inmates who experienced sexual abuse either while incarcerated or while in the community were requested and reviewed. The facility reports there were 116

individuals who were reassessed for their risk of sexual victimization. Files were consistent with the requirements of the standard indicating follow up by psychology staff within 30 days of their arrival at the facility. This information was clearly documented in the inmate file. During an interview with a random inmate it was revealed during the intake process he acknowledged being previously sexually abused in the community. It was reported he was followed up with by psychology staff and offered services during his incarceration. Staff noted an inmate's risk level could be reassessed at any time through a request from any staff member, at the request of the inmate, or based on any relevant information that could impact the inmate's safety at the facility.

The agency PREA Coordinator, MCC San Diego PREA Compliance Manager and Psychology Department Head acknowledged the importance of the screening tool and its relevance to sexual safety within the facility and for the inmates. Specifically, controlling if, how, and when such information is disseminated and to who. Staff conducting the risk assessment talked about assessing for ACEs (Adverse Childhood Experiences) and how that was providing additional information relevant to the safety of the inmates. Medical staff maintain confidential inmate records and do not provide access to the inmates file. If there is a need-to-know situation, that specific information will be provided to staff in an effort to make informed decisions.

Conclusion:

A review of program statements, memos, forms, a review of files and agency and MCC staff interviews provisions (a)(b)(c)(d)(e)(f)(g)(h)(i) are shown to be compliant. MCC San Diego is compliant with standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 5200.08 – Transgender Inmates
BOP PREA Intake Objective Screening Instrument
BOP Intake Screening Form
MCC San Diego PREA Compliance Manager memo to MCC San Diego Warden – Screening Information
Notes from an MCC San Diego PREA Meeting
MCC San Diego Transgender Inmate Files
MCC San Diego PREA Posters

Interviews:

MCC San Diego PREA Compliance Manager
MCC San Diego Staff Responsible for Risk Screening
Transgender Inmates

Findings:

The Program Statement addresses the use of the information from MCC San Diego risk screening tool. Specifically the PS ensures housing, bed, work, education and program assignments, with the goal of keeping inmates safe. A memo from MCC San Diego PCM to MCC San Diego Warden outlines that weekly team meetings regarding inmates in the SHU are held to discuss on a case-by-case basis the safety of each inmate. Any discussion related to housing of a transgender or intersex inmate in a male

or female facility is also conducted in a manner consistent with case-by-case discussions. Notes from a MCC San Diego PREA Meeting to discuss transgender inmates were reviewed and were consistent with the requirements of the standard.

The PS directs that the staff performing the risk assessments will notify Psychology Services of any transgender or intersex inmate and will provide a copy of the Intake Screening Form to prepare for team meetings. Interviews with the PCM, staff who conduct the risk assessments and transgender inmates showed the directive being followed, with the transgender inmates indicating their own views with respect to housing were taken into consideration. The inmates reported being able to shower and use the toilet separate from other inmates. Those interviewed felt very safe at the facility and felt comfortable approaching staff should they encounter any issues. Inmate files were reviewed. The forms document the recommendation of the inmate and housing decision. All appeared to be consistent with the view of the inmate.

MCC San Diego does not use protective custody or SHU for placing inmates solely because of their status as a transgender or intersex individual. MCC San Diego does not have a dedicated facility or housing unit for transgender or intersex inmates. The facility reports having placed four individuals who reported victimization over the past 12 months in the SHU temporarily while safe housing could be identified. MCC San Diego PCM indicated team meetings are held immediately after an allegation so as not to have the temporary placement appear to be disciplinary in nature.

Conclusion:

A thorough review of documentation; memos, program statements, files and interviews with staff and inmates confirm that all provisions - (a)(b)(c)(d)(e)(f)(g) of standard 115.42 are compliant.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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.) Yes No NA
- If the facility restricts any 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.) Yes No NA
- If the facility restricts any 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.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC San Diego PCM Memo to MCC San Diego Warden – Protective Custody
BOP Program Statement 3420.11 – Standards of Employee Conduct
MCC San Diego Pre Audit Questionnaire (PAQ)
MCC San Diego Inmate Files

Interviews:

MCC San Diego staff who supervise the Special Housing Unit
MCC San Diego PREA Compliance Manager
MCC San Diego staff who conduct the Risk for Victimization or Abusiveness assessment

Findings:

Agency program statements coupled with a memo outlining MCC Sa Diego procedures for the management of inmates housed in the SHU indicates the prohibition of housing inmates at high risk for sexual abuse in involuntary housing, which is the SHU at MCC San Diego. The SHU houses both administratively segregated and disciplinary status inmates. MCC San Diego unit team considers the totality of all information, including input from department managers related to the inmate's behavior and concerns before placing an inmate into the SHU.

Program statement allows for up to 24 hours in the SHU while completing any assessment and gathering information. Inmates who are placed in segregated housing shall have access to programs, privileges, education and work opportunities to the extent possible while the assessment is being completed. If any access is restricted, MCC San Diego will document the opportunities that were limited, the duration of the limitation, and the reasons for the limitation. A memo from MCC San Diego PCM to MCC San Diego Warden any inmate who is placed in the SHU for protection will have their status reviewed every week during the SHU meeting. MCC San Diego PAQ reports there were four cases of an alleged victim of sexual abuse being admitted to the SHU solely as a result of the allegation of sexual abuse. During the onsite phase of the audit none were currently housed in the SHU.

MCC San Diego PCM and staff who supervise the SHU indicated the facility does not involuntarily segregate inmates. Additionally, those interviewed noted they did their best to keep inmates at high risk for sexual abuse housed separately for those inmates who are at high risk for victimization. Staff who conduct the risk assessment indicated they confer with supervisors if there is a need to immediately place someone into the SHU. A review of inmate files who scored high risk for sexual victimization were reviewed for housing placement. There were no findings of inmates being placed in the SHU. Housing assignments were in the general population.

Conclusion:

Provisions (a)(b)(c)(d)(e) were documented through program statements, memos, staff interviews and inmate file review. Based upon the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
[] Yes [] No [x] NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
BOP PREA Poster
MCC San Diego Inmate Handbook
Memo from MCC San Diego PCM to MCC San Diego Warden – Inmate Reporting, Process
Memo from MCC San Diego PCM to MCC San Diego Warden – Inmate Reporting during past 12 months
BOP LanguageLine Solutions Contract
MCC San Diego Facility Tour
MCC San Diego Administrative Remedy Form
BOP TRULINCS System

Interviews:

Random Inmates
Random Staff
MCC San Diego PREA Compliance Manager

Findings:

MCC San Diego inmates are encouraged to report allegations of sexual abuse or sexual harassment to staff at all levels. They are informed they can report at the local, regional and Central Office levels internally. This information is provided verbally to the inmates during intake, written in the inmate handbook and via MCC San Diego PREA Posters. The information can also be found electronically on the TRULINCS system. All reporting information is provided to the inmates in Spanish and English and can be provided in any other language via the LanguageLine Solutions. The posters, handbook and TRULINCS system also includes the mailing address for the Office of the Inspector General (OIG).

The inmate Handbook (Admissions & Orientation Handbook) also outlines the ability to report any retaliation, or staff neglect or violation of responsibilities encountered during the reporting process. During the site tour information about reporting incidents of sexual abuse and sexual harassment were prevalent. Posters were displayed throughout the facility, the TRULINCS system was accessible and operational throughout the housing units, and the phones were accessible to the inmates during program time (when they are out of their cells), or upon request.

Also outlined verbally, through the Admissions & Orientation Handbook, MCC San Diego PREA Posters, and the TRULINCS system are ways for inmates to report abuse or harassment to a public or private entity not a part of the agency. The Office of the Inspector General (OIG), a component of the Department of Justice (DOJ) is an outside reporting entity for the BOP. Inmates may email OIG through the TRULINCS system. Emails sent to the OIG through the TRULINCS system are not traceable at the local institution. The emails go directly to the OIG, are not saved in an inmate's email, and there is no capability of return emails from the OIG that could be traceable. Further, if there is a need to remain anonymous, the inmate will request it in the email. The inmate mail system was discussed with the PCM. Any letter written to the OIG is treated as legal mail. Outgoing mail is reviewed for contraband, but not content. Any incoming legal mail is opened with the inmate present a signature required by both the staff and inmate for the receipt of the mail.

MCC San Diego does not detain inmates solely for civil immigration purposes as confirmed by MCC San Diego PCM. MCC San Diego recognizes information received anonymously by staff refers to "drop-notes" or other written communication. When asked what that meant, staff indicated they are mandated reporters and if an inmate reported sexual abuse or sexual harassment to them they would document the incident utilizing the inmates name.

Both random staff and random inmate interviews confirmed awareness of multiple ways to report any sexual abuse or sexual harassment. Some inmates noted access to CRIMESTOPPERS, which is available to the inmates via the inmate telephone system. The auditor used the phone to call CRIMESTOPPERS and the call commenced. Inmates were generally aware they can report anonymously and via third-party reporting.

Staff confirmed they would accept reports made verbally, in writing, anonymously, and from third parties, and would document any reports immediately. Additionally, all staff indicated they would be able to report privately any sexual abuse or sexual harassment of inmates and acknowledged their duty to do so. Their program statement 3420.11 outlines their requirement to report any violation, appearance of a violation or attempted violation of any PREA standard or of any law, rule, or regulation. Failure to do so by employees could result in disciplinary action.

Conclusion:

Provisions (a)(b)(c)(d) were confirmed through program statements, MCC San Diego site tour, and through interviews with both staff and inmates. An analysis of all the available information confirms MCC San Diego is compliant with standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 1330.18 – Administrative Remedy
MCC San Diego Pre Audit Questionnaire (PAQ)

Interviews:

MCC San Diego PREA Compliance Manager
Random Inmates

Findings:

Neither the BOP nor MCC San Diego are exempt from this standard. The BOP has a documented administrative remedy process via Program Statement 1330.18 that defines the grievance process. Program Statement 5324.12A describes the process. Not limited to sexual abuse and sexual harassment, this program statement allows for an inmate to file a grievance orally or in writing on any issue surrounding an inmate's incarceration. Also outlined in this program statement is that the BOP shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse and an administrative remedy can be filed at any time. Further, for administrative remedies other than sexual abuse, a 20-calendar-day period shall be followed. Inmates at MCC San Diego are not required to attempt informal resolution regarding allegations of sexual abuse, and the agency retains the ability to defend itself against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

There is no limitation or prohibition that precludes third party, including other inmates, family members, attorneys, outside victim advocates, or friends from assisting the reporting inmate with filing the administrative remedy relating to the allegation of sexual abuse.

Should an inmate file an emergency grievance, the response and process will be expedited. A response to any emergency grievance filed is required to be completed within 48 hours of receipt, and a final decision commencing within five days. This expedited process is outlined in Program Statement 1330.18. Inmates are not required to submit to the staff member who is the subject of the complaint. Additionally, as noted by the facility PCM and in the program statement any grievance alleging sexual abuse will not be referred to the subject staff member for resolution.

Agency program statements encompass the 90-day decision making timeline and acknowledge the 90-day timeline does not include time required by the inmate for preparation and appeal of such a report. The agency has the right to claim an extension of up to 70 days if the normal time period for response is insufficient to make an appropriate decision. At any level of the administrative process, including the final level, if the inmate does not receive a response within the allotted time, the inmate may consider the absence of a response to be a denial. MCC San Diego Warden acknowledged that his priority would be to ensure responses are provided whether denied or not, and that the communication would be documented.

In the past 12 months MCC San Diego reports zero grievances filed for sexual abuse. Additionally, in the past 12 months there have been zero third-party assisted grievances, and zero emergency administrative remedies filed. Inmates interviewed acknowledged they were aware of an emergency grievance process at MCC San Diego. Both the agency and MCC San Diego reserves the right to impose discipline and requires an inmate to file any grievance in good faith.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f)(g) were documented by agency program statements and staff and inmate interviews. Based upon the review and analysis of all available evidence MCC San Diego is found to be in compliance with standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Use of MCC San Diego inmate telephone
San Diego Emergency Management System (EMS) website
MCC San Diego Inmate Handbook

Interviews:

MCC San Diego PREA Compliance Manager
Psychology Services Staff
Random Inmates
Random Staff
Director – San Diego Center for Community Solutions

Findings:

MCC San Diego provides inmates with access to outside confidential emotional support services, and victim advocacy. Program Statement 5324.12 outlines the process for inmates to have access to these services, which include providing inmates with the phone number to the National Sexual Assault Hotline, available in MCC San Diego Inmate Handbook, and via a telephone system separate and apart from the general inmate telephone system. The phones used to access outside emotional support services are in every housing area and are used to contact attorneys, or any other professional services, including CRIMESTOPPERS. Calls made on these phones are not monitored or recorded. During the site tour the auditor used the phone to call the number posted. No identifier such as the inmate number or name was requested. The call connected to the sexual assault hotline. The advocate walked me through the process of how the call would be directed. The center can see the area code and the first three digits of the incoming call. Those numbers are used to direct the call to the nearest crisis center. The call was forwarded and an advocate was available to talk. Any inmate accessing services from this line can continuously make calls and receive consistent services from the same center.

Random staff indicated the service phones are utilized regularly and staff are not privy to who the inmate is calling. If an inmate made a request to staff to utilize the phone outside of program time, all staff indicated they would provide access to the best of their ability. Random inmates noted the phones were available and the phone numbers were posted for sexual abuse services. All inmates were asked if they have ever needed to use the phone to access emotional support services or victim advocacy, and they indicated they have not.

Psychology Services staff indicate when they encounter an inmate who alleges sexual abuse they inform the inmate of the limits to confidentiality prior to the services being provided. The Director for the Center for Community Solutions also discusses mandatory reporting laws, confidentiality, and how to access services once released.

MCC San Diego reports they have a relationship with the San Diego Sexual Assault Response Team (SART). Documentation of efforts to enter into an MOU with the SART, which is part of the San Diego EMS were provided. During the interview with the Director of The Center for Community Solutions it was noted that a blanket MOU with all law enforcement agencies in San Diego is available. The Center for Community Solutions indicated that any and all services provided through their organization are consistent with what is provided in the community. Calls are routinely routed to the center from the National Sexual Assault Hotline, and they would only know if the call was coming in from a correctional institution if the caller identified themselves in that way.

Conclusion:

Based on a review of all evidence available through documents, interviews and direct use of the inmate telephone, MCC San Diego meets the provisions (a)(b)(c)(d) and is found in compliance with standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
BOP MCC San Diego PREA Poster – English and Spanish
MCC San Diego Inmate Handbook
Agency/MCC San Diego Website (www.bop.gov)

Interviews:

Random Staff
MCC San Diego PREA Compliance Manager
MCC San Diego Warden

Findings:

The inmate handbook and PREA poster provide the mailing address for the Office of the Inspector General, Investigations Division which is part of the Department of Justice. The PREA posters are visible throughout the facility. Inmates acknowledged seeing the posters, having the inmate handbook available to them, and understood they could make a report confidentially and anonymously by looking at the poster or handbook to know where to make the report.

Program Statement 5324.12 indicates all staff are required to accept any report of sexual abuse or sexual harassment. When asked, staff indicated this included any report from outside the facility. Program Statement 3420.11 outlines an employee's duty to report any sexual abuse and sexual harassment.

Staff stated they would have no hesitation to report to their supervisor if a third-party report was received, and acknowledged and confirmed by MCC San Diego PCM, there is a process via the BOP/MCC website where any information received would be routed through the agency first and then to MCC San Diego. MCC San Diego Warden stated his full expectation that staff take any report of sexual abuse and sexual harassment from anyone seriously and address the report immediately.

Conclusion:

This standard was documented with staff and inmate interviews and verification of information available on the agency and facility website. Based on the review and analysis of all available evidence MCC San Diego is in compliance with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
BOP Form A0583 – Report of Incident

Interviews:

Random Staff
MCC San Diego Medical Administrator
MCC San Diego Chief of Psychology
MCC San Diego Warden
MCC San Diego PREA Compliance Manager

Findings:

The agency requires 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; retaliation against inmates or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All MCC San Diego staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant, or, where appropriate, in accordance with the Program Statement 3420.11 – Standards of Employee Conduct.

MCC San Diego staff will provide a written follow-up memorandum to the Operations Lieutenant and the Operations Lieutenant notifies the PREA Compliance Manager. Allegations of inmate-on-inmate and inmate-on staff sexual abuse are entered in TRUIINTEL via the Agency form BP-A0583 – Report of Incident. MCC San Diego PCM will forward a copy of the form to the appropriate Regional PREA Coordinator, which is subsequently sent to the Agency PREA Coordinator.

At MCC San Diego, the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. MCC San Diego PCM indicated this is important not only to preserve the victim's privacy but to preserve maximum flexibility to investigate the allegations. The PCM noted under this provision it is appropriate to forward these reports to the Operations Lieutenant.

Staff at MCC San Diego indicated they understand their reporting duties and would not hesitate to follow policy and make a report. This included any internal or third-party report. Psychology Services staff and Medical Services staff fully understood and concurred reporting duties at MCC San Diego applied to them. Staff also acknowledged they would inform the inmate of their duty to report and discuss the limitations of

confidentiality prior to engaging with the inmate. There are no inmates at MCC San Diego under the age of 18.

Findings:

Provisions (a)(b)(c)(d)(e) were documented in program statements, facility operations and confirmed by staff interviews. Based upon the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
MCC San Diego MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego Warden
MCC San Diego PREA Compliance Manager
Random Staff

Findings:

Program Statement 5324.12 acknowledges that when it is learned an inmate is subject to substantial risk of imminent sexual abuse it shall take immediate action to protect the inmate. Program Statement 3420.11 indicates any failure to ensure sexual safety in any facility is subject to discipline. Random staff

acknowledged their obligation to report and understood they could experience consequences if they failed to report. Further, staff reported they would inform their supervisor immediately if they felt an inmate was at risk of sexual abuse. In the past 12 months MCC San Diego reported zero incidents that an inmate was subject to substantial risk of imminent sexual abuse. MCC San Diego Warden and PREA Compliance Manager indicated they make sexual safety a priority and have high expectations that staff are informed of their mandate to report if an inmate appears to be at imminent risk of sexual abuse.

Conclusion:

The staff interviews, and program statements document the requirements of this standard. Based on the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11- Standards of Employee Conduct
MCC San Diego Pre-Audit Questionnaire
Notification memos
MCC San Diego Investigative Files

Interviews:

MCC San Diego Warden
MCC San Diego PREA Compliance Manager
MCC San Diego Investigative Staff

Findings:

Program Statement 5324.12 indicates that upon receiving information an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. In cases where there is an allegation that sexually abusive behavior occurred at another Agency facility, the Warden (or at MCC San Diego, the PREA Compliance Manager) reports the allegation to the Warden of the identified institution. In the case where sexual abuse is alleged to have happened by a staff member at another institution, the Warden of MCC San Diego will refer the matter directly to the Office of Internal Affairs.

Where sexual abuse is alleged to have happened at a non-Agency facility such as a private facility, jail, juvenile facility or reentry center, MCC San Diego Warden will contact the appropriate office of the facility and make the notification. These notifications are made immediately upon receipt. A review of the notification indicates the notification was made within 72 hours. In the past 12 months the facility reported three instances in which other institutions were notified concerning an inmate allegation of sexual abuse occurred.

In the past 12 months MCC San Diego received four reports of allegations of sexual abuse or sexual harassment from other facilities. Investigative files were reviewed, and each incident was referred for investigation. MCC San Diego PREA Compliance Manager is responsible for making the notifications and following up with the investigative process, and a tracking log is utilized to ensure the allegation is investigated.

Conclusion:

Provisions (a)(b)(c)(d) were documented by program statements, interviews with staff and a review of documentation. Based upon the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC San Diego Pre-Audit Questionnaire
MCC San Diego First Responder Pocket Cards
MCC San Diego First Responder Training Curriculum
MCC San Diego First Responder Training Confirmation

BOP One Source Document

Interviews:

Random Staff (all staff trained as First Responders)
MCC San Diego PREA Compliance Manager

Findings:

Program Statement 5324.12 outlines first responder duties. All BOP staff are trained in first responder duties. The training curriculum was reviewed and covered the four points required by this provision. This includes management of alleged victim and alleged abuser, and any actions that could destroy physical evidence, including showering, brushing teeth, changing clothes, urinating, defecating, drinking or eating. In the past 12 months MCC San Diego received 10 allegations of sexual abuse. In all cases, upon learning of the alleged sexual abuse the victim was separated from the alleged abuser. All allegations were received outside of the time period for evidence collection. There were no instances where a non-security staff member responded as a first responder. Routinely staff who were approached during the facility tour, and those chosen to be interviewed were well versed on first responder duties. All acknowledged being trained in first responder duties.

The BOP OneSource document includes a flowchart that outlines the guide for First Responders. This 9-step guide is utilized when an allegation of sexual abuse or sexual harassment is made by an inmate. The guide follows BOP protocol and covers the elements of first responder duties as required by this standard.

Conclusion:

Provisions (a) and (b) were documented in the program statement, training curriculum and confirmed by interviews with staff. Training records document staff are trained as first responders. Based upon the review and analysis of all available evidence MCC San Diego is found in compliance with standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP OneSource Document
MCC San Diego Investigative Files (closed)

Interviews:

MCC San Diego Warden
MCC San Diego PREA Compliance Manager

Findings:

MCC San Diego staff are required to be familiar with Program Statement 5324.12 which defines the written institutional response plan. BOP has created a document that assists staff in responding to allegations of prohibited and/or illegal sexually abusive behavior. This 11-page document begins with "First Things First" (FTF) which are first responder duties. The next section is the action areas for the Operations Lieutenant (or SIS Lieutenant) to follow. The sections of the document that include actionable areas include a Yes/No indicator and an area for comments. Psychology Services has a section to be completed that includes action items for the alleged victim and the alleged perpetrator.

Discussions with MCC San Diego Warden and agency PREA Coordinator outlined the response efforts and requirements for an allegation of sexual abuse and sexual harassment. The Warden indicated all staff are regularly trained on first responder duties and the PREA Compliance Manager would engage with facility leadership from investigations, medical and mental health to ensure the coordinated response is followed.

Conclusion:

The program statement and interviews coupled with a review of the OneSource document and closed files of allegations of sexual abuse and sexual harassment confirm the response plan is carried out when an allegation occurs. Based upon the review of all available evidence, MCC San Diego is found in compliance with standard 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

Federal Bureau of Prisons and Council of Prison Locals (American Federation of Government Employees) Master Agreement
BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Interviews:

Agency Head
MCC San Diego PREA Compliance Manager
MCC San Diego Employee who was under investigation for allegations of sexual harassment

Findings:

A review of the Master Agreement between the Federal Bureau of Prisons and Council of Prison Locals dated July 21, 2014 – July 20, 2017 and remains current shows the Agency may remove alleged staff sexual abusers from contact with inmates pending an investigation or a determination of whether and to what extent discipline is warranted. MCC San Diego PREA Compliance Manager confirmed this is the most current agreement and that efforts are being made to enter into a new agreement.

Article 30, Section A of the document states “The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending the investigation and resolution of the matter, in accordance with applicable laws, rule, and regulations.”

A random staff member provided information about an allegation of sexual harassment filed against him during his first year of employment at MCC San Diego. The employee was placed in an administrative position that limited direct contact with the inmates until the investigation process concluded.

Conclusion:

A review of the documentation provided, coupled with staff interviews confirm MCC San Diego is in compliance with standard 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC San Diego Inmate Files of those who alleged sexual abuse or sexual harassment
MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego PREA Compliance Manager
MCC San Diego Warden
MCC San Diego Chief of Psychology

Findings:

Program Statement 5324.12 ensures all inmates and staff who report sexual abuse or harassment, or who cooperate with an investigation regarding sexual safety are free and protected from retaliation. MCC San Diego PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. The PCM reports that if the initial monitoring indicates a continuing need, periodic status checks occur. The PCM and Chief of Psychology indicated verbal conversations occur with any inmate regarding retaliation and their right to be free from any threat of or incident of retaliation. The PCM will meet with any staff member to discuss retaliation and to guide them through the process of reporting retaliation should they feel threatened at any time.

A review of inmate files shows that since the current PREA Compliance Manager assumed her position (August 2022) a more thorough retaliation monitoring system had been implemented. The files show contact was made with the inmate to assess if any of the dynamics that would provide protection from retaliation were necessary. The PCM acknowledged assessing the need for housing changes, transfers, removal of staff or inmate abusers, and the need for confidential emotional support services should inmates fear or feel threatened. A review of the files show there were no incidents of retaliation. MCC San Diego reports there were zero incidents of retaliation that occurred in the past 12 months.

Conclusion:

Provisions (a)(b)(c)(d)(e) are defined in the program statement and confirmed by interviews with staff. There have been no incidents of retaliation during the past 12 months. Based on the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Inmate Files for those housed in the SHU
BP-A1002 - Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation
MCC San Diego MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego PREA Compliance Manager
MCC San Diego Chief of Psychology
Staff Supervisors in the SHU

Findings:

The use of the Segregated Housing Unit (SHU) at MCC San Diego to protect an inmate who is alleged to have suffered sexual abuse is outlined in Program Statement 5324.12. When determining an appropriate method of safeguarding the inmate assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing and dating form A1002. The completed A1002 form is stamped "FOI EXEMPT" and placed in the Privacy Section of the Inmate Central File to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. If information gathered leads to an investigation, the A1002 becomes a part of the investigative file. The completed form is emailed to the BOP-CPD/PREA COORDINATOR and filed with the investigative case. The SHU is utilized as a last resort for housing of an inmate who alleges sexual abuse, and SHU supervising staff indicated that no restrictions would be placed upon the inmate regarding programs, work assignments or access to religious services.

MCC San Diego PAQ indicates there were four inmates placed in the SHU in the past 12 months; three for alleged sexual abuse allegations (victims) and one for alleged sexual abuse (perpetrator). All four inmates had a completed Safeguarding of Inmate Alleging Sexual Abuse/Assault Allegation form completed, and none of them were held in the SHU for longer than one week. The PREA Compliance Manager indicated that generally the SHU will be used as a last resort, and that if the perpetrator is another inmate immediate separation of the victim/perpetrator would occur. The PCM also indicated a 30-day review is initiated should the inmate remain in the SHU.

Conclusion:

A review and analysis of documents, staff interviews, and facility tour deem MCC San Diego to be compliant with standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FBI's Domestic Investigations and Operations Guide
FBI Memo – Response to the BOP
DOJ/OIG PREA Training Outline
OIG PREA Training Completion Confirmation email
MCC San Diego Investigative Files

Interviews:

MCC San Diego PREA Compliance Manager
MCC San Diego Investigative Staff
MCC San Diego Warden
Agency PREA Coordinator

Findings:

Program Statement 5324.12 addresses both administrative and criminal investigations and states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively. A review of investigative files shows the investigations were prompt, thorough, and objective. MCC San Diego Warden discussed a recent meeting with the facility investigators where the importance of prompt, thorough, and objective investigations were a requirement to uphold the sexual safety of the facility. Facility SIS investigative staff indicated allegations of sexual abuse and sexual harassment are taken seriously and investigated accordingly. Investigative staff noted they would investigate anonymous and third-party reports as any other report would be handled.

The SIS investigative staff provided confirmation the five investigative staff members had completed their specialized training in February 2023. The training covered evidence recovery and preservation, and the staff indicated having access to facility cameras (which were operational during the site tour), conducting interviews with inmates, witnesses and perpetrators. These duties are a separate responsibility from staff first responders and are carried out by the appropriate investigative entity which could be MCC San Diego SIS, OIA (Office of Internal Affairs), OIG (Office of the Inspector General), or the FBI (Federal Bureau of Investigation). Investigators do not utilize the polygraph as part of their investigative process.

For inmate-on-inmate criminal investigation MCC San Diego SIS will work with the Warden and the BOP OIA, and the incident will be investigated by the FBI. Any Staff-on-Inmate criminal investigations will be handled by the OIG. The FBI provided confirmation that a uniform investigatory process is utilized for all investigations. If an allegation is substantiated by the OIG or the FBI the case is referred for prosecution. If there is not a substantiated outcome the investigation is returned to the facility for local processing.

MCC San Diego investigative files were thorough and included sections for evidence, interviews, monitoring, and outcome. When the quality of evidence appears to support criminal prosecution, the investigative staff will notify MCC San Diego Warden and PREA Compliance Manager and the

investigative entity handling the case will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

MCC San Diego investigative staff indicated that with respect to administrative investigations, staff actions or failure to act are considered as part of the investigation. Additionally, physical layouts, staffing patterns, institution operations are also reviewed to assess whether they contributed to the abuse. A review of closed investigations shows that investigative files are maintained until direction comes from the investigative entity for destruction. Investigations would continue through the process regardless of whether the abuser or victim departs employment.

The BOP provided documentation confirming the FBI and OIG comply with the entities outlined within this standard. This included the FBI DIOG Investigative Procedural Manual, an FBI memo responding to the BOP request confirming compliance with federal regulations promulgated by the DOJ in August 2012, to implement the Prison Rape Elimination Act of 2003 – referred to as the “PREA Regulations.”

Interviews with MCC San Diego Warden, PCM, Investigative staff and the Agency PREA Coordinator indicated they would cooperate with outside investigators. MCC San Diego PCM assumes the responsibility for remaining up to date on any and all investigations and informs the Warden.

Conclusion:

Provisions (a) through (l) were documented by program statement, interviews and records review, including investigative and staff training files. Based upon the review and analysis of all available evidence, MCC San Diego is found in compliance with standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Interviews:

MCC San Diego Investigative Staff

MCC San Diego Warden

Findings:

MCC San Diego Investigative staff indicated they do not impose a standard higher than a preponderance of the evidence in determining the outcome of an investigation. The BOP applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations. MCC San Diego Warden indicated all rule violations or allegations of sexual abuse or sexual harassment to be based on a consideration of preponderance of evidence, and that this is the basis for determining whether an allegation is substantiated or unsubstantiated.

Investigative files were reviewed and found to utilize the preponderance of evidence to establish the investigative determination.

Conclusion:

Program Statement, staff interviews and a review of investigative files confirms MCC San Diego is in compliance with standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego Investigative Staff
MCC San Diego PREA Compliance Manager

Findings:

Agency Program Statement 5324.12 requires any inmate who makes a report of sexual abuse be notified verbally or in writing the outcome determination of the investigation. In the past 12 months there were 10 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed. Documentation showed notification of results of the investigation were completed on all 10 of the investigations. There were no investigations completed by an outside agency during the past 12 months.

Program Statement 5324.12 does require the inmate to be informed whether the alleged inmate abuser has been indicted on a charge and/or convicted on a charge related to sexual abuse within the facility, the staff member is no longer posted within the inmate's unit, or the staff member is no longer employed at the facility. An assessment of whether actions described above are warranted is made in accordance with standard 115.65 and may not be appropriate in all cases. Inmates are notified only if there is a nexus between the listed actions and the incident of sexual abuse. The timing of such notifications should not interfere with any pending criminal or administrative investigations. All notifications are made in accordance with the Freedom of Information Act/Privacy Act. MCC San Diego reports two notifications were made to inmates and both were documented.

If the alleged abuser is another inmate, the agency shall inform the alleged victim when the agency learns that the alleged abuser had been indicted or convicted on the alleged sexual abuse charge. All notifications, whether staff or another inmate were the perpetrator are documented and maintained in the investigative file. A review of files showed confirmation of notifications being made as well as confirmation of attempts at notifications. The BOP's obligation to report terminates if the inmate-victim is released from the agency's custody.

Conclusion:

Provisions (a)(b)(c)(d)(e)(f) were documented by agency program statement, a review of files and staff interviews. Based on an analysis of all evidence presented MCC San Diego is found compliant with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 3420.11 – Standards of Employee Conduct

Interviews:

MCC San Diego PREA Compliance Manager

Findings:

Program Statement 3420.11 outlines behaviors not tolerated in the BOP. The directive states that employees may not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates. Failure by employees to follow the regulations stipulated in any of the directives or regulations could result in disciplinary action, up to and including termination. Title 18, U.S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened. Sexual contact is defined as intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person.

MCC San Diego reports there have been zero staff resignations, terminations or other sanctions for violating agency sexual abuse or sexual harassment policies within the past 12 months. The PREA Compliance Manager indicated that the BOP experiences a high rate of staff transfers both lateral and promotional and that any promotion or transfer would be blocked should an active investigation be underway where the employee is listed as a suspect.

The Program Statement 3420.11 also outlines that employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for misconduct of a sexual nature. In the past 2-months there have been no staff disciplined for violation of the BOP Program Statement 5324.12.

There were no reports to licensing boards or law enforcement entities as there have been no terminations, or resignations in lieu of termination at MCC San Diego in the past 12 months. The PCM indicated that should an investigation rise to the level where an employee is terminated the BOP would make the notification to the appropriate entity.

Conclusion:

Provisions (a)(b)(c)(d) were defined in the program statement and confirmed by the PREA Compliance Manager. Based upon the review and analysis of the available evidence, MCC San Diego is found in compliance with standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

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

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 3420.11 – Standards of Employee Conduct
MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC San Diego Warden
MCC San Diego PREA Compliance Manager

Findings:

Volunteers and Contractors of the BOP are subject to the terms of Program Statement 3420.11. MCC San Diego PREA Compliance Manager stated MCC San Diego complies with the national PREA policy and takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any violation of sexual abuse or sexual harassment policies by a contractor or volunteer.

The PAQ shows zero report of sexual abuse by contractors or volunteers in the past 12 months. MCC San Diego Warden indicated MCC San Diego PREA Compliance Manager would manage any disciplinary sanctions or the removal of a volunteer or contractor from the facility. Any report of misconduct of sexual safety within the facility would result in a prompt, thorough, and objective investigation identical to an employee investigation.

Conclusion:

Provisions (a) and (b) are defined in the program statement and confirmed by staff interviews. Based upon the review and analysis of all available evidence MCC San Diego is found to be in compliance with standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
 BOP Program Statement 5270.09 – Inmate Discipline Program
 MCC Admissions & Orientation Handbook
 MCC San Diego Pre-Audit Questionnaire
 Random Inmate Files

Interviews:

MCC San Diego Warden
 MCC San Diego PREA Compliance Manager
 MCC Chief of Psychology

Findings:

The Program Statement 5270.09 outlines the inmate discipline system. Three documents within the program statement are required to be provided to each inmate promptly after intake. These documents are the Summary of Inmate Discipline System (Appendix B), Inmate Rights and Responsibilities (Appendix C), and Table 1 – Prohibited Acts and Available Sanctions. Inmate files show documentation that this information, as well as PREA information and the inmate handbook had been received. This information is confirmed via the inmate signature.

Sanctions are broken down into four categories based on severity: Greatest, High, Moderate, and Low. Sexual abuse, harassment, threats, or solicitation as a High Severity Level Offenses. Imposed discipline includes a minimum of 27 days (or, if less than 54 days are available for the prorated period, a minimum of 50% of available GCT) for each act committed. GCT is good conduct time. The PREA Compliance Manager states the Disciplinary Hearing Officer (DHO) does have some discretion and will use the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed by comparable offenses by other inmates with similar histories to gauge the imposed discipline. MCC San Diego reports that in the past 12 months there have been zero administrative findings of inmate-on-inmate sexual abuse and zero criminal findings of guilt for inmate-on-inmate sexual abuse.

The Chief of Psychology Services indicated they will meet with the alleged perpetrator of a sexual abuse investigation to assess whether the inmate's mental health status contributed to the behavior and will report back to the PREA Compliance Manager. If the mental health status of an inmate is deemed to be a contributor to the behavior psychology services will be made available to the inmate. The Chief of Psychology Services indicated the facility assesses the ACES (Adverse Childhood Experiences Score) when designing a therapeutic plan for inmates. Finally, MCC San Diego will not discipline any inmate who makes an allegation in good faith.

Conclusions:

Provisions (a) through (g) were analyzed through program statements, staff interviews, and documentation in the inmate file that they had received the required information. Based on a review of all available information MCC San Diego is found compliant with standard 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to

inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
Files of Inmates who Disclosed Sexual Abuse at Intake
MCC San Diego Psychology Services Confidentiality Statement (English & Spanish)
MCC San Diego Pre-Audit Questionnaire

Interviews:

MCC Chief of Psychology
MCC Medical Administrator
MCC San Diego PREA Compliance Manager
MCC Inmate who Disclosed Sexual Abuse at Intake
Staff responsible for Risk Screening

Findings:

The Program Statement 5324.12 requires that if an inmate meets the criteria for standard 114.41 as high risk for sexual victimization, and/or have disclosed prior sexual victimization, they are required to be referred to and seen by Psychology Services. All referrals are documented. A review of the inmate files indicates the services are offered immediately, with all being within 14 days. The PAQ indicates about four percent of the incoming inmate population at MCC disclosed prior victimization during screening and were offered a follow up meeting with psychology services. An inmate who disclosed sexual abuse at intake indicated an immediate referral to psychology services. The risk screening form has a section that is stamped with a

referral notice to psychology services. And the date the referral is made. The form includes a section for psychology services to document when the follow up occurred and any further services recommended.

Staff who perform the risk screening were able to demonstrate how the inmates are assessed, how any referral to medical or psychology services is managed. A review of files shows this process and the documentation of any advanced services recommended and/or provided. Medical and Psychology Services obtain informed consent prior to reporting any information about sexual victimization that did not occur in an institutional setting. MCC San Diego does not house inmates under the age of 18. The Chief of Psychology and Medical Administrator discussed confidentiality of the information generated through service treatment and have a form that outlines confidentiality to show the inmates. The information is available in English and Spanish. All medical and mental health documentation and records are separate and apart from the general inmate file.

Conclusion:

Provisions (a) through (g) are defined in the program statement and inmate handbook. Interviews with staff and inmates confirm the provision were met. Based upon the review and analysis of all available evidence MCC San Diego is found in compliance with standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
MCC Inmate Handbook
BOP Program Statement 6031.04 – Patient Care
Inmate medical documentation

Interviews:

MCC San Diego Medical Administrator
MCC San Diego Chief of Psychology
MCC San Diego Warden
Random Staff (All staff are trained on first responder duties)

Findings:

MCC San Diego Medical Administrator referenced the Patient Care program statement as a reference for access to emergency medical and mental health services at the facility. Although mental health and medical services are not staffed on site 24 hours a day, staff interviews indicate a staff member is on call and will respond to the facility immediately if needed. Any need for emergency medical treatment would be addressed immediately.

Medical staff are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections (STIs), including HIV. The Medical Administrator acknowledged that between medical and mental health service providers information about timely access to emergency contraception and prophylaxis are provided consistent with the level of community care. There is no cost to the inmate for services provided and the inmates are never required to name the abuser or cooperate with any investigative process.

First responder duties will be utilized when any allegation of sexual abuse is made. All staff indicated protection of the alleged victim is a priority. Staff will communicate with MCC San Diego PREA Compliance Manager, who will coordinate with medical and psychology services staff. A review of inmate medical files show medical and psychology services provided are documented by date, summary of findings, and signature of staff providing the services.

Conclusion:

Provisions (a)(b)(c)(d) were assessed for compliance. Through interviews with staff and a review of inmate medical records MCC San Diego is found in compliance with standard 115.82.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *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.*) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
BOP Program Statement 6031.04 – Patient Care

Interviews:

MCC San Diego Medical Administrator
MCC San Diego Chief of Psychology
MCC San Diego PREA Compliance Manager

Findings:

MCC San Diego has a well-documented process for offering medical and mental health evaluation and treatment services to all inmates who have been victimized by sexual abuse in a confinement facility, or in the community. This information is documented through the intake process and in the inmate medical file. Follow up services and treatment plans were reviewed for victims and staff indicated if the inmate was transferred to another facility their medical records would follow them, as the agency has a confidential medical service portal in which all medical files are maintained and transferred. Medical and mental health staff felt the level of services provided to MCC San Diego inmates exceeded the community level of care primarily due to the immediate access to services.

Pregnancy tests and emergency contraception are offered to any female inmate, and options are discussed regarding pregnancy-related medical services available to them. Testing for STIs are offered by medical services as medically appropriate. The medical services co-pay is waived for any service related to a sexual abuse.

Conclusion:

Provisions (a) through (h) were documented by policy and through staff interviews. Based upon the review and analysis of all available evidence MCC San Diego is found in compliance with standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program Incident Reviews

Interviews:

MCC San Diego PREA Compliance Manager
MCC San Diego Warden

Findings:

Program Statement 5324.12 define that the facility will 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. In the case of unsubstantiated allegation, Institution Executive Staff review the incident to assess the facility's response to the allegations. All factors noted within PREA standard 115.86 (d) noted below are considered. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report must not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them.

In cases of substantiated sexual abuse, Institution Executive Staff review the incident to assess the facility's response. All factors noted within the PREA standard 115.86 (d) are considered. The Institution PREA

Compliance Manager documents the review in a report, including recommendations for improvement, if any. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. A copy of this report is forwarded to the Regional Director through the Regional PREA Coordinator.

In the past 12 months MCC San Diego reports 10 allegations of sexual abuse or sexual harassment. MCC San Diego PREA Compliance Manager confirms the process for incident reviews and is the chair of the meeting. Several incident review reports were reviewed while on site. A check list of the requirements of provision (b) was completed with any discussion documented on the incident review forms which are maintained in the investigative files. MCC San Diego Incident Review Team includes facility leadership and executive staff including the Warden, PCM, Chief of Psychology, Security Captain and administrative staff. The review team also includes input from the local Union President, or his or her designee from the local union. The local union representative is provided an opportunity to review the draft and submit the union recommendations. The union recommendations are included in the review team's final report and recommendations as an addendum. Adoption of the union's recommendations in the final report is at the discretion of the review team.

Conclusion:

Provisions (a)(b)(c)(d)(e) are outlined in policy and confirmed through interviews and documentation of incident review meetings. Based upon the review and analysis of all available evidence MCC San Diego is found in compliance with standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

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

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Interviews:

MCC San Diego PREA Compliance Manager

Findings:

The Program Statement mandates the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The FBOP tracks information concerning sexual abuse using the methods including 1. SIS Data, 2. Office of Internal Affairs Data, 3. Inmate Data, 4. SENTRY Data. In disseminating this information within the Bureau, or releasing information to a third party, the Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations. The National PREA Coordinator with the assistance of the Regional PREA Coordinators aggregates and reviews data from all sources annually. The Information, Technology and Data Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.

The SENTRY tracking system was reviewed while on site at MCC. It appeared to be comprehensive and showed data collected from a number of documents including inmate files, grievance files, investigative files and incident reviews.

Conclusion

All provisions, (a) through (f) were analyzed and reviewed through program statement, on site system review, and interviews. Based on this review and analysis MCC San Diego is found to be in compliance with standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program
FBOP Annual Reports 2013-2021
FBOP website

Interviews:

Agency PREA Coordinator
Agency Head
MCC San Diego PREA Compliance Manager

Findings:

MCC San Diego PREA Compliance Manager ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to their respective Regional PREA Coordinator annually. The Agency PREA Coordinator ensures the information is provided for purposes of agency reporting and creates the annual report. Annual reports include a Scope of Assessment, Inmate-on-Inmate Abuse Data Collected, a section that outlines the total number of allegations received at each agency facility and the number of substantiated findings at each facility. An outline of each substantiated case provides the facility name, type of incident, location, details, and any distinguishing factors, i.e., incidents occurred between inmates of differing/similar backgrounds. Another section breaks out the allegations by facility, problems identified, and corrective action. A section that breaks down incidents by inmate security level is provided as well. The report is signed and dated by the Agency Director. The current (CY21) annual report is published on the agency's website www.bop.gov.

Conclusion:

Provisions (a)(b)(c) and (d) were demonstrated by program statements, annual reports and interviews. Based upon the review and analysis of all available evidence MCC San Diego is found in compliance with standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

BOP Program Statement 5324.12 – Sexually Abusive Behavior Prevention & Intervention Program

Interviews:

Agency PREA Coordinator

Findings:

The Agency PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information Policy, and Public Affairs Division, and the Office of Internal Affairs. A report is then issued to the Agency Director on an annual basis. The reports are made public, with personal identifiers redacted prior to publishing. The data collected related to sexual abuse is maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The FBOP complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

Conclusion:

Provisions (a)(b)(c)(d) were demonstrated by program statement, review of the annual report and interview with staff. Based upon the review and analysis of all available evidence MCC San Diego is found in compliance with standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review:

2021 MCC San Diego PREA Audit Report – Final

Findings:

MCC San Diego was audited in 2021 with on-site dates March 9-11, and the final report issued April 5, 2021. The current audit was conducted April 25-27, 2023. The auditor was given full access to MCC San Diego and able to observe all areas of the facility. All documentation was provided either during the pre-audit phase or while on-site. All staff and inmate interviews were permitted to be conducted in private settings. The Agency Head and Agency PREA Coordinator were interviewed virtually.

Conclusion:

Based upon the review and analysis of the last audit report and completion of the current audit MCC San Diego is found in compliance with standard 115.401.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The BOP has published its audit reports on the agency website www.bop.gov. The final audit reports are published within 90 days of issuance and remain currently available. The agency and facility are found compliant with standard 115.403.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Karen S. Dalton

June 12 2023

Auditor Signature

Date

¹ See additional instructions here:

<https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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