

ADULT PRISONS & JAILS



Date of report: **March 30, 2017**

Auditor Information			
Auditor name: Rhonda Turnbaugh			
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Telephone number: 661-809-0246			
Date of facility visit: August 10, 2016			
Facility Information			
Facility name: Taft Modified Community Correctional Facility			
Facility physical address: 330 Commerce Way, Taft, CA 93268			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 661-765-2840			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Ed Whiting			
Number of staff assigned to the facility in the last 12 months: 104			
Designed facility capacity: 616			
Current population of facility: 565			
Facility security levels/inmate custody levels: 1 & 2			
Age range of the population: 19 – 60+			
Name of PREA Compliance Manager: Tami Holt		Title: Facility Manager	
Email address: tholt@cityoftaft.org		Telephone number: 661-765-2840 Ext. 112	
Agency Information			
Name of agency: Taft Modified Community Correctional Facility (TMCCF)			
Governing authority or parent agency: <i>(if applicable)</i> Taft Municipal City			
Physical address: 209 E. Kern St. Taft, CA 93268			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 661-763-1222 ex. 11			
Agency Chief Executive Officer			
Name: Ed Whiting		Title: Chief of Police	
Email address: ewhitingl@cityoftaft.org		Telephone number: 661-763-3101	
Agency-Wide PREA Coordinator			
Name: Tami Holt		Title: Facility Manager	
Email address: tholt@cityoftaft.org		Telephone number: 661-765-2840 Ext. 112	

AUDIT FINDINGS

NARRATIVE

Custodial PREA Services contracted with Taft Modified Community Correctional Facility (TMCCF), an adult custody facility under the authority of Taft City, located at 330 Commerce Way, Taft, CA 93268 to conduct Prison Rape Elimination Act. (PREA) audit services. The TMCCF contracts exclusively with the California Department of Corrections and Rehabilitation (CDCR) to house low to medium security residents.

Custodial PREA Services is a Limited Liability Company owned and operated by a certified DOJ PREA Auditor. The terms and scope of the audit services have been documented in a Professional Services Agreement.

The auditor provided TMCCF with eight audit notices for resident housing units on June 27, 2016. The notice was posted July 5, 2016, six weeks prior to the on-site audit activities to begin August 10, 2016 and conclude August 11, 2016. Auditor received TMCCF's (41) page PREA policy on June 30, 2016 for review. The one-year audit period to be examined is June 1, 2015 through May 31, 2016. Auditor received TMCCF's pre-audit questionnaire July 27, 2016.

The auditor did not receive any correspondence from staff or inmates. The final report was completed March 30, 2017.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Taft Modified Community Correction facility is a level II contract facility housing up to 600 CDCR sensitive needs inmates in a dorm setting, and has no single or administrative cell housing. The facility is primarily operated by a Captain who is the facility manager and PREA Coordinator. She reports directly to the city of Taft Police Chief, and operates the facility with 1 other Captain, 5 Lieutenants, 5 Sergeants, 5 Senior officers, and 40 line-staff officers.

The facility provides medical services at a community level, and has a fully equipped dental trailer for onsite dental services. There are no onsite mental health services. Mental health needs are administered through scheduled appointments at the nearest CDCR prison. The onsite food services are provided by Aramark, and the facility has several education programs for the inmates that are taught by city employee instructors. The facility boasts several GED graduates, multiple Associate college graduates, and at least one Bachelor graduate.

The facility is in the city of Taft, population 9000, in Kern County California on the outskirts of Bakersfield, CA. The facility itself is a partial two story building positioned NE-SW, with the entrance on the north-west side of the building. The building is angular due to the eight triangle shaped dorms, where dorms 1-4 are on the ground level and dorms 5-8 represent the only two story portion of the building directly over top the ground level dorms.

After entering the lobby, the administrative area is to the left of the lobby. From the administration area is an entrance to an officer's break room and the watch commanders officer which is also a secure sally port only accessible by electronic unlock from the first-floor control room. The second entrance into security from the lobby and requires all persons, even staff, to go through an "airport" like process by emptying all belongings into a plastic tub and passing through a metal detector. Once past the sally port, is the visitor area on the right where inmates can have in person visits with family or friends.

Beyond the visitor's area is the first-floor control room which is in the center of the building. Across from the control room on the South and East side of the building are dorms 1-4. Upon entrance to each dorm there are cameras positioned on the entrance wall and in the farthest corner. Just inside the dorm is an officers desk, inmate phones, a TV viewing area, personal study or craft desks, and microwave.

Beyond this area on the left are toilets separated by concrete half walls which block all direct viewing. Across from the toilet area is a wall and on the other side the shower area. With a wall on each side of the shower area, management has permanently latched a plastic curtain on one wall and allows inmates to latch the other end of the curtain across the opening only when an inmate is using the shower or in the drying off area. The effect is to

provide the inmates complete privacy from staff and other inmates. The inmates confirmed that they are able to use the toilet, and shower without being seen by staff.

In the rest of the dorm is a large open area consisting of double bunks along the outer walls and single bunks filled in the inner area. Each inmate also has a small storage area. Each dorm has a large window which allows the control room officer direct viewing. In addition to controlling the access through several doors, the control room officer also monitors an extensive camera surveillance system on several large screen monitors. Inside the first-floor control room is a stairway that leads to the upper control room. The second-floor control room officer has the same abilities to view the inmates and around the facility as the first-floor control room.

There is a fifth triangular area similar to the dorms that is split into three operation areas. The first area next to visiting, is a bedding/clothing storage room and leading from that room is the laundry. There are cameras in both areas. In the middle of the triangle is the medical area consisting of medical offices, private exam rooms, and single cells. The third area is on the back side of medical, and is a hallway along the south-west side of dorm A1 that contains a row of single cells with half of the cells opening to the hallway and the other half opening in the medical area.

The cells on the hallway side are used for discipline housing or inmates waiting transfer to a CDCR prison. The auditor noted that when viewing into a small window of the discipline/transfer cells one can easily observe the bunk, sink, and toilet. Viewing into a small observation window on the back side of the medical cells also allows viewing of the toilet. Further down the hallway is the R&R or receiving and release area. The auditor noted that there are PREA posters in English and Spanish. There is also shower area that also has a small window in the door. Directly off of this area is the receiving sally port leading to a fenced dental trailer, and a fenced bus loading area.

In the center of the facility extending out from the first-floor control room is the main hallway running the length of the building in the center, with multiple classrooms that each have two cameras, a locked maintenance area, administrative offices used by CDC counselors, and a library that also has cameras. On the other side of the center hallway sandwiched between the hallway and the back of the primary administration are the kitchen, the kitchen staff office, a fenced food storage area, kitchen loading dock, and the chow hall. All locations have cameras, and the auditor was told there are a total of 65 cameras in the facility.

The facility operates on three eight hour shifts, and appears very clean, utilizing a permission "ducat" slip movement system for inmates to move freely from one location to another. The facility has cameras everywhere and has effectively eliminated blind spots providing a very safe environment for inmates to work and live in.

TOUR

The audit began with a tour of the facility August 10, 2016. The auditor was met by administration staff for the facility tour. During the tour of the dorm housing areas the auditor noted that PREA posters in both English and Spanish for reporting abuse were posted on either the wall or in the bulletin area. The auditor observed that the audit announcement was posted on the wall or the door in all but one unit. Before the tour of the dorms was completed a replacement, announcement was posted.

The auditor did not see gender announcements logged in the dorm duty log books, but inmates in all but one dorm confirmed that female staff announce their presence when coming in and said, "it is not needed since they put up the shower curtain". The inmates were not sure if it was at the beginning of the shift or at every entrance. The auditor did note that in the log book, written in once or twice per shift were supervisor security checks. The auditor was told by inmates in each dorm that staff regularly come in the unit, and when asked about supervisors, was told, "oh yea, they come in here also".

In the first-floor control room, the auditor was shown the cameras surveillance system which is extensive, consisting of cameras in all locations resulting in no blind spots. The auditor asked about viewing of toilets and was shown that camera views can be switched from one to another location and there are some camera views that show toilets in a few single cells and on the recreation yard. Both controls rooms are staffed male or female officers.

In the laundry area, there were three inmates working by themselves secured in the storage area to fold clothing. The auditor was told that only three inmates are allowed unsupervised and monitored by the control room officer, but when the full crew comes in to wash the laundry, a staff member will be with them.

In the medical area, the auditor spoke to a nurse and confirmed that each inmate is seen privately, and that the medical files are maintained in the medical office and only accessible to medical staff. When asked about forensic examinations for sexual abuse, the nurse stated that they do not perform the exams, but will refer inmates to the hospital for an exam after consulting a SANE nurse at Wasco medical HUB. The nurse told the auditor that she had not received any special medical PREA training but that she is aware of procedures to preserve physical evidence on an abuse victim, and would keep an inmate in the medical area advising them not to drink, or use the toilet while she notifies security staff.

During the tour to the intake area the auditor noted the single cells that were shown in the control room, and noted the small viewing windows in the doors, and in the back of the medical cells. The auditor explained that in order to maintain security and comply with PREA, some method of providing privacy needed to be installed and opposite gender staff would need to provide a gender announcement or inquire if the inmate was using the toilet prior to viewing through the window. The auditor has since been provided with photos of heavy black rubber window covers permanently attached at the top of the windows with metal fasteners. The weight of the rubber keeps the cover in place over the window but allows staff to raise them for security checks.

In the intake area, the officer assigned is a female and responsible for the intake of inmates. She explained that she conducts all interviews and has a male S&E (search and escort) officer perform the strip searches of the arriving inmates. The auditor asked about the inmate screening and learned that a CDCR 1882 form is used. The officer confirmed that the form does not ask about all past sexual abuse, it only has a place for past in-custody abuse. The form does not ask about an inmate's sexual orientation or their perception of vulnerability to be abused.

The form also does not ask about prior convictions of committing sexual abuse, however the facility does receive the inmate's entire criminal history record so there is access to whether it includes any violence or sexual abuse. The auditor asked where the inmate file is kept and was told that they are kept in the administration area and her locked file cabinets. The auditor asked about inmates that might have a risk of being abuse. The officer said that she would separate the inmate and refer him to both medical and classification staff to determine the risk level and if a transfer back to a prison would be needed.

In the kitchen area, the auditor spoke to an inmate in the kitchen area and confirmed that there are always staff when he is working. The kitchen staff confirmed her PREA training and correctly related her responsibilities. Impromptu questions with a teacher confirmed that they had received PREA training and were comfortable in knowing what to do if an inmate disclosed sexual abuse to her.

There are several classrooms and the auditor spoke with instructors about their responsibilities if abuse were reported to them. The auditor was satisfied that they reported they would use the radio to have staff respond to their class so they could dismiss the class and they said they would stay with the inmate until a security person could help them. When asked what if anything they would say to the inmate both said they would ask if they felt safe, and that they should not eat, drink, use the toilet, or change clothes.

SUMMARY OF AUDIT FINDINGS

As a contract facility under CDCR's operational guidelines, TMCCF was notified in April 2016 by CDCR of its requirement to be audited by August 20, 2016 for a PREA compliance certificate. The facility had been utilizing CDCR forms such as their PREA incident review, PREA Retaliation monitoring, and their screening form. TMCCF staff had received PREA employee training using the CDCR PREA curriculum, and was providing inmates with CDCR PREA inmate education brochures, a video, and a CDCR prepared PREA reporting poster was placed in each housing unit.

TMCCF received only material assistance from CDCR and due to CDCR's stringent inmate criteria for placement at TMCCF, several standards did not seem to apply. Fortunately, due to such stringent criteria, TMCCF does not

house inmates known to be at high risk for abuse. As a contract facility for CDC “SNY” (sensitive needs yard) inmates, most inmates have prior convictions for sexual abuse crimes. Due to CDC’s selective screening of inmates, TMCCF has not had any reports of sexual abuse, assault, harassment, or staff misconduct. Inmates are very aware that housing at TMCCF is a privilege not to be taken for granted.

Since the agency has not had any reports of sexual abuse, sexual harassment, or staff misconduct, for which the auditor could evaluate the effectiveness of the agencies response, and investigation processes, the auditor relied upon observations, review of documents, processes, interviews with staff and inmates, and the overall compliance, as well as the commitment to the goals of PREA in general.

Due to the late implementation of several standards or required correction of some standards implemented but lacking documentation, the auditor required the agency to submit sufficient documentation, show a period of consistent compliancy, and ensure that the process had been institutionalized by the agency. This was achieved by providing documentation throughout the full corrective action period regardless of when the standard was approved. The agency also supplemented their corrective actions of a new process not only by including it in their policy, and creating documents, but also by including step by step actions in their policy for staff, notifying inmates of a new process, and providing training to staff about new procedures.

POLICY

The agency has included in its written policy much of the language from the various standards even PREA sections that do not require policies. Some of the policy sections were missing some key provisions of the PREA standards. The auditor noted each missing section in the interim report and if there was no other method of establishing compliancy rated the section as “does not meet standard”, and provided suggestions to include the additional information in the policy to ensure staff know the full requirements of a particular standard.

DOCUMENTS

The agency has issued written directives or conducted in-service trainings to staff to implement new procedures such as gender announcements, or providing informed consent. In other instances, the administration has established many of the documents necessary to perform several of the actions required by the standards such as hiring documents, additional screening, 30-day reassessments, or response check lists. Documents that rely on information from reported sexual abuse incidents were not created, such as the aggregated data report due to a belief that without reported incidents there was no data to report. The auditor explained that reporting to the public that no incidents have been reported is indeed something good to report about, and a report has since been posted to their website.

TRAINING

The agency has provided the required training to all security staff, civilian staff, and contract staff using the CDCR supplied power point training. The training exceeds what is necessary for contract staff and civilian staff, but lacked some information required by PREA for all regular employees. Instead of simply supplementing the areas that were lacking in the interim report, the agency obtained and provided to all staff the full course curriculum from the PREA Resource Center for 115.31 Employee Training. The PREA Coordinator also ensured that staff performing investigations and medical staff providing sexual abuse care would have training that was specific for sexual abuse in a custody setting by using the Moss Group training 115.34 Specialized training; Investigations, and 115.35 Specialized training; Medical and Mental Health available on the PREA Resource Center training website.

The agency does not have mental health staff onsite but medical staff were provided both trainings so they have additional information about providing trauma informed care. As for inmate education; interviews with inmates confirmed that PREA education has been provided. In some instances, inmates remembered getting brochures and seeing posters but did not see the video, and other inmates confirmed that they both saw the video and received the printed materials. Some inmates stated they signed a form refusing the printed materials. The arrival date of inmates interviewed ranged from 2014 to present. The agency was also not aware of the need to maintain documentation of inmate education until they received notice from CDC to be audited and was given the PREA

standards for Jails and Prisons. All inmate education has since been documented with inmate signatures and staff have affirmed their understanding of the training they received.

PROCESSES

A review of the agency's critical PREA processes revealed they were either non-existent or in some cases, due to incorrect CDCR materials, TMCCF's efforts were inadequate. One such process was that of screening, due to the use of CDCR's 1882 form. The CDC form does not ask inmates about past sexual abuse, their sexual orientation, or their own perception of vulnerability. These questions go to the heart of performing accurate risk assessments of inmates at risk for being abused. TMCCF has since created an additional screening document asking each inmate the PREA criteria listed in the standard. TMCCF has now submitted a significant amount of screening documentation to the auditor.

Another process that had been lacking was the requirement to refer to medical or mental health any inmate that has ever experienced sexual abuse or been convicted of perpetrating an act of abuse. Granted inmates with sexual abuse convictions are prohibited, but an individual may respond to the question in a positive if they perpetrated an act but were not convicted, or were convicted of a lesser crime. Without asking the appropriate questions at intake the information had not been available to make the required referrals. TMCCF has now ensured that those referrals will be made by including on the screening form a place for the receiving staff to indicate if a referral to medical is being made.

The 30-day reassessment is another PREA requirement that has not been documented. There is a review process 2-3 weeks after the inmate's arrival in which all records pertaining to an inmate are reviewed and the inmate is interviewed and specifically asked about any potential problems they may be having. This is a CDCR review and the PREA coordinator is in attendance. TMCCF has created a 30-day review form and asks key safety questions, documenting the response and obtaining the inmates signature. This CDC process has now become a means of ensuring safety for the inmate from sexual abuse and satisfies the 30-day review requirement.

Interviews with staff mostly confirmed that they have received training but they lacked solid recall of key points. Most were able to offer one to three physical evidence protocols, but overall there was a lacking of knowledge. One officer was only able to offer that gloves should be used. A couple officers said to secure the crime scene, and take photos. Still other questions were not known at all, such as a private way for staff to report abuse, and most did not know if they could break chain of command to report suspected staff misconduct. Responses about how to formally document an abuse report ranged from writing in their notes, to using memo's to knowing there is a form but have no knowledge about it because they have never used it. No staff cited confidentiality when asked about who they could not tell information about a sexual abuse report. As noted above in the training section all staff were provided with additional training from the PREA Resource Center. TMCCF also used memo's given as in-service trainings to inform staff of new procedures such as gender announcements. Staff have now been trained that abuse information is confidential unless involved in the response process.

CORRECTIVE ACTIONS

Though the agency had several standards listed in the interim report as "Does Not Meet Standard" several were for incomplete PREA policy language to ensure the full intent of a PREA standard was accurately documented, others were for creation of a form or document to support a procedure which the policy indicates will be performed.

The auditor has reviewed a significant number of inmate intake screening, and 30-day reassessment documentation. The agency has submitted staff ng, promotion, and performance appraisals that correctly ask staff to affirm they have not committed an act of sexual abuse and that omissions are grounds for termination.

The agency installed privacy curtains for all shower areas, and coverings on holding cell door windows. They have provided the auditor with documentation of gender announcements made by female staff entering a housing unit and supervisor checks, which the auditor confirmed with inmates are made frequently and unannounced by other staff. In a follow-up visit to the facility the auditor confirmed the modifications noted above and also confirmed that camera monitors no longer view toilets on the recreation yard areas due installation of concrete block walls obstructing not only the camera view but also the staff guarding the inmates on the recreation yard. Two other camera views of toilet areas were blacked out.

Due to the PREA audit visit the agency discovered that the inmate CDCR reporting posters contained an 800 number that could not be accessed by inmates from their housing unit phones. The agency worked with CDCR and the phone provider to not only obtain a new number that could be accessed by inmates but also that the number would be free and not monitored or recorded.

The agency contracted with a professional crisis organization for sexual assault accompaniment to a hospital or for investigation interviews, and is also available for counseling inmates that have experienced prior sexual abuse.

The auditor has received significant documentation of inmate's receiving PREA education, and documentation of inmates receiving written copies of their PREA grievance rights which were included in the inmate orientation manual.

The agency has provided the auditor with documents that will accurately meet the requirements for performing sexual abuse incident reviews, notifying inmates of the allegation outcome, and monitoring the inmate for retaliation. Additionally, the auditor has received completed documents showing inmate's initialing the informed consent admonishment at the start of receiving medical services.

The agency corrected deficiencies by posting to their website their zero-tolerance policy against sexual abuse of inmates, third party reporting information, investigation responsibility information, and a report of their PREA progress including two reported allegations, one unfounded and one substantiated for sexual harassment. The auditor reviewed the documents in the substantiated incident and was pleased to see that the suspect lost the ability to be housed in CCF facilities in the future, and faced CDC discipline upon transfer to a main prison. Additionally, the victim did not require monitoring due to release on parole.

The auditor has used staff and inmate interviews to require the agency to perform certain corrective actions. The auditor reviewed numerous documents, policies, affirmations of training, inmate education documentation, recorded surveillance, and two onsite visits to assess the agencies compliance with each standard and their intent to meet the goals of the PREA legislation.

Aside from compliance based on the law, ensuring their PREA program remains successful is crucial to maintaining their CDCR contract. The auditor feels certain that they have taken the steps necessary to maintain their program thereby raising the level of safety for all inmates in their custody.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

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

9.07.S.5, pg. 5

Taft's policy statement documents the agency's commitment to zero tolerance toward all forms of abuse and sexual harassment. It discusses that it will establish effective procedures to ensure safety for staff and residents. It outlines that staff will be trained, and that abusive behavior will be promptly, thoroughly, and objectively investigated. The agency includes that substantiated allegations involving employees, contractors, or volunteers will result in disciplinary actions, including possible criminal prosecution.

115.11(a) Taft has policy declaring zero tolerance toward all forms of sexual abuse and sexual harassment, policy statement outlines the agency approach toward preventing sexual abuse. **Meets Standard**

115.11(b) Neither the policy statement or the policy sub-section 9.07.S.5 mention the designation of a PREA Coordinator with the time and authority to develop, implement, and oversee the agencies efforts to comply with PREA. ~~Does Not Meet Standard~~ **Meets Standard 10-9-16**

115.11(c) TMCCF policy does not address this section of the standard as they do not have multiple facilities. **Meets Standard**

Comments: The agency indicates its approach to combat sexual abuse in its facility, but does not include the requirement to designate a PREA Coordinator and include its position within the agencies organizational chart.

Corrective action: Taft's policy statement should indicate that a PREA Coordinator has been designated and has the time and authority to oversee development, implementation and compliance of PREA standards. Lastly, the agencies organization chart needs to show the position of the PREA Coordinator over all staff that have contact with inmates.

Agency action taken: Policy sub-section 9.07.S.6 has been updated to indicate the designation of a PREA Coordinator with the time and authority to develop, implement, and oversee the agencies efforts to comply with PREA. A copy of the policy update page has been provided. A copy of the Organizational Chart has been provided.

Auditor comments: The agency has designated the facility manager as the PREA Coordinator and has demonstrated throughout the audit process especially the corrective action period that she not only has the time and authority but is dedicated to the implementation of a thorough and effective program.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

9.07.S.5, pg. 6 **Does Not Apply**

115.12(a) The agency does not contract with outside agencies for the confinement of residents.

115.12(b) NA

Auditor comments: This standard does not apply to this agency / facility.

Standard 115.13 Supervision and monitoring

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

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

9.07.S.5, pg. 6

115.13(a) Taft MCCF's policy indicates that a staffing plan has been prepared which includes adequate staffing levels and video monitoring. The auditor was provided with the agency staffing plan process which documents that the agency administrative staff, command staff, and City financial staff work together to ensure that staff and equipment are discussed and maintained to ensure safe staffing levels. The process indicates that throughout the year information about retirements, and staff off for medical or other issues are monitored to prevent staffing shortages. The auditor received the agency staffing plan and advised the Facility Manager of the need to address the specific criteria listed by the standard. ~~Does Not Meet Standard~~ **Meets Standard 8-31-16**

115.13(b) Taft MCCF's staffing plan process documents that staffing levels will be maintained per the contract and use of overtime will be authorized to ensure appropriate staffing. **Meets Standard**

115.13(c) Taft MCCF's policy includes that it will review at least annually its staffing plan to assess prevailing staffing patterns or its deployment of video monitoring technologies. **Meets Standard**

115.13(d) The agency policy directs that facility management and supervisors are to conduct and document unannounced rounds in their areas to identify and deter sexual abuse and sexual harassment. It also prohibits staff from alerting other staff that the rounds are occurring unless an announcement is for legitimate facility needs. The auditor viewed the dorm housing log books and noted they contained log entries from supervisors 1-2 times per shift throughout the audit rating period as this has been standard practice for the agency. **Meets Standard**

Comments: Taft MCCF has a staffing plan that provides adequate staffing levels to ensure safety for inmates. Inmates confirmed to the auditor during the facility tour that staff do come into the dorms several times a day and that it is common for supervisors to also come in the dorms.

Corrective action: The agency submitted a staffing plan to the auditor and it correctly provided the assessment for their staffing, but it also needs to address the specific criteria listed in the standard.

Agency action taken: The agency provided an expanded staffing plan that addressed the issues listed in the standard. The agency has not had any finding of inadequacy from Federal, State internal or external agencies. The staffing has been planned to ensure that all positions where inmates maybe in the facility, are always supervised by security staff.

Auditor comments: The agency expanded on its process in creating a staffing plan that provides safe operations for both staff and inmates. They addressed the facility design, the duties of supervisory staff, different facility programs, they included that they abide by Title 15, and took into account that no incidents had been reported but still assessed any areas that required additional supervision or procedure changes such as ensuring security checks or rotating staff to limit over familiarization.

Standard 115.14 Youthful inmates

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

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

115.14(a)(b)(c) The agency has no reference to this standard as it does not house youthful inmates, **Does Not Apply**

Auditor comments: This standard does not apply to this agency / facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

9.07.S.12, pg. 14

115.15(a) Taft MCCF's policy prohibits cross-gender strip searches except in exigent circumstances, and reports to the auditor that no strip searches for exigent circumstances have been conducted. **Meets Standard**

115.15(b) Taft MCCF's policy has no reference to this standard as the facility does not house female residents. **Does Not Apply**

115.15(c) Taft MCCF's policy requires the documentation and justification of cross-gender strip searches and cross-gender body cavity searches. The policy also requires any cross-gender searches to be performed by off-site medical staff. **Meets Standard**

115.15(d) Taft MCCF's has in its policy prohibitions of staff viewing residents while changing clothes, showering, or performing bodily functions except in exigent circumstances or incidental to routine bunk checks. The policy also includes the provision for female staff to make gender announcements prior to entering a male housing unit where residents are likely to be showering, using the toilet, or changing clothes. Interviews with inmates confirm that gender announcements are made, some saying they are made at the start of the shift and some said the female staff say it at the time they are entering the dorm. There is no requirement that these announcements be documented but given the possible inconsistent nature of the announcements, management should provide clear directives to staff about their obligations. The auditor noted that female staff working in the control rooms can view inmates using the toilet on the camera monitors in a limited number of cells. ~~Does Not Meet Standard~~ **Meets Standard 8-19-16**

115.15(e) Taft MCCF's policy prohibits physically examining a transgender or intersex resident solely to determine their genital status, and requires it be determined through conversations with the resident, reviewing their medical records, or as part of a broader medical examination by medical staff conducted in private. Staff are not aware of this requirement because CDCR prohibits transgender inmates from housing at CCF facilities. Several staff correctly indicated that they would not need to search for gender identification because all inmates are strip searched upon arrival for contraband. **Meets Standard**

115.15(f) Taft MCCF's policy states that security staff will be trained in the proper method of performing cross-gender pat searches and searches of transgender or intersex residents professionally and respectfully. Staff interviewed said they have not received training specifically on transgender searches but they have been trained on cross-gender searches and they should be performed the same. A few added that all searches should just be professional. ~~Does Not Meet Standard~~ **Meets Standard 8-19-16**

Comments: Though Taft MCCF indicates that female staff announce their presence when entering a housing unit, there are no notations of any announcements in the duty station log book, and interviews with both staff and residents indicate that this practice is being performed either prior to the shift or at every entry. Also, female staff working control room can see inmates using toilets in some cells. Staff have not been trained on conducting searches of transgender or cross-gender inmates. The agency was late in implementing their PREA program, so there is not sufficient proof of compliance to date.

Corrective action: In order to achieve compliance with the issue of female staff monitoring the cameras in controls rooms, the cameras should be made to blur the area of the toilets in the limited number of single cells that can be viewed. The exception is the med1 cell that is used for suicide watch inmates. The agency will need to demonstrate with measurable methods such as documentation, inmate interviews, or camera recordings that their PREA program is occurring consistently through the 6-month corrective action period. A re-evaluation will be conducted to assess the level of demonstrated compliance.

Agency action taken: The agency has attached permanent heavy rubber shields over the windows of hallway single cells and the shower room door window to give inmates privacy from female staff walking by. Female staff have been instructed to announce their presence prior to raising the shield. The view of toilets on cameras has been permanently blurred with black to prevent viewing inmates using them. Shower curtains are in place for showering inmates.

Auditor comments: The auditor has been provided with a memorandum to staff that directs female staff to make a gender announcements at each entry into the housing dorms and to log the announcement in the duty log book. The auditor has been provided with signature documentation of cross-gender / transgender search training techniques taught to all staff 115.15(f), and has received documented proof of gender announcement log book entries and supervisor checks.

The auditor, during a return onsite visit confirmed that two cameras viewing of toilets had been blacked out restricting staff's view, confirmed the installation of concrete block walls around recreation yard toilets preventing staff monitoring recreation activities from viewing inmates using the toilets. The auditor also confirmed log book entries for gender announcements and supervisor housing checks.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

9.07.S.10, A, pg. 9

115.16(a) Taft MCCF's policy includes the standard language to provide residents with disabilities, both physical and intellectual with an equal opportunity to benefit from TMCCF's prevention, detection, and response efforts. The auditor was able to effectively use a contracted translation service to interview two inmates that did not speak English. **Meets Standard**

115.16(b) Taft MCCF's policy indicates that written PREA materials will be provided in formats or methods to communicate with physically or intellectually disabled residents, or those with low reading skills. The auditor observed PREA reporting posters in housing units in English and Spanish and was provided with printed PREA materials in English and Spanish. In interviews with staff they indicated that if necessary they would read information to inmates that have low reading abilities. **Meets Standard**

115.16(c) Taft MCCF's policy states that residents shall not be relied upon as readers or other types of assistants except in limited circumstances if delays would hamper a resident's safety, an abuse response, or investigation. All uses will be justified and documented. All staff interviewed believe that only staff are allowed to be used as interpreters and do not believe there are any circumstances in which an inmate can be used. ~~Does Not Meet Standard~~ **Meets Standard 10-9-16**

Comments: The agency has an effective program in place that allows all inmates to benefit from their PREA program. Staff are not aware of the agency policy allowing inmate interpreters in certain circumstances.

Corrective action: Taft MCCF should inform staff of the limited number of circumstances in which they can use an inmate as an interpreter.

Agency action taken: Taft MCCF has provided training to ensure all staff is aware of limited circumstances when inmates can be used as interpreters. Training memo and staff signatures have been provided. The auditor reviewed the agency memo outlining the circumstances in which inmates can be used by staff as interpreters. The auditor also confirmed the staff signatures provided as proactive training.

Auditor comments: The auditor has ensured through inmate interviews, staff interviews, documents viewed in the facility, and documents submitted that provide inmates with different formats to learn about their PREA rights. The agency has ensured that staff now understand that in order to respond to an inmate in an exigent circumstance they may use an inmate as an interpreter. The auditor effectively used a contracted translation service that is available to inmates for use in confidential situations.

Standard 115.17 Hiring and promotion decisions

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

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

9.07.S.7, pg. 7 and 9.07.S.11, F, pg. 14

115.17(a) Taft MCCF's policy affirms that it will not hire, or promote anyone that has engaged in, been convicted of,

or been civilly or administratively adjudicated for engaging in Sexual Abuse in a confinement facility or the community. TMCCF also affirms in a separate contractor hiring section that it had the same prohibitions for contractors as for staff. **Meets Standard**

115.17(b) Taft MCCF's policy states that it will consider all information about incidents of sexual harassment in making a determination to hire or promote anyone. The hiring contractor section includes that the same considerations regarding sexual harassment also apply to contractors. **Meets Standard**

115.17(c) Taft MCCF has policy that includes it will conduct criminal background checks and make its best attempts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse. The policy does not include that it will also inquire about any resignations that occurred during an investigation of a sexual abuse allegation, but in the interview with the facility manager in charge of performing background checks, she confirms that she asks past employers about all reasons an applicant left their prior employment. **Meets Standard**

115.17(d) Taft MCCF's contractor hiring section states that it will conduct the required background checks on contractors before any contact with residents. The auditor was informed by the facility manager that she has Taft Police Department conduct criminal checks of all persons that have contact with inmates. **Meets Standard**

115.17(e) Taft MCCF policy contains the admonition that it will conduct repeat background checks for contractors every five years, however, it does not make the same admonition for its employees. The interview with the facility manager states that she performs repeat background checks every two years on all contractors or civilian employees. For security staff, there is a DOJ process in place in which Taft MCCF is notified of any occurrence in which a security staff member has any type of law enforcement contact. **Meets Standard**

115.17(f) Taft's policy states that applicants and employees will be asked directly about previous sexual abuse as part of its hiring, and promotional process, and also during the annual performance review for current employees. Taft MCCF also requires employees to disclose any such conduct as soon as it occurs. The auditor was provided with a background application that shows applicants must answer numerous questions about past moral conduct including several types of sexual conduct. The agency had not been asking staff during performance reviews about sexual misconduct, but has since included the question in its annual performance appraisals. The auditor has been informed that the agency has staff due for performance appraisals prior to the end of the corrective action period which will provide the auditor with documentation of compliance. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.17(g) Taft MCCF policy states that material omissions of sexual misconduct or providing materially false information shall be grounds for termination. This information is included in the background application and has now been included in the employee annual review process. **Meets Standard**

115.17(h) Taft MCCF policy indicates it shall provide information on substantiated allegations of sexual abuse or sexual harassment of involving a former employee when requested by an institution the former employee has applied to work. **Meets Standard**

Comments: Taft's hiring and background policies for employees and contractors mirror the PREA standards with only a couple minor lapses in the requirements for annual performance reviews which has now been corrected prior to issuing this report.

Corrective action: The agency did not have this requirement implemented early enough in the audit period to provide any documentation to the auditor. The auditor is awaiting the final revision of this document.

Agency action: TMCCF has now included the standard language in the policy and created a form for new hires, promotions, and performance appraisals which asks the following;

- Have you ever committed or attempted to commit, been convicted, or been civilly or administratively adjudicated of any act of sexual abuse, sexual harassment, or staff sexual misconduct, in a custody facility or in the community?
- Do you understand you have a continuing obligation to immediately disclose any such acts, and that failure to do so can result in disciplinary action, up to and including termination?

The auditor advised the agency of the need to utilize the full 6-month corrective action phase in order to provide the required documentation of the implementation of the required standard.

Auditor comments: The agency has revised its policy to clarify sections and ensure that they fully embrace the language of the PREA standard. The auditor has received several completed copies of the agencies new form created to comply with 115.17(f) specifically, it has been used effectively for a promotion and general performance appraisals.

The agency has also complied with 115.17(c) by creating a form letter to be sent to prior law enforcement agencies requesting information regarding sexual abuse allegations or resignations in lieu of termination from the previous employing agency.

The auditor confirmed that the agency conducts follow up criminal records checks for non-security staff and has in place a method to receive information if any security staff member has law enforcement contact. Since the facility is next door to the Taft police department and is under the authority of the Taft Chief of Police, all TMCCF staff undergo the same background as the police department staff. The auditor was provided a copy of the employment personal history statement which asks applicants about numerous crimes of moral (sexual) turpitude.

Standard 115.18 Upgrades to facilities and technologies

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

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

9.07.S.7, pg. 8

115.18(a) Taft's policy states that it shall consider the effects of any new or upgrade design, acquisition, expansion, or modification of the physical plant, or monitoring technology might have on their ability to protect residents from sexual abuse. There have not been recent structural modifications to review. **Meets Standard**

115.18(b) The agencies policy includes the language of the standard to consider how any new technology may enhance their ability to protect residents from sexual abuse. **Meets Standard**

Comments: The interview with administration staff confirm that any modification, or change in the facility, they examine all safety aspects or impacts to inmates. Changes are only made to improve inmate and staff safety.

Auditor comments: There were no needed corrective actions, the agency has in place a review process to assess the operations, facility, and any issues of safety when modifying the facility or upgrading any technology. They only make changes in order to improve safety for both staff and inmates.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Does Not Meet Standard (requires corrective action)

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

9.07.T.7, pg. 32

115.21(a) Taft does not perform forensic examinations so its policy does not address the evidence protocols used by the examiners that perform Kern County abuse examinations. The policy does have extensive language for the protection of any crime scene and preservation of any possible physical evidence until it can be collected by a trained person. The agency uses the same outside forensic examiner that Kern County and all surrounding law enforcement agencies use and it subscribes to the latest recognized uniform evidence protocols. **Meets Standard**

115.21(b) NA, the agency does not house youthful inmates. **Does Not Apply**

115.21(c) Taft's policy provides for medical evaluations of inmates for referral to a hospital SANE examiner if a forensic examination is warranted. The policy includes that a forensic exam will only be provided by a SANE, with the inmate's consent, at no charge, even if the victim does not name their abuser. In the interview with medical staff and impromptu questions of medical staff the auditor was assured by both persons that they have the training to protect physical evidence and will work with the Wasco or San Joaquin SANE examiners to coordinate information and the transport of the victim. The confirmed that the level of care is on par with the community and that all such care related to any kind of assault is free to the victim. **Meets Standard**

115.21(d) Taft MCCF's policy affirms the inmate's right to have an advocate and a support person present during any forensic examination at the hospital and interviews. The Alliance Against Family Violence is an independent rape crisis center organization and provides all victim support services during examinations at San Joaquin hospital. TMCCF's policy directs that the local Rape Crisis center be contacted as soon as it is determined that a victim will be transported to the hospital. **Meets Standard**

115.21(e) The agency policy indicates that the victim has the right to an advocate if requested, during the forensic examination, and during any investigatory interviews. It further states that an employee will only be used as an advocate if documentation exists that no crisis advocate can be obtained and the employee has received training to act in that capacity. The auditor confirmed with the facility manager that any staff member who volunteers to act in the capacity of a support person will be provided with the required training and will explore training available to ensure victims not being transported to the hospital still receive a support person for investigative interviews if requested, currently the facility does not have an advocate in place for support during interviews at the facility. **Does Not Meet Standard Meets Standard 2-21-17**

115.21(f) The agency policy indicates that allegations of criminal sexual abuse will be referred to the investigation staff of the Taft Police Department, and that referrals will be made to CDCR if the allegation involves CDCR staff. The facility will conduct investigations of sexual harassment and other allegations that do not appear to rise to the level of criminal prosecution. **Meets Standard**

115.21(g) Taft's policy indicates that CDCR will conduct investigations involving CDCR staff. As a prison, CDCR has peace officer powers and are thoroughly trained in investigation protocols and are aware of their PREA obligations. **Meets Standard**

115.21(h) Taft MCCF has policy language in which an employee will only be used as an advocate if documentation exists that no crisis advocate can be obtained and the employee has received training from an organization recognized as a rape crisis center. **Meets Standard**

Comments: Taft MCCF policies address all of the standards requirements except the provision of an advocate during facility investigation interviews.

Corrective action: The agency needs to establish an MOU or contract in which an advocate can be provided at the

facility if necessary for investigation interviews. However, since a trained advocate is always present at the hospital during forensic exams and satisfies the PREA requirement, it may be more practical, given the facilities location, and the response time to have a non-uniform staff member trained as a support person for facility interviews.

Agency action taken: The statewide MOU with a PREA Victim Advocate service has not been finalized as of yet. Taft MCCF will use Alliance Against Family Violence and Sexual Assault as PREA Victim Advocates until an MOU is established. The Facility will also look into training a non-uniform staff member as a support person for facility interviews.

Auditor comments: The agency has had in place a process from Wasco, and the County of Kern to provide advocate support for inmates, however, the agency has entered into an acceptable MOU with the Alliance Against Family Violence in which support during forensic examinations and investigation interviews will be provided.

Also, included in the MOU are hotline services as well as limited phone counseling and written communication free from postage requirements. Due to the rural location of the facility for investigation interviews that do not require transportation to a hospital, the facility has in place a process to transport the inmate to Wasco for a trained mental health abuse advocate to support the inmate during an interview if the inmate requests.

The agency provided a copy of the MOU that was in progress of being established prior to the interim report and it is now in place as a three-year contract for services from July 2016 through June 2019.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

9.07.S.5, A, pg. 5

115.22(a) The agency has written policy to ensure that all allegations of sexual abuse or sexual harassment are thoroughly investigated. The auditor confirmed with in an interview with a Sergeant who would conduct an investigation. He indicated that his investigation training was geared toward custodial investigations but he has not yet had specific sexual abuse investigations training. He indicated that he will investigate all allegations and if necessary he will refer felony and criminal level allegations to the Taft Police investigators. **Meets Standard**

115.22(b) The agency policy does not indicate who criminal allegations will be referred to, however, the facility is conjoined with Taft Police Department as the Police Chief is the facility CEO. In an interview with the Police Chief he confirmed that his officers would be on scene and if necessary conduct the formal investigation. The agencies website does not indicate who will investigate which allegations. ~~Does Not Meet Standard~~ **Meets Standard 8-31-16**

115.22(c) The agencies website indicates that all reports of sexual abuse will be investigated but does not indicate the responsibilities of CDCR for its staff investigations. ~~Does Not Meet Standard~~ **Meets Standard 8-31-16**

115.22(d) Taft MCCF refers criminal and administrative investigations of CDCR staff to CDCR. As a state agency, also subject to PREA requirements CDCR is aware of its PREA obligations and has extensive investigation policies in place for conducting investigations involving staff. **Meets Standard**

115.22(e) Taft does not refer any investigations to federal authorities. **Meets Standard**

Comments: Taft has confirmed that it will investigate all reported forms of sexual abuse or sexual harassment, investigating administrative allegations within the facility and referring criminal allegations to the Taft Police, and referring CDCR staff allegations to CDCR. TMCCF does not publish the responsibilities of the investigating entities on its website.

Corrective action: The agency should publish on its website who it will refer criminal allegations to and outline their responsibilities as well as those of CDCR and Taft Police investigators.

Agency action taken: The agency has posted on its public website that all reports of sexual abuse will be investigated. It has disclosed to the public the organizations responsible for investigations and the nature of the type of investigations they are responsible for. The agency encourages the public to report information about sexual abuse.

Auditor comments: As a subset facility under the authority of the Taft Chief of Police, situated next door to the facility, the agency had in place sufficient procedures to ensure incidents are appropriately referred to a Taft police officer for investigation. Serious incidents resulting in injury or collection of evidence or involving a TMCCF staff member will be referred to the Taft Police Department. Incidents of harassment, or abusive touching may be investigated by facility trained investigators. Incidents involving CDC staff will be investigated by CDC investigators. This information has appropriately been posted to the Taft website for interested members of the public.

Standard 115.31 Employee training

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

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

9.07.S.11, A, pg. 10

115.31(a) Taft MCCF has asserted in policy that all employees, contractors, and volunteers shall receive training on its and CDCR's sexually abusive behavior prevention and intervention program prior to assignment. The policy indicates that it will provide training on the criteria listed in this standard. A review of the CDC provided training did not have adequate information on inappropriate relationships with inmates such as signs and ways to avoid them. Additionally, the interviews revealed a variety of information recall and staff lacking information about ways staff can privately report staff misconduct, the person responsible for sexual abuse investigations, confidentiality, or the protocol for obtaining usable physical evidence. ~~Does Not Meet Standard~~ **Meets Standard 3-4-17**

115.31(b) Taft does not address gender specific training as they only house male inmates. Cross gender search training was addressed as part of 115.15(e) **Does Not Apply**

115.31(c) TMCCF has affirmed that all will be trained prior to assignment, employees, contractors, and volunteers currently employed have received PREA related training. The administration stated in the interview that staff will receive refresher training as needed and as required. The auditor was provided with a training notice that all staff recently received training that provided staff with key information about inmate rights, points to remember during a response, and some of the staff responsibilities. **Meets Standard**

115.31(d) Taft MCCF indicates in its policy that employee's signature is documentation of their understanding of the training they received. The auditor received attendance rosters that did not have an admonition that their signature affirms they understand the training provided. The auditor will suggest that such a declaration be included in all future training signature documentation. ~~Does Not Meet Standard~~ **Meets Standard 3-4-17**

Comments: The agency's policy includes assertions for the required training to be provided, and training has been provided to all staff. The facility is aware of the need to provide enhanced training on the issue of inappropriate relationships with inmates.

Corrective action: Provide follow-up training on inappropriate relationships with inmates and in-service training designed to provide information in formats that allow staff to easily recall key responsibilities or response requirements, and ensure that staff training contain the required affirmation that staff understand the training they received.

Agency action taken: Training has been provided to staff to be in compliance with standard 115.31(a) to include inappropriate relationships with inmates. An affirmation that staff understands the training they received has been added to the facility training packet. A test has been added to the training to ensure that staff understands the training provided. Copies of training and tests have been provided. Laminated cards are issued to first responders and supervisors with instructions on response requirements.

Auditor comments: The agency has provided staff with training by utilizing Moss Group curriculum from the PREA Resource Center website on maintaining professional boundaries between staff and inmates. The agency has further ensured that staff fully understand the training by administering a test. The auditor has received staff signatures of understanding the training.

Staff received additional training under 115.34 which informed about the provision of obtaining useable forensic evidence and preservation of evidence at crime scenes. They also received training under 115.61 which advised staff about reporting sexual abuse incidents including how to confidentially report inmate or staff perpetrators.

The auditor is pleased that the agency took a position of providing staff with Moss group training curriculum helping to assure that staff have a full understanding of the boundaries between themselves and inmates. The additional step of creating a post training test to gauge staff's understanding, affirms the administration's intent to ensure their PREA program implementation efforts are effective.

Standard 115.32 Volunteer and contractor training

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

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

9.07. S.11, pg. 12

115.32(a) Taft MCCF policy states that the agency shall ensure that all contractors and volunteers who have contact with residents are trained on their responsibilities under the facility and CDCR sexual abusive behavior prevention and intervention program prior to assignment. The interview guide completed by the kitchen staff supervisor confirmed that she received PREA related training. In an interview with a teacher, the auditor was correctly explained the teacher's response to an abuse report. Further the teacher confirmed that the administration would take seriously any report they made regarding inappropriate behavior from staff. **Meets**

Standard

115.32(b) TMCCF policy indicates that training will be provided based on the services they provide and the level of contact, and include the agencies zero tolerance policy and how to report incidents of sexual abuse or harassment. The same level of training given to security staff was provided to all contracted and civilian staff, which exceeds the level required for the type of contact contractors and civilian staff have with inmates. **Meets Standard**

115.32(c) The policy further indicates that documentation of the training provided to contractors and volunteers will be collected ensuring their understanding of the training they received. The agency provided the auditor with signatures of contracted and civilian staff who received the required training. There was not an admonition that they understood the training presented. **Meets Standard**

Comments: Taft has documented in its policy that it will provide the required training to its contractors and volunteers according their contact and level of services, and obtain documentation of such training. They also obtained signatures of participants.

Corrective action: The agency needs to ensure any training given from this point forward will include an admonition that the staff understands the training received.

Agency action: None, facility in compliance

Auditor comments: The agency appropriately provided training to their ancillary staff by administering the same training as that given to security staff. They obtained participant signatures but lacked a specific admonition of understanding the training. The auditor was able to confirm their understanding through impromptu and formal interview questions, specifically probing for their response steps in the event of an incident.

Standard 115.33 Inmate education

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

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

9.07.S.10, B, pg. 10

115.33(a) Taft MCCF provides inmates with a "Resident Orientation Manual" on their zero-tolerance policy, how to report incidents of sexual abuse or harassment, and to be free from retaliation for reporting such incidents. A Sergeant responsible for the intake process of inmates stated on the interview guide that inmates are provided with information about the agencies zero tolerance policy and how to report incidents of sexual abuse at the time of intake. The auditor confirmed in interviews with inmates that most did remember receiving materials; some were honest and said they didn't read the handouts given to them. **Meets Standard**

115.33(b) The agencies policy does not mention any comprehensive education provided to inmates or that it be provided within 30-days. The facility manager stated in a follow up email that a comprehensive education video with information about inmate's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents is shown to them about 2-3 weeks after their arrival before they attend their "classification committee" meeting. The auditor was able to confirm with inmates that they viewed this video, even if some could not recall when they saw it. The inmates sign what is known as a 128-form acknowledging they viewed

the video. The auditor was provided documentation. **Meets Standard**

115.33(c) Taft MCCF policy does not address that inmates receive PREA education within one-year from the standards effective date. The agency does not have any other facilities for inmates to be transferred to. The agency ensures that inmates who may not have received PREA education within the one-year period at a CDC facility are provided with the education once they arrive at Taft MCCF. However, due to TMCCF's late PREA implementation of its PREA program there has not been sufficient documentation over the course of the audit period to provide a compliant rating at this time. ~~Does Not Meet Standard~~ **Meets Standard 11-13-16**

115.33(d) Taft MCCF has language in its policy that PREA education will be provided to inmates in formats accessible for all inmates including inmates with disabilities or those that do not understand English. The auditor confirmed that PREA related materials are provided in English and Spanish and in visual and audio form. Inmates that have a low "TAB" score (comprehension score) are explained the materials. The auditor interviewed two inmates that did not speak English using the facilities contracted translation service and was able to confirm that they understood PREA, and how to report an incident if they needed to. **Meets Standard**

115.33(e) Taft's policy does not include that they will maintain documentation of inmate participation in education sessions, but the pre-audit questionnaire indicates that they do maintain this type of documentation. This documentation has been requested by the auditor. The auditor has been provided with several samples of inmate's signatures of receipt for PREA related materials and viewing the education video. All documentation is recently dated because of the late implementation of the agencies PREA program. Since there has not been documented compliance throughout the audit period the auditor is unable to provide a compliant rating at this time. ~~Does Not Meet Standard~~ **Meets Standard 11-13-16**

115.33(f) Taft MCCF policy informs that they have key PREA information available to inmates in the form of brochures, handbooks, and other materials such as the "Shine the Light" poster in all units. The auditor observed such materials posted in English and Spanish throughout the facility. **Meets Standard**

Comments: TMCCF inmates receive key PREA information about their right to live in an atmosphere free from sexual abuse and retaliation for reporting sexual abuse, including information about reporting sexual abuse. However, since the implementation of the agencies PREA program was delayed due to late notice by CDCR, no compliant rating can be provided at this time.

Corrective action: The agency will need to demonstrate through the arrival of new inmates that their PREA education program is occurring consistently through the 6-months corrective action period. A re-evaluation will be conducted to assess the level of demonstrated compliance.

Agency action taken: Taft MCCF has updated Policy 9.07.S.10 to be in compliance with standards 115.33 (c) that inmates will receive PREA education within one year from the standard effective date.

Taft MCCF policy 9.07.S.10 has been updated to be in compliance with standard 115.33(e) showing that documentation of inmate participation in educational sessions will be maintained. Inmate PREA education materials have been updated to include the new OIG number that inmates can call from the housing units. Updates have been made to the education materials showing that all calls to the OIG are free of charge to the inmate and cannot be monitored to ensure that inmates can remain anonymous.

Updated educational information is available in English and Spanish. The updated are in compliance with PREA standards 115.33(e). Taft MCCF received 31 new arrivals which were given the updated PREA information. All signed documentation will be given to the auditor.

Auditor comments: The auditor confirmed with inmates during the onsite audit interviews that PREA education materials had been given to inmates. However, the agency had not collected any signatures to document inmates receiving education information. The auditor viewed the CDC PREA video and confirmed that it meets the goal of providing inmates with educational PREA information. Additionally, the agency provides two education brochures, one on Sexual Violence Awareness about what is sexual violence, types of abuse, ways to avoid it, how to deal with it. The other brochure provides information about their rights such as getting medical care, reporting abuse, staff abuse, right not to reveal the attacker, and false allegations.

The auditor viewed posters and pamphlets in both English and Spanish, and was told by a teacher that they will assist inmates by reading the materials confidentially if necessary.

Standard 115.34 Specialized training: Investigations

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

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

9.07.S.11, C, pg. 11

115.34(a) Taft MCCF policy indicates that its sexual abuse investigators shall receive the specialized training required by this standard. The auditor has received investigator training documentation. **Meets Standard**

115.34(b) The policy also indicates that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection methods, and criteria to substantiate administrative action or criminal prosecution. A review of the training provided confirms all required investigation techniques were taught including Miranda and Garrity. **Meets Standard**

115.34 (c) Taft policy states that the documentation of investigators participation in the specialized training will be maintained in the employees training file. The prequestionnaire indicates that no investigators have received the training as there have not been any classes available. The auditor received proof that training was provided days after receiving the pre-audit questionnaire. **Meets Standard**

115.34(d) NA, State / DOJ agencies are trained in investigation methods according to all laws and recognized Methods. The only state agency the agency uses is CDCR to investigate allegations that involve CDCR staff. **Meets Standard**

Comments: The agency has provided the required training to the facility staff identified as responsible for conducting the facility investigations after the first responder's initial investigation. Additionally, in an interview with the facility CEO / Chief of Police, he confirmed that for criminal matters or those involving internal affairs investigations his police officers will respond to the facility and conduct an investigation.

Corrective action: The curriculum used and documentation of the required investigation training should be provided to the auditor for review.

Agency action taken: TMCCF provided proof to the auditor that the required specialized investigations training was provided to six security staff on August 2, 2016. A written test and training scenarios were also given to the investigators.

Auditor comments: The auditor reviewed the specialized investigations training curriculum on 9-5-16 and confirmed that the training included interviewing victims of sexual crimes, evidence handling, advocates, confidentiality issues for victims of sex crimes, and generally recognized investigations methods and techniques. Each participant affirmed they understood the training they received.

As with the employee training, the additional step of creating a post training test and training scenarios to gauge

staff's understanding and application of the information, affirms the administration's intent to ensure their PREA program implementation efforts are effective.

Investigations of felonies and staff involved allegations by POST trained peace officers in the Taft Police Department brings additional assurances that investigations will be performed in a method and manner to submit to the District Attorney for prosecution.

Standard 115.35 Specialized training: Medical and mental health care

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

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

9.07.S.11, B, pg. 11

115.35(a) Taft MCCF has included in its policy the admonition that the medical staff will be provided with the additional specialized training that is required by this standard. The interview guide completed by a facility medical staff, stated she received training about evidence preservation, detecting signs of sexual abuse, reporting sexual abuse, and responding professionally to sexual abuse victims. The facility manager has confirmed that the training was the same training that all staff received. The required specialized training was not provided. ~~Does Not Meet Standard~~ **Meets Standard 10-23-16**

115.35(b) The agencies policy states that the agencies medical staff do not perform forensic examinations or perform any evidence gathering, this fact was confirmed by the medical staff completing the interview guide. The auditor confirmed this by talking to medical staff in the special interviews and impromptu questions during the tour. **Meets Standard**

115.35(c) Taft MCCF policy does not address if it keeps and maintains the documentation of the specialized training for medical staff, but the audit pre-questionnaire indicates that the documentation is maintained. It also shows that (6) staff have been trained which represents 100%. The auditor has since confirmed that the specialized training has not been provided. ~~Does Not Meet Standard~~ **Meets Standard 10-23-16**

115.35(d) Taft MCCF has language in its policy that PREA training will be given to all staff. The training that medical staff described in the interview guide is that of the regular employee training that all staff received, and the training roster provided to the auditor confirms that the medical staff have received the required employee training. **Meets Standard**

Comments: Taft's medical staff do not perform forensic examinations, and the agency does not have mental health staff on-site. The medical staff has received the employee training but not the required specialized training.

Corrective action: The agency needs to provide the specialized training to all medical staff and should review the specialized medical training available on the PREA Resource Center website.

Agency action taken: Taft MCCF Medical staff have received the specialized medical training available on the PREA Resource Center website to be in compliance with standard 115.35. The training modules used for training medical staff has been provided to the auditor. A copy of the 844 sign in sheet has been provided to the auditor with medical staff signatures. Training modules have been emailed to each medical staff member for reference.

Auditor comments: The auditor is satisfied that the agency provided the PREA Resource training curriculum to

ensure staff have received the required specialized training in addition to the prior training employee training they were given for detection, response, and reporting. The staff signatures also confirm medical staff understand the training they received.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

9.07.S.8, pg. 8

115.41(a) Taft MCCF’s policy states that all inmates will be assessed during intake for their risk of being sexually abused or being sexually abusive toward other inmates. The screening interview guide was completed by a Sergeant responsible for inmates being screened and confirmed that all inmates are screened at intake. However, the interview reveals that not all required questions are being asked due to the use of the CDCR screening form. The auditor was also told in Interviews with inmates that they were not asked about past sexual abuse, their sexual orientation, or their sexual safety. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.41(b) PREA requires the screening of inmates to be conducted within the first 72 hours after arrival, however, the agency policy directs that their screening process will be performed within the first 24 hours. The auditor confirmed that the screening does take place within the required time and though it is not complete it does examine several risk factors for all types of safety. **Meets Standard**

115.41(c) The standard requires the screening to be performed using an objective instrument. Taft uses the CDCR form 1882 “Initial Housing Review”, but does not meet the standard as it does not contain the questions to perform an objective risk assessment for sexual abuse. However, the auditor has been provided with a copy of an additional risk screening form that does ask the missing criteria questions. This would now meet the standard going forward. The lack of accurate screening documentation over a significant portion of the audit period prevents a compliant rating even with the correction. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.41(d) The CDCR screening form used by TMCCF captures some of the required criteria listed in the PREA standard but not all. The form lacks critical questions about an inmate’s sexual orientation, gender identity, and past history of committing acts of sexual abuse. However, without all of the required criteria, inmates cannot accurately be assessed for a risk of being sexual abused or committing sexual abuse. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.41(e) Taft MCCF policy and the CDCR screening form do not capture or ask the inmate about convictions of sexual abuse against an adult or child, but does ask about past in custody sexual abuse. The Sergeant completing the screening interview guide stated that the initial screening does consider prior acts of sexual abuse, prior convictions for violent offenses, and their history of prior institutional violence or sexual abuse. However, without all of the risk questions it is unknown who those with risk to commit abuse should be kept away from. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.41(f) Taft MCCF’s policy states that it shall reassess inmates within 30 days from arrival at the facility, for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. CDCR and Taft facility staff conduct “classification committee” meetings with each inmate

within the inmate's first 30-days in custody to examine all custody history, housing, programs, and any current issues the inmates may be having. The administration should expand upon this "classification committee" meeting to include an affirmative look at the inmate's sexual abuse safety and maintain the required documentation. ~~Does Not Meet Standard~~ **Meets Standard 2-22-17**

115.41(g) Taft MCCF policy specifically states that at any point after the inmate's arrival "may" be reassessed for victimization or abusiveness. The facility should ensure that an inmate will be reassessed based on any new information, request, or referral. ~~Does Not Meet Standard~~ **Meets Standard 2-22-17**

115.41(h) Taft's policy affirms that disciplining inmates for refusing to answer any screening question is prohibited. Additionally, the Sergeant responsible for screening confirmed that inmates are not disciplined for not disclosing complete information or any information during the screening process. **Meets Standard**

115.41(i) Taft MCCF policy states; sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing, and security management decisions. This statement is in line with the intent of the standard. The Lieutenant who completed the PREA Coordinator interview guide confirmed that the agency has controls on the dissemination of sensitive information, as did the PREA compliance manager. **Meets Standard**

Comments: The agency has not had an adequate screening and risk assessment in place to ensure inmates are safe from perpetrators of sexual abuse. The agency has created an additional screening instrument that will meet the screening needs but given that the agency has several inmates that have past criminal convictions for sexual crimes, the agency will need to take additional measures to ensure that any placement of an inmate with a sexual abuse risk in a dorm with past perpetrators of abuse has been carefully evaluated and the risk has been deemed to be very low based on the inmates normal past housing locations.

Corrective action: The agency must implement its newly created screening tool that has the missing criteria and the intake officer must also evaluate the inmate and make an assessment based on societal norms about the inmate's appearance of gender non-conforming or not. Taft also should expand the purpose of the "classification committee" to meet the requirements of the 30-day re-assessment and ensure the inmate's sexual safety and maintain the documentation. Additionally, the agency must demonstrate a consistent full screening process for each inmate received until the end of the 6-month corrective action period to allow the auditor sufficient documentation from which to provide a compliance rating opinion.

Agency action taken: TMCCF has created an additional screening intake instrument that asks the criteria questions that are not asked by the CDCR 1882. These questions will provide the TMCCF with information to use in making housing and program assignments and to refer inmates to medical or mental health care if need be. The form also includes an advisement that the TMCCF has inmates with convictions for sexual offenses. Convictions for sexual offenses are common in a sensitive needs facility (excluding those committing custodial abuse) but TMCCF wants to ensure that inmates do not have a concern for their safety from inmates with past sexual abuse offense convictions. The agency cannot permanently house inmates separately, but can arrange a transfer to prison for those concerned about their safety.

Auditor comments: The auditor advised TMCCF that due to the late implementation of their screening program, documentation of all new arriving inmates over the full 6-month corrective action period should be sent to the auditor to affirm the establishment a well implemented screening process. The auditor received screening records for newly received inmates using the CDC intake form and the newly created screening instrument. The documents reflect accurate questioning and referrals of two prior abuse victims to medical.

The inmates in question were seen by medical staff and provided an informed consent in their medical care orientation handbook in which they initial their acknowledgement of the informed consent with regard to prior community sexual abuse and facility abuse. TMCCF does not have mental health onsite but medical staff told the auditor that referrals to Wasco can be made for any inmate wishing to see mental health staff. TMCCF has also implemented a 30-day reassessment program in which inmates are specifically asked about their safety in the facility since their arrival and about any issues in their assigned housing, classes or work. They affirm their response with their signature.

Standard 115.42 Use of screening information

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

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

9.07.S.9.1, pg. 9

115.42(a) Taft MCCF has documented in its policy that it will use its screening information to make safe housing, work, and program decisions in order to keep potential victims away from potential abusers. However, since not all questions that allow for an accurate risk assessment have been asked the agency has not been able to make fully informed housing decisions. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.42(b) The agency policy does not specifically address this requirement, but in an interview with the officer responsible for screening inmates, she stated that each inmate is screened individually and placed in a dorm location based on their individual information. An example she provided was an inmate that may be older or more easy going could be placed into the "quite" dorm. **Meets Standard**

115.42(c) TMCCF does not receive transgender inmates but has included the PREA requirements in its policy to ensure appropriate treatment should CDC's criteria change and allow transgender inmates in CCF facilities. Currently since they cannot safely house a transgender inmate the officer in charge of intake stated a transgender inmate would be kept separate and evaluated and most likely be transported to an appropriate prison. **Meets Standard**

115.42(d) The agency has also included language of this PREA section into its policy but has said that they do not have programs available that a transgender inmate could perform in a safe manner due to the general classification of their inmate population. **Meets Standard**

115.42(e) TMCCF's policy does not address this particular requirement. The facility does not have the means to keep transgender inmates safe even if their own opinion is that they could house with general population inmates. According to the officer in charge of screening and housing placement a transgender inmate if received would need to be separated from others regardless of their personal opinion about their safety. **Meets Standard**

115.42(f) TMCCF's policy provides for the individual showering of transgender inmates but based on the facility design of dorm housing and open group showering this could only be accomplished by allowing a transgender inmate to use the individual shower in the intake area. Issues of this type are one reason CDC does not approve transgender inmates for transfer to CCF facilities. **Meets Standard**

115.42(g) The agency policy has included the language from the standard, even though it is moot, as the agency only house inmates in general population units. **Meets Standard**

Comments: TMCCF has appropriately outlined in its policy the requirements of this section although much of it is not applicable as CDC does not send transgender inmates to CCF facilities. The agency is not making housing and program decisions based on risk based assessments due to the lack of all required screening information.

Corrective action: The agency must implement its newly created screening tool that has the missing criteria and the intake officer must also evaluate the inmate and make an assessment based on societies norms about the inmate's appearance of gender non-conforming or not. This will allow Taft to make fully informed housing and program decisions for each inmate received. Additionally, the agency must demonstrate a consistent full screening process and housing / program placement for each inmate received until the end of the 6-month corrective action

period to allow the auditor sufficient documentation from which to provide a compliance rating opinion.

Agency action taken: TMCCF as with 115.41 has implemented a new screening instrument and uses it to assign inmates to appropriate housing, and work assignments. TMCCF has included all PREA requirements in the policy with respect to transgender inmates however, TMCCF does not receive transgender inmates and if one were received the individual could not be safely housed as TMCCF only has dorm housing. Transgender inmates would be transferred to a prison.

The auditor has been sent screening documents and 30-day reassessment documents to confirm TMCCF is complying with the PREA requirements.

Auditor comments: The auditor has received initial risk screening intake documents for inmates received in October through January 2017. The agency has created a document in which it performs a reassessment before 30 days asking the inmate specifically if since their arrival if they feel at risk of attack or abuse from other inmates, if they have been attacked, bullied, or abused by other inmates and if they have any housing or work issues. The auditor believes this type of questioning helps to affirm the inmate's safety and shows the agency's concern for their safety.

The auditor requested and received 30-day reassessments for the screening documents sent, these documents were necessary to ensure TMCCF has a seamless screening and 30-day review process and that no issues were noted by the inmates after they were housed in the facility. The auditor also notes TMCCF's inability to protect transgender inmates due to no protective housing. During inmate interviews, when asked about the type of intake questions they were asked, an inmate expressed to the auditor "those inmates wouldn't do good here".

Standard 115.43 Protective custody

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

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

9.07.S.13, pg. 15

115.43(a) The TMCCF does not have protective custody housing and utilizes temporary holding cells when a safety need arises. The policy directs that this housing cannot be used longer than 24 hours pending an assessment. **Meets Standard**

115.43(b) The policy directs that inmates placed in temporary holding cells shall have access to all normal programs they are eligible for and any restrictions shall be documented and justified. **Meets Standard**

115.43(c) The facility restricts the length of placement in temporary holding cells to not more than 10 days which is considerable less than the standard allows. **Meets Standard**

115.43(d) The TMCCF policy directs that an assessment shall be completed documenting the concern for the inmates' safety and why the temporary holding cell is necessary. Documentation is made on Sexual Assault/Abuse Available Alternatives Assessment form. **Meets Standard**

115.43(e) This section of the standard is not addressed as the agency does not have long term protective custody

housing and any use of its temporary holding cells is limited to 10 days. Housing other than general population needed beyond 10 days will result in a transfer to a prison facility. **Meets Standard**

Comments: The agency has in place a procedure for dealing with short term safe housing issues in the event that an abuse allegation is made. They appropriately limit its use and still provide the inmate with regular programming when safe to allow. **Meets Standard**

Auditor comments: The auditor did not find any deficiencies, noting that the agency does not have the ability to house inmates in a protective custody setting due to all dorm housing. TMCCF policy affirms they perform an assessment at intake and if any issues exist they institute a more formal assessment process documenting issues and reasons a transfer is necessary in a "Alternatives Assessment form". Inmates at risk will be held apart from other in a holding cell for 10 days or less pending transfer.

Standard 115. 51 Inmate reporting

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

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

9.07.S.14, pg. 15 & 17

115.51(a) TMCCF has confirmed in its policy that it provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or employees. Some of the methods are verbally or in writing, via third parties, or by collect call to a CDCR number on brochures and posters. Each housing unit has a locked mailbox where inmates can place an anonymous grievance, or mail to Just Detention International or to the Office of Inspector General PREA Ombudsman in Sacramento. Multiple ways to report sexual abuse is are known to inmates and confirmed by the auditor in interviews with inmates. **Meets Standard**

115.51(b) The agency provides in its policy and in brochures and posters for inmates, multiple private ways to report sexual abuse, harassment, or retaliation. The inmates are also advised they can make collect calls to CDCR Internal Affairs offices. The auditor has informed the agency that providing this reporting method does not meet the standard of a public agency not associated with TMCCF. Furthermore, the reporting source must be able to immediately report back to TMCCF reports that are urgent in nature and as such a message phone cannot be used. The agency also needs to provide contact information for Consular Offices and the Department of Homeland Security for inmates that have completed their sentence and are awaiting release to INS. The OIG is a satisfactory outside reporting source but it was discovered that inmates cannot make calls to 1-800 numbers making the reporting source null and void. Inmates interviewed knew about the numbers on the posters and believed that they were free to call. This makes this reporting source a known method if the agency can remedy the calling problem **Does Not Meet Standard Meets Standard 10-11-16**

115.51(c) The agency does not address this requirement in their policy but the auditor confirmed in interviews with random staff that they understand they are to accept reports from inmates verbally or in writing and also from third parties. The staff also knew that inmates could make anonymous reports. All staff indicated that they would document any report they received regardless of the method in which they received it. In interviews with inmates, most were certain that if they wanted to report abuse they could do it anonymously or through a third party. **Meets Standard**

115.51(d) TMCCF includes language in their policy that provides for staff to privately report sexual misconduct, or

retaliation directly to the Security Captain or Facility Manager if requested. In interviews with random staff, some staff said that they could go to the Watch Commander or use the number on the poster to report staff misconduct. Most said they do not have any problems reporting it to their Sergeant and would also feel comfortable going to the administration if they needed to. **Meets Standard**

Comments: Due to contracted and onsite relationship between CDCR and TMCCF, the reporting source phone numbers must be from an agency not associated with TMCCF or CDCR. The agency has done a good job providing other avenues of reporting for inmates but this conflict of interest must be changed on the education materials, and posters.

Corrective action: Resolve the issue posting a CDC IA number to report sexual abuse and of inmates not being able to place 1-800 calls to the OIG by working with the phone supplier. Once a remedy has been implemented ensure that the education materials and posters have been updated with any new information as needed. Provide the auditor with copies of the new reporting / education materials.

Agency action taken: The OIG number has been updated to provide inmates a means of reporting to an outside agency and remain anonymous. All posters and education materials have been updated with any new information as needed. Inmates are now able to call the OIG number free without being recorded or monitored.

Auditor comments: TMCCF has corrected a phone contact issue that was previously unknown. Inmates can't call 800 numbers in CCF's so the OIG number has been changed. Additionally, to comply with PREA the agency has arranged for calls to be free, and not monitored or recorded, and advised inmates and staff by posting a memo in each housing unit. The auditor was provided a copy. The agency provides multiple methods to report abuse and posts these reporting methods / contact, and consular contact information in each unit per PREA requirements.

In working through this issue the Captain worked directly with the PREA OIG representative which originally only provided the Governor's office with the statistics of abuse when inmates called. Based on receiving the requirements of PREA the OIG provided TMCCF with written confirmation that they would not only accept a call from the inmate but would allow them to remain anonymous if requested and they affirmed they would immediately notify the facility of the allegation of abuse.

Standard 115.52 Exhaustion of administrative remedies

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

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

9.07.S.15, pg. 16

115.52(a) The agency has a grievance policy for its inmates. **Not Rated**

115.52(b) The agencies policy confirms that there is no time limit for submitting a grievance for sexual abuse, and does not require an inmate to use any informal grievance process or attempt to resolve a complaint with staff.

Meets Standard

115.52(c) TMCCF's policy states; Inmates have the right to submit a grievance (appeal) alleging Sexual Abuse to any staff other than the staff member who is the subject of the complaint. The policy lacks a key requirement that

prohibits referring a grievance to any person that is the subject of the complaint. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.52(d) The agency policy provides for a final decision on grievances within 90-days, and providing a written notice if the agency needs to utilize up to 70-days as an extension, as well as the provision that an inmate may consider the absence of a response in the allotted time to be a denial at that level of the process. **Meets Standard**

115.52(e) The agency policy affords the inmate all rights to have third parties file grievances on their behalf, and does not require the inmate to approve the filing of the grievance or personally pursue steps in the appeal process. The agency does not indicate if the inmate does not participate whether the appeal process submitted by third parties will continue or if they will document the inmate's decision not to participate in the process filed by a third party. ~~Does Not Meet Standard~~ **Meets Standard 1-25-17**

115.52(f) The agency policy has addressed this section of the standard in a separate section 9.07.S.15.1 Emergency Grievances under which conforms to the language of the standard with respect to taking immediate action within 48 hours and providing a response to the inmate within 5 days. **Meets Standard**

115.52(g) Also contained in the emergency section; "Inmates may receive a disciplinary report for filing a grievance relating to the alleged Sexual Abuse in bad faith". What is not clear is if this discipline is for filing of any grievance or just emergency grievances in bad faith. **Meets Standard**

Comments: The agency has sought to ensure the inmates rights under the grievance process and only need some clarification of the policy language in order to assure that specific steps are not missed and obtain compliance.

Corrective action: The agency should include the prohibition that a grievance cannot be referred to a person named in the complaint. There should be some reference to whether a grievance filed by a third party will continue if an inmate chooses not to participate, and that any non-participation by the inmate will be documented.

Agency action taken: Taft MCCF Policy 9.07.S.15.1 has been updated to reflect the requirements for section 115.52 (c) that prohibits referring a grievance to any person that is the subject of the complaint. Policy 9.07.S.15.1 has been updated to reflect the requirements for 115.52 (e)(1) of the PREA Standards. Third parties shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision not to participate. There is no information for inmates filing grievances about sexual abuse, harassment, or staff misconduct during this audit period. A copy has been provided for compliance.

In order to comply with 115.52 and ensure inmates know their grievance rights Taft MCCF has completed an addition to the Inmate Orientation packet that inmates receive and sign for on arrival at the facility. The addition contains information regarding submitting grievances related to sexual abuse, the time limits and provisions in the standard. A copy will be posted in all housing units. A copy has been provided to the auditor

The agency has included a copy of the PREA grievance rights for each inmate in their copy of the facility orientation materials. These rights are in addition to the broad protections afforded each inmate by CDC. Each inmate signs for receipt of the facility orientation materials.

Auditor comments: The auditor has rated TMCCF as exceeding expectations by providing inmates with a complete written copy of their PREA rights inside their orientation manual. By providing the information in this manner and along with other information no inmate will fear having the material on hand should they need to refer to it.

By retroactively providing the new orientation manuals to all inmates and having them sign for receipt of the material instead of just issuing them to the new arriving inmates, the agency has demonstrated a sincere desire to ensure all inmates are fully aware of the differences between general CDC grievance procedures and the additional rights granted to them for incidents of sexual abuse by PREA legislation.

Standard 115.53 Inmate access to outside confidential support services

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

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

9.07.S.20, pg.22

115. 53(a) TMCCF policy includes the inmate right to have an advocate and support person during a forensic examination or during investigation interviews but it does not indicate that it provides general access to outside support organizations by providing addresses and toll free phone numbers. The inmate's phones are in the housing units so access is available most all of the time, but confidentiality is limited to the inmate telling others that they want some privacy. During interviews with inmates, they were not aware if outside support services were available or not. ~~Does Not Meet Standard~~ **Meets Standard 2-21-17**

115.53(b) Inmate brochures, posters, and education video do not inform inmates that all calls are recorded and/or monitored, nor the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws. Inmates that were interviewed stated that they are aware that the phones are monitored by staff, some indicating that this would cause inmates not to use the numbers provided. ~~Does Not Meet Standard~~ **Meets Standard 2-21-17**

115.53(c) The agency does not have a current contract or proof of attempts to enter into a contract with a service provider able to provide inmates with confidential sexual abuse advocate support services. ~~Does Not Meet Standard~~ **Meets Standard 2-21-17**

Comments: The auditor suggests the agency contact Alliance Against Family Violence, Bakersfield, Just Detention International, Los Angeles, and Women's Center High Desert in Ridgecrest to explore avenues to provide inmates with the required support services. Inmates also should be formally advised about the level of phone monitoring and under what conditions a report can be forwarded due to mandatory reporting laws. The auditor suggests that the agency provide inmates confidentiality for calls to the reporting number or to outside support services unless a safety issue exists.

Corrective action: The agency needs to arrange for service from an advocate organization to provide the required support to inmates. This service should provide inmates with free phone access to a crisis organization. The agency needs to advise inmates of the extent to which calls to crisis or reporting numbers are monitored and under what conditions a call will be reported to security in compliance with mandatory reporting laws. In doing so the agency needs to ensure that inmates receive this information in formats accessible to all inmates.

Agency action taken: Taft MCCF has entered into an MOU with Alliance Against Family Violence and Sexual Assault approved on 2-23-2017 to provide an advocate for support during forensic examinations, and investigatory interviews. Section II (5) of the MOU. A copy of the approved MOU has been provided to the auditor.

Auditor comments: The agency has successfully established an MOU with a professional crisis organization. The MOU will provide advocate services at the hospital during forensic examinations and investigation interviews. The agency is located in a remote area and will transport inmates to Wasco prison for advocate services from Mental Health staff in the event of allegations that do not require a forensic examination. The MOU provides access to their hotline, and semi-confidential phone counseling, and confidential correspondence through the mail.

The auditor received confirmation of staff training on the use of advocates and transportation to the hospital or

Wasco. The documentation was affirmed by staff signatures.

Additionally, all inmate posters, brochures, and other materials have been updated with the contact information for Alliance Against Family Violence and the services that are available to inmates regardless of when or where sexual abuse occurred. Additionally, the inmates have been made aware in the printed materials and their orientation handbook that calls to the advocate number are free and no recorded or monitored.

Standard 115.54 Third-party reporting

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

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

115.54 TMCCF has a clearly marked PREA (prison Rape Elimination Act) link on its website’s front page. The link takes the visitor to the facilities PREA policy statement and has a statement that all sexual abuse should be reported and will be investigated. It gives the facility address and the direct phone number to the agencies PREA coordinator. The visitor also has instructions about what information to leave if they receive the voice mail. **Meets Standard**

Auditor comments: The auditor did not note any corrective actions. TMCCF has published on its website that sexual abuse will be investigated and gives readers information about reporting sexual abuse for an inmate. The agency has provided inmates with information in printed materials that others can make a report for them. In interviews with inmates most responded that they felt sure a family member could file a report for them. When asked if they thought the agency would take the report seriously and act on it, most said, “yes”.

Standard 115. 61 Staff and agency reporting duties

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

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

9.07.S.16, pg. 17

115.61(a) The agency policy requires employees to immediately report sexual abuse, sexual harassment, or retaliation for reporting sexual abuse. It also includes the obligation to report any neglect of duties that may have contributed to an abuse incident. The auditor confirmed through interviews with staff that they understand their reporting obligation, they were provided training about their obligation, and are aware that it is in the agency policy.

Staff also assured the auditor that they would have no problems reporting on staff engage in any misconduct or dereliction of duties whether it resulted in abuse or not because it could cause other types of problems in the dorms.

Meets Standard

115.61(b) TMCCF policy also contains the prohibition to staff not to reveal information to anyone other than to the Security Captain or Facility Manager. In interviews with staff, the auditor learned that not all staff clearly understand the limits on sharing information. Some staff believe if an incident occurs in a dorm that the other officers assigned to the dorm should know about the incident. ~~Does Not Meet Standard~~ **Meets Standard 10-13-16**

115.61(c) TMCCF policy includes that practitioners shall inform inmates of their duty to report abuse and the limitations of services. It does not correctly tell medical staff to advise inmates about their reporting obligations and the limits of confidentiality at the start of providing services. There should be no limits to providing services. Additionally, based on conversations with medical staff they have not received the required specialized training which would inform them of the need to inform inmates at the initiation of services of their reporting obligations. ~~Does Not Meet Standard~~ **Meets Standard 10-13-16**

115.61(d) TMCCF policy requires the reporting to State or local services any abuse of victims under 18 or vulnerable adults according to mandatory reporting laws. **Meets Standard**

115.61(e) TMCCF's policy affirm their commitment to refer all reports including third party reports of sexual abuse, harassment, or retaliation to investigators, and CDCR staff. This obligation was confirmed to the auditor in interviews with administration and the Chief of Police. **Meets Standard**

Comments: One non-compliant issue can easily be remedied by providing staff with in-service training specific to confidentiality about sexual abuse reports, as well as who and under what circumstances information can be shared. The other issue of medical providing informed consent to inmates has been remedied prior to this report being completed.

Corrective action: The agency should provide some additional training to staff regarding confidentiality about sexual abuse. Also, specialized medical training can be obtained from the PREA Resource Center website. The policy language and practice should be corrected to ensure that there is no limitation of services.

Agency action taken: TMCCF has provided to the auditor a copy of the inmate's Health Care services orientation handbook and includes the medical rights inmates have under PREA such as community standard care, free sexual abuse care, testing, and the required informed consent information including practitioner's limitations to confidentiality during initial intake screening. Proof of practice has been provided to the auditor. TMCCF has provided training to all staff to ensure that information received during a PREA incident remains confidential to comply with 115.61(b). Copies of the training memo and signatures have been provided to the auditor.

Auditor comments: The auditor has confirmed that the agency has created a complete medical care handbook to advise inmates of their rights, and medical staff's reporting obligations. TMCCF has issued a memo / in-service training to specifically address the issue of confidentiality and who has a "need to know" about reported abuse. TMCCF immediately implemented the practice of providing the printed material and obtaining documented proof of the medical inform consent about reporting abuse through inmate affirmation of understanding with their signature.

The auditor confirmed that TMCCF clarified there is no limitation to medical services by correcting a policy misstatement, and providing medical staff with the required specialized training from the PREA Resource center.

Standard 115.62 Agency protection duties

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

- Does Not Meet Standard (requires corrective action)

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

9.07.S.16, B, pg. 17

115.62 Taft policy affirms their commitment to respond immediately to reports of abuse when an inmate is in substantial or imminent risk of sexual abuse. They have detailed extensively about the response and ensuring that the inmate’s security, identity, and privacy are protected. **Meets Standard**

Comments: The policy has additional directives about who will be notified, assuming that all reports are credible, confidentiality, and for staff conversations and contact with the victim to be sensitive, supportive, and non-judgmental.

Auditor comments: The auditor did not find any needed corrective action. TMCCF has demonstrated through a policy that provides detailed instructions to staff on sexual abuse response, reporting, and ensuring treatment. The auditor found compliance from the information above, discussions with the administration about their response and reporting protocols as well as interviews with line staff.

Standard 115.63 Reporting to other confinement facilities

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

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

9.07.S.18, C, pg. 21

115.63(a) The agency policy affirms its commitment to notify other agency heads or facility management if an inmate reports they experienced sexual abuse at another custodial facility. **Meets Standard**

115.63(b) Taft policy confirms that the administration will notify the facility head within 72 hours of receiving the allegation. **Meets Standard**

115.63(c) The agency further indicates that it shall document all actions taken including its notification to the other facility head. **Meets Standard.**

115.63(d) The Taft Facility Manager that receives a notification from another facility or agency that an inmate was sexually abused while in the custody of the Taft CCF, has assured that the report is referred to the Taft Police Department for investigation. **Meets Standard**

Comments: The agency has in place the methods and commitment to abide by the requirements of this standard. The auditor has confirmed that the required actions will be followed in both interview guides and in person interviews with administration staff.

Auditor comments: The auditor did not find any needed corrective actions. The agency has sufficient policies in place directing shift supervisors to adhere to the 72-hour notification requirement. In order to further ensure staff,

understand the agency notification requirement, the provisions of 115.63 have been written at the bottom of the newly created screening form as a reminding to staff.

Additionally, the administration and other supervisor staff affirmed that if they received a report of abuse occurring at TMCCF an investigation would begin immediately, and be performed by the Taft Police department.

Standard 115.64 Staff first responder duties

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

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

9.07.S.16, C, pg. 18

115.64(a) Taft policy contains each of the criteria steps required by the standard. The auditor confirmed in interviews with staff that they understand their primary duty first and foremost is the safety of the inmate, most staff first said they would separate the victim and suspect, secure the crime scene, get medical aid, report to their supervisor. The agencies policy expands greatly to include separate sections with specific details for responding to sexual abuse, harassment, or sexual activity, noting the differences in urgency, possible evidence, and persons to notify. **Exceeds Standard**

115.64(b) TMCCF policy includes the provision that if the report is received by a person that is not a security staff member; the non-security person should remain with the inmate and advise them not to take any action that could destroy evidence, and notify a security staff member. Impromptu conversations with civilian staff confirmed they would remain with the victim and provide the required advisement. **Meets Standard**

Comments: The portion of the agencies policy that documents the additional actions of staff during a first responder sexual abuse incident exceeds the norm for policy language.

Auditor comments: The auditor did not find any need for corrective action. TMCCF has clearly defined its response, reporting, and treatment procedures for staff in the policy by expanding on the steps and requirements. They have also sought to remind staff should assume all reports are credible and to be sensitive toward the inmate. The auditor's interviews with officers and medical staff also supported a sincere desire to ensure the inmate received good treatment. One officer, went so far to say that it would probably be very hard for an inmate to tell us something like being sexually assaulted, so it would probably be true.

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

9.07.S.5, C, pg. 6

115.65(a) TMCCF policy states that it has developed written coordinated response plans which coordinate the actions of medical, mental health, investigators, and facility leadership. In the pre-questionnaire, the facility pointed to its policies as their coordinated plan. The agencies policy is 41 pages long and would be difficult for first responders or other response participants to easily locate the requirements or protocols that they are to take. Furthermore, the agency should incorporate into their response plans any services they ultimately obtain from a crisis advocate organization. ~~Does Not Meet Standard~~ **Meets Standard 3-6-17**

Comments: Binders or folders with dividers that contain the separate steps that responders are required to take during a sexual abuse incident could help responders since steps that are rarely used can easily be missed. A policy that is 41 pages long can make quick easy access difficult.

Corrective action: The auditor recommends creating two separate coordinated response plan binders or folders that contain only the specific steps or instructions for each responding staff member such as; first responder, medical staff, preliminary investigator, transportation, investigator, and facility supervisor. Each binder or folder should have the individual responder's roles clearly marked and separated from the others. The binder or folder should be clearly labeled and kept in a location accessible by all staff. A notice of its existence and location should be posted near an entrance to the security area that all staff uses.

Agency action taken: The auditor confirmed the existence of a coordinated response plan during a return visit to the facility. TMCCF has established easily accessible books within the facility containing information on responding to incidents of sexual abuse. The books include guidance for the different responders such as officers, civilian and medical staff, as well as supervisors and investigators. TMCCF also included the PREA standards so specific language can be referenced.

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

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

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

9.07.T.4, B, pg. 3

115.66(a) Taft MCCF policy has committed to ensuring that inmate victims are separated from alleged staff abusers by stating; In every case where the alleged abuser is an Employee, Contractor, or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. The Facility Manager has told the auditor that unless the allegation appears to be unfounded the staff will most likely be placed on administrative leave until the conclusion of the investigation. **Meets Standard**

115.66(b) TMCCF policy asserts that it will not enter into any collective bargaining agreement that restricts its ability to remove alleged employee abusers from contact with any inmate pending the outcome of an investigation, or of a determination of whether and to what extent discipline is warranted. **Meets Standard**

Comments: The agency has demonstrated a commitment to ensure inmates are not subjected to continual contact with an alleged employee or contractor abuser until the allegation has a resolved.

Agency action taken: The auditor did not find any necessary corrective actions. TMCCF has strong language in its policy indicating that any perpetrator of sexual abuse will be separated from the victim. TMCCF has the ability to transfer suspects back to a prison facility quickly after an investigation and staff will be placed on administrative leave pending the outcome of the investigation according to the administration. The auditor was able to verify the likelihood of administrative leave during an interview with a shift supervisor.

Standard 115.67 Agency protection against retaliation

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

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

9.07.S.21, B, pg. 23

115.67(a) TMCCF policy has established the required protocols and/or practice to protect inmates and staff from retaliation and has appointed the PREA compliance manager to perform monitoring of abuse victims or staff. The Facility Manager provided the auditor with a form for use in monitoring inmates, that would be used by the Security Captain who is charged with the monitoring. The auditor confirmed in interviews with inmates that some were aware of protections from retaliation from the posters and the education video. **Meets Standard**

115.67(b) The agency policy includes multiple measure to assess for retaliation. The Security Captain said that she would look for things out of the norm such as multiple housing changes, discipline issues, increased sick leave usage, or other unexplained staff issues. The agency needs to create a document to monitor inmates that suffer sexual abuse or retaliation for reporting abuse. ~~Does Not Meet Standard~~ **Meets Standard 2-28-17**

115.67(c) Taft MCCF states in their policy that inmates will be monitored for at least 90-days. In a conversation with the PREA compliance manager and the investigator who is also a supervisor, both confirmed that inmates can be protected by ensuring no contact with inmates or staff abusers or inmate cohorts that may perpetuate retaliation, through monitoring changes in the inmate or staff and interviews with the victim or reporting person. The Security Captain affirmed that monitoring would continue longer than 90 days if necessary but given the ability to transfer perpetrator of retaliation back to prison she felt any problems could be controlled. **Meets Standard**

115.67(d) The policy provides for weekly status checks, and the PREA compliance manager provided the auditor with the monitoring document; "Protection from Retaliation log". **Meets Standard**

115.67(e) Taft MCCF has documented its intention to protect any other individual that expresses a fear of retaliation. **Meets Standard**

115.67(f) Taft MCCF has also memorialized in its policy the right to terminate any monitoring if the allegation is determined to be unfounded. **Meets Standard**

Comments: The agency has in place in its policy all of the requirements to monitor and protect inmates or staff from retaliation. It does not have any support services available.

Corrective action: In discussions with the agency, they are aware of multiple PREA requirements that require the services of a sexual abuse victim crisis organization for inmate support. The agency should attempt to obtain the required MOU for services.

Agency action taken: TMCCF has documented its retaliation monitoring commitment in the policy, and provided the auditor with the CDC PREA monitoring forms 2304 and 2305. The documents submitted are for monitoring inmates and staff. The 2304 form is for inmate victims and documents whether the suspect inmate or staff has been removed from contact with the victim, it documents any disciplinary reports, housing changes, or work assignments of the victim to discover items that may be related to retaliation even if the victim is not reporting any retaliation.

Form 2305 monitors staff to ensure that staff reporting inmate abuse perpetrated by other inmates or staff are not subjected to retaliation from inmates or other staff. Areas that the administration has indicated they would monitor are any sudden or unexplained absences, changes in behavior, interactions with inmates or co-workers, also any work habit changes.

Auditor comments: The auditor learned in conversations with line staff and administrators that the expectation is that retaliation will not be tolerated the same as sexual abuse is not tolerated. TMCCF adheres to the use of CDC's retaliation monitoring form required as part of any incident in compliance with PREA. The document tracks the specific information required by the standard to ensure the safety of the inmate. The Security Captain is the designated monitoring person as she has access to inmate files to look for documented issues.

Standard 115.68 Post-allegation protective custody

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

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

115.68 Taft MCCF does not have segregated housing. Inmates requiring protective housing after a sexual abuse incident can be placed in temporary holding cells not to exceed 10 days. The officer responsible for the R & R (receiving and releasing) of inmates confirms that inmates needing special protective housing could be placed in one of the temporary holding cells in the R & R area. She stated they are used for protective housing after a fight or inmates waiting transfer to a prison. Inmates requiring protective housing longer than 10days would be transferred back to a prison. The agency has in place all of the protections and requirements within 115.43. **Meets Standard**

Comments: The agency has demonstrated a commitment to ensure inmates are not subjected to continual contact with an alleged abuser and will provide protective housing on a temporary basis.

Auditor comments: The auditor did not find any needed corrective action. TMCCF does not have protective housing so inmates requiring special safety housing must be transferred to a prison. TMCCF will evaluate the victim's safety prior to making a transfer decision. This evaluation procedure was recently performed for an allegation of sexual harassment in which the victim remained safely housed at TMCCF and the perpetrator was transferred to a prison.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

9.07.T.5, A, pg. 4

115.71(a) Taft MCCF has a separate policy; Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection that declares in the policy statement that all allegations of abuse will be “promptly, thoroughly, and objectively” investigated. In the interview with a Sergeant trained in investigations and with the Chief, both indicated that reports of abuse will receive immediate attention, and be investigated fully to determine the facts with a goal of holding any and all perpetrators responsible. **Meets Standard**

115.71(b) Taft policy includes that they will ensure their investigators receive the specialized training. The agency was able to secure the special investigations training materials from CDCR just prior to the onsite audit visit. The auditor interviewed a Sergeant that received such training. The Sergeant described evidence collection, Miranda / Garrity, and issues such as preponderance of the evidence. The Chief confirmed that each of his officers that would assume control of a criminal investigation have been trained in interview and interrogation, sexual abuse investigation, internal affairs investigations. **Meets Standard**

115.71(c) Taft MCCF policy contains separate sections that detail the protocols of forensic medical examinations, preservation of victim evidence, preservation of abuser evidence, and physical crime scene evidence. The policies expressly ensure that if there is a possibility of useable evidence, it shall be protected so that the investigating agency and/or the forensic examiner is able to collect it. **Meets Standard**

115.71(d) The agency does not address compelled interviews in its policy specifically, however, in an interview with the Chief of Police, he confirmed that his officers would be responsible for criminal and internal affairs investigations, and that for any internal affairs investigation the criminal investigation would proceed first and that staff would only be interviewed and/or compelled to talk if the District Attorney declined to file charges or the criminal case had been fully adjudicated. He explained that this method of “trailing” the administrative investigation is standard practice to ensure criminal proceedings are not compromised and to also protect the officer’s rights. **Meets Standard**

115.71(e) Taft MCCF policy affirms that the agency will assess the credibility of an alleged victim, suspect or witness on an individual basis on the facts gathered and not as their status as an inmate. They state that an inmate will not be compelled to submit to a polygraph or other truth telling device. In the interview with the investigator and with the Chief, both confirmed that investigation determinations will be based on factual basis of the law, and the preponderance of the evidence. **Meets Standard**

115.71(f) TMCCF policy contains the language specific to this standard and assures that all administrative investigation assessments will be based on facts and document if any staff inactions or actions contributed to the abuse incident. **Meets Standard**

115.71(g) TMCCF administration has provided investigations training for facility staff determine the nature of the allegation for a decision about referring it to Taft Police law enforcement agency. The agency includes in its policy that it will include any physical, testimonial, or documentary evidence it may receive in its initial response to an allegation of abuse in order to provide it to Taft Police. **Meets Standard**

115.71(h) The TMCCF policy and interviews with both an investigation Sergeant and the Chief of Police that all investigations will be done with the intent to establish the elements of any crime committed for the purpose of submitting the case to the District Attorney. **Meets Standard**

115.71(i) Taft policy exceeds the requirement to maintain a file while the abuser is in custody or employed plus five

years. The agency affirms that their files for any PREA related circumstance will be maintained for a period of ten years. **Meets Standard**

115.71(j) The agency policy indicates that the departure of an abuser or victim from its employment or control will not be used to terminate an abuse investigation. The Chief confirmed in an interview that his officers would pursue the investigation to its conclusion as a matter of law not custody or employment. **Meets Standard**

115.71(k) Taft MCCF refers investigations of allegations against CDCR staff to CDCR; a state entity to investigate. CDCR having peace officer powers investigates all crimes in accordance with recognized standards and in accordance with its obligations under PREA. No Department of Justice investigate allegations of sexual abuse in the Taft MCCF. **Meets Standard**

115.71(l) Taft policy has confirmed in its policy its intentions to cooperate with outside investigating agencies and to remain informed about the progress of the investigation. **Meets Standard**

Comments: The auditor is unable to examine the agencies practices for dealing with sexual abuse investigations since they have not received any allegations of sexual harassment, abuse, or assaults within the audit time period or outside of the audit period. The agency has taken steps to respond to incidents, and initiate preliminary investigations in order to evaluate the allegation and make a determination on how to proceed. The auditor has confirmed the agencies commitments to perform sexual abuse investigations in accordance with PREA requirements by examining its policies and through interviews with staff, an investigator, and the Police Chief.

Auditor comments: The auditor did not find a need for corrective action. TMCCF has in place the policies and procedures to initiate investigations. They have trained staff to complete in house investigations that do not appear to be prosecutable, however, sexual abuse incidents which could be referred for prosecution including staff misconduct, TAFT Police Officers will perform the investigation. This approach shows that Taft MCCF will ensure that the appropriate trained person handle the investigation.

The auditor's conversation with the Chief affirmed that incident of sexual abuse will not be tolerated and any incident will be evaluated by his office to ensure it is handled in the best manner. The inmates, in interviews were very open saying, "that kind of stuff don't fly here", and "the officers here are pretty good and would handle that stuff right away".

The agency has also informed the public that reports will be investigated and has published the same on their website.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

9.07.T.5, D, pg. 5

115.72 The agency policy mirrors the language of the standard. The auditor's interview with a supervisor that performs investigation duties confirmed that the agencies investigations are strictly fact driven and that no staff member receives any preferential considerations over that of an inmate. The Chief confirmed that investigations are conducted according to laws and that criminal prosecution is determined by the District Attorney. **Meets Standard**

Comments: The agency has implemented the requirements of the standards and provided the required specialized training for its investigators to ensure that inmates benefit from key investigation techniques for sexual abuse incidents.

Auditor comments: The auditor did not find any needed corrective action. The auditor feels the administration takes the issue of sexual abuse seriously and will not allow staff misconduct to jeopardize an inmate's safety, or the law. Allegations involving staff are handled by Taft Police who according to the Chief, strictly follow the evidence and facts to establish the elements of the crime for referral to the District Attorney.

Standard 115.73 Reporting to inmates

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

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

9.07.T.10, pg. 11

115.73(a) TMCCF policy has affirmed its intentions to notify inmates who report sexual abuse or harassment of the findings once the investigation has concluded. The agency indicates that the notification will be made by the investigator or designated staff member. The auditor had interviews with administration and an investigator who all confirmed that the required notification would be made. **Meets Standard**

115.73(b) Taft MCCF policy indicates that for investigations that it does not conduct such as those conducted by CDCR or Taft Police conduct, they will ensure that they request the relevant information in order to inform the inmate. The Facility Manager assured the auditor that they will remain involved in the process through cooperation and coordination and will be aware of the final outcome be it for disciplinary purposes or to notify the inmate of the outcome per PREA requirements. **Meets Standard**

115.73(c) Taft's policy also includes that for allegations against staff, the inmate will be notified of the outcome, both criminally and the employee's employment status. The Facility Manager confirmed that these notifications would be made unless the investigation was determined unfounded or the inmate has been released from custody. **Meets Standard**

115.73(d) TMCCF policy also includes that the same notification provisions will be made to inmates when the alleged abuser is another inmate, unless they have been released. **Meets Standard**

115.73(e) Taft MCCF policy states that notifications to an inmate will be documented on a Notification of Outcome of Allegation form and a copy will be maintained in the investigation file. The auditor was provided with a copy of the notification form to be used. **Meets Standard**

115.73(f) The agency has included in its policy that their notification obligation terminates upon the inmates release from TMCCF custody. **Meets Standard**

Comments: The agency policy affirms that notification to inmates regarding the determination of an allegation will be given, including the specific required information about the abuser whether an employee or another inmate.

Auditor comments: The auditor did not find any needed corrective action. TMCCF has in place policy language to provide inmates with the outcome of any investigation into allegations of sexual abuse. They have in place a CDC notification form to provide the required information about an inmate or staff member. TMCCF also provides

the inmate with a copy of the full investigation report when an allegation is substantiated.

The auditor was informed the investigator or other administrative designated person would provide the notification and maintain a copy of it.

Standard 115.76 Disciplinary sanctions for staff

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

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

9.07.T.11, A, pg. 39

115.76(a) Taft MCCF policy includes discipline for staff committing acts of sexual abuse and harassment, up to and including termination for any employee found guilty of sexual abuse. The policy states “Employees may be subject to discipline”. The PREA standard is “shall” be subject to disciplinary sanctions. ~~Does Not Meet Standard~~ **Meets Standard 10-11-16**

115.76(b) Taft’s policy contains the affirmation that for employees who have been found to have engaged in sexual abuse, termination shall be the presumptive discipline. In the interview with the Facility Manager, who performs the hiring process, confirms that employees that violate laws or policies by engaging in misconduct will be terminated from employment. **Meets Standard**

115.76(c) Taft’s policy also reads; Disciplinary sanctions for violations of agency policies relating to Sexual Abuse or Sexual Harassment (other than actually engaging in Sexual Abuse) shall be 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. **Meets Standard**

115.76(d) The policy contains language that confirms terminations or resignations of persons for sexual abuse or harassment will be reported to law enforcement and/or licensing agencies if the actions were criminal. **Meets Standard**

Comments: The agency policy indicates that staff “may” be disciplined for sexual abuse and sexual harassment policy violations if found guilty of sexual abuse. Whereas, the standard is that staff “shall” be disciplined, up to and including termination for violating the agencies policies against sexual abuse or sexual harassment. “May” infers that staff could commit an act of sexual abuse or sexual harassment and not receive any punishment.

Corrective action: Given the agencies commitment to compliance with the requirements of PREA, it should revise the policy language to say that staff “shall” be disciplined, up to and including termination if an allegation of sexual abuse or sexual harassment against an employee has been substantiated. The agency should ensure that its practice will abide by both the PREA requirement and its revised policy.

Agency action taken: Policy 9.07.11 language has been updated from “may” to “shall” to reflect the required requirements in the PREA standards. The facility will ensure that updated policy is abided by for both PREA requirements and updated policy.

Auditor comments: The auditor determined that the agency has strong policy and protections in place to both not hire persons with past abuse history, to terminate employees that lie about past misconduct, and to terminate staff

for violation of facility policies and/or laws governing inmate and staff relationships. Interviews with staff reveal that the agency has a no tolerance policy against any policy violations and have been known to administer disciplinary action.

However, the auditor felt that the inadvertent use of the word “may” in the policy relating to punishment was ambiguous given the other policy language. The agency readily changed the word to shall to fully support their intentions with respect to staff misconduct punishment.

Standard 115.77 Corrective action for contractors and volunteers

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

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

9.07.T.12, pg. 39

115.77(a) Taft’s policy has the language of this standards section except it included sexual harassment in the abuse that will not be tolerated and prohibits continued contact with inmates. **Meets Standard**

115.77(b) Taft MCCF policy states; In the case of any other violation of TMCCF Sexual Abuse or Sexual Harassment policies by a Contractor or Volunteer, the facility shall notify CDCR who will take remedial measures, and shall consider whether to prohibit further contact with inmates. **Meets Standard**

Comments: Taft has policy that embraces the requirements of this standard. The interview guide completed by a kitchen contracted staff answered yes, that she was aware of the agency policy of zero tolerance of sexual abuse and harassment against or with inmates.

Auditor comments: The auditor did not find any needed corrective action. The agencies civilian staff are mostly employees of the City subject to the same civil service regulations and facility policy as security staff. An exception would be volunteer clergy and they are still subject to policies and PREA legislation.

Any violations would be evaluated in conjunction with CDCR to determine if termination, restricted access or staff escort would be implemented.

Standard 115.78 Disciplinary sanctions for inmates

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

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

corrective actions taken by the facility.

9.07.T.11, B, pg. 38

115.78(a) Taft MCCF has written policy that inmates found guilty in administrative or criminal investigations of inmate-on-inmate sexual abuse shall be disciplined. The auditor confirmed with the Facility Manager and the Chief of Police that inmates will first be subject to criminal prosecution as discipline for sustained sexual abuse investigation findings, if criminal prosecution the facility discipline will be imposed either by the agency or through CDCR. **Meets Standard**

115.78(b) Taft includes in its policy that the discipline imposed for sexual abuse or sexual harassment will be similar to that given to other inmates with similar histories and actions. **Meets Standard**

115.78(c) TMCCF states in its policy that when deciding the discipline for inmates guilty of committing sexual abuse or sexual harassment will be evaluated for any mental or disability issues that may have contributed to their behavior. The auditor was informed that for this evaluation the facility would need to rely on mental health staff at one of the prisons. **Meets Standard**

115.78(d) Taft policy states in its policy verbatim the PREA section "If the facility offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, etc." The agency should know if it does offer therapy or counseling and whether they require abusers to participate in such therapies as a condition of confinement benefits or programs. The auditor mentioned to the Facility Manager that this section should be revised based on actual practice within the facility. **Does Not Meet Standard Meets Standard 3-6-17**

115.78(e) Taft's policy confirms that an inmate will not be punished for engaging in consensual sexual activity with a staff member, unless the staff member was not a willing participant. **Meets Standard**

115.78(f) Taft policy also confirms that sexual abuse reports made by inmates in good faith that prove to be false will not result in discipline unless the investigators have clear and convincing facts that the inmate lied or had another purpose for making the report. **Meets Standard**

115.78(g) Taft MCCF has a policy that it will not discipline inmates for sexual abuse with another inmate unless the activity was coerced or not consensual. **Meets Standard**

Comments: Taft has fully embraced the requirements of this standard with only one issue noted. The agency does not clarify whether or not it offers therapy to past sexual abusers.

Corrective action: Taft should revise its policy to reflect its actual practice regarding any therapy offered or required by past sexual abusers.

Agency action taken: TMCCF will hold perpetrators of abuse accountable either through prosecution or facility discipline and has included the language from the standard in the policy. TMCCF has revised their policy to read; The facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, through a referral to Wasco State Prison (Medical HUB). The facility offers a Sex Addicts Anonymous self-help group course.

Auditor comments: The TMCC facility is a CDCR contract SNY facility with 85% of the inmates having criminal sexual offense histories. The agency offers inmates the option of counseling at Wasco prison through appointments, but since lengthy counseling requires a transfer to the prison it discourages participation. In an effort to provide an effective facility program option for perpetrators, TMCCF has embraced a self- help group counseling program called Sex Addicts Anonymous based on the effective principles of the 12 step AA program. Currently there are 25 inmates enrolled in the course.

TMCCF has had one reported sexual harassment which was substantiated. The suspect was transferred back to prison for imposition of discipline.

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

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

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

9.07.S.9, pg.8

115.81(a) TMCCF policy specifically includes the requirement to refer any inmate disclosing prior sexual abuse victimization to a medical or mental health professional within 14 days of their arrival. Due to the lack of asking all of the risk screening questions this practice has not been being performed. The auditor confirmed this with medical staff during her interview. A discussion with medical staff and the Facility Manager indicated medical staff would begin seeing inmates referred to them by security staff and those that needed further referral to mental health staff would be scheduled for an appointment at the prison medical HUB. ~~Does Not Meet Standard~~ **Meets Standard 9-19-16**

115.81(b) TMCCF policy also includes the requirement to refer any inmate with convictions of perpetrating sexual abuse to a medical or mental health professional within 14 days of their arrival. Due to the lack of asking all of the risk screening questions this practice has not been being performed. The auditor confirmed this with medical staff during her interview. A discussion with medical staff and the Facility Manager indicated medical staff would begin seeing inmates referred to them by security staff and those in need of mental health services would be scheduled for an appointment at the prison medical HUB. ~~Does Not Meet Standard~~ **Meets Standard 9-19-16**

115.81(c) Taft policy states that all inmates whether prison or jail that either experienced sexual abuse or perpetrated sexual abuse will be referred to medical or mental health staff within 14 days. However, this practice has not been performed in the past. ~~Does Not Meet Standard~~ **Meets Standard 9-19-16**

115.81(d) Taft policy has language that information about sexual abuse is necessary for treatment plans, security and management decisions, which is accurate, however, the information needs to specifically be restricted for those purposes and to medical or mental health staff. ~~Does Not Meet Standard~~ **Meets Standard 9-19-16**

115.81(e) Taft policy contains the requirement that medical staff obtain informed consent from inmates prior to reporting sexual abuse that did not occur in a custody facility unless the victim was under age 18. ~~Does Not Meet Standard~~ **Meets Standard 9-19-16**

Comments: The agency has policy language to perform PREA required practices but these practices have not been being performed due to a lacking of the necessary screening information.

Corrective action: The agency needs to immediately implement the required screening questions in order to have the information to make referrals to medical or mental health staff if necessary. Medical staff needs to ensure that they maintain documentation of inmates seen within the required 14 days and that the documentation is maintained in a secure location. If the agency wishes to increase the documentation provided to the auditor for compliance review they may consider applying the new screening instrument retroactively in order to act upon PREA requirements if new information is disclosed.

Agency action taken: TMCCF has created a new screening document that asks about prior sexual abuse victimization and prior convictions for sexual abuse. This information is now being used to follow the language contained within the policy which directs that inmates will be referred to medical staff within 14 of their arrival for treatment and support for abuse victims, or therapy for abusers at the Wasco HUB if the inmate requests therapy or it is ordered by CDC staff.

Auditor comments: TMCCF had the language of the standard but due to not having the appropriate screening in place referral of inmates to medical staff within 14 days had not been performed. The auditor has worked with the agency to ensure corrective actions have been implemented. The agency had sufficient numbers of new inmates to demonstrate that inmates with prior sexual abuse convictions are referred to medical staff. Additionally, policy language now correctly indicates that such treatment or therapy information is restricted to medical staff.

Furthermore, TMCCF has demonstrated through training signatures, that required training was provided to medical staff on their roles, responsibilities, and recognizing signs of abuse. The curriculum used was obtained from the PREA Resource Center web site.

Standard 115.82 Access to emergency medical and mental health services

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

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

9.07.S.19, pg. 21

115.82(a) Taft MCCF's policy affirms that they will provide all sexual abuse victims with the required timely, unimpeded access to emergency medical treatment and crisis intervention services by medical and mental health practitioners. The responses provided in the interview guide confirmed that the required services are provided and done so immediately. **Meets Standard**

115.82(b) The agency has documented in its 9.07.S.17 section the responsibilities when sexual abuse is alleged and directives for staff in dealing with a recent abuse incident when medical staff are and are not in the facility, including transportation to a prison medical unit via ambulance if necessary when no medical staff are available in the facility. **Meets Standard**

115.82(c) The Taft policy contains the provision to provide inmates with sexual infection prophylaxis treatment when necessary and the medical assistant care employee that completed the interview guide answered yes to the question about inmates receiving sexual infection prophylaxis treatment. The auditor confirmed with medical staff in the interview that inmates would receive the required medical treatment when indicated. The medical person interviewed stated that based on the type of incident they would refer inmates to the prison medical HUB to receive prophylaxis treatment. **Meets Standard**

115.82(d) The agency policy does state that all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor confirmed with both the Facility Manager and medical staff that all services arising from an inmate assault are free regardless of the victim's cooperation in any investigation. **Meets Standard**

Comments: Taft MCCF has policy to provide all of the required medical services to victims of sexual abuse, and a medical employee provided confirmation of the services.

Auditor comments: The auditor did not identify any needed corrective actions. The auditor found that the inmates are provided all of the medical care protections required by PREA. CDCR has required the same standard of care as received in the prison / community. The inmates are provided a healthcare orientation handbook which includes

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

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

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

9.07.S.21, A, pg. 23

115.83(a) Taft MCCF policy states that they will offer medical and mental health evaluations to all victims of sexual abuse that occurs at the TMCCF facility. The PREA standard requires that the agency provide medical and mental health evaluations and treatment if necessary, but it also requires that these services be provided to all inmates who have experienced sexual abuse at any prison, jail, lockup, or juvenile facility. ~~Does Not Meet Standard~~
Meets Standard 9-15-16

115.83(b) Taft's policy includes that they will provide the treatment, referrals for continued follow up care upon transfer or release. The interview guide completed by a medical employee confirmed that they would provide inmate treatment plans, and referrals for any needed follow-up care for inmates being transferred or released. The auditor interviewed a medical staff who confirmed that they routinely prepare medical release or transfer paperwork to go with an inmate. **Meets Standard**

115.83(c) Taft MCCF policy affirms that the level of medical and mental health services provided to inmate sexual abuse victims will be the same as those in the community. The medical care assistant completing the interview guide confirmed that all medical and mental health services provided to all inmates are the same as in the community, and the nurse interviewed affirmed that all of inmate's care is at a level the same as that in the community. The auditor was also told that the contract provides for the same care as inmates confined in a prison facility which is at a community level. **Meets Standard**

115.83(d) There is no language of this standard section in the agency policy as TMCCF does not house female inmates. **Does Not Apply**

115.83(e) The facility did not address any treatment for females in their policy because they do not house female inmates. **Does Not Apply**

115.83(f) Taft has included in their policy the provision to provide inmate victims of sexual abuse with tests for sexually transmitted diseases. The nurse stated in the interview that tests for sexually transmitted diseases would be based on the type of abuse the victim suffered. **Meets Standard**

115.83(g) According to the policy language written in sections 9.07.S.21(a) and 9.07.S.19 in the agencies policy, all sexual abuse treatment and medical care including any transmission of sexually disease or prophylaxis treatment, will be provided to abuse victims at no charge regardless of whether the victim names their abuser. **Meets standard**

115.83(h) Taft MCCF policy has a commitment to provide mental health evaluations for inmate-on-inmate abusers by making a referral to a CDCR prison medical HUB within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners from the Medical HUB. It further states that victims

refusing the offered mental health treatment will be documented. **Meets Standard**

Comments: The agency's policy contains the requirements of the standard and the services to be provided to the victims of sexual abuse were verified by the auditor with medical staff in an interview. TMCCF lacks only one requirement in providing mental health evaluations.

Corrective action: Taft needs to revise its policy and/or practice of only offering mental health and medical evaluations to sexual abuse victims if the abuse occurred in their facility. Per the standard these services need to be provided to inmates of sexual abuse that occurred at any prison, jail, lockup, or juvenile facility. Also, the agency should think about adding Wasco or Prison to medical HUB so it is clear that this is not a medical service provided at the facility.

Agency action taken: The agency has revised its policy to state or include the following; Taft MCCF will offer medical and mental health evaluations and treatment if necessary, to all victims of Sexual Abuse that occurs at the facility, any prison, jail, lockup, or juvenile facility. Taft MCCF shall attempt to conduct a mental health evaluation via referral to Wasco medical HUB on all inmate abusers within 60 days of learning of such history and offer treatment deemed appropriate by Mental Health Practitioners from Wasco medical HUB.

Auditor comments: The auditor found the facility to have in place the policy and procedures to provide inmates with community level care and to provide follow up referrals or recommendations upon release. The auditor spoke to medical staff and inmates, both confirm that the facility staff are responsive to the inmate's medical needs.

The auditor did require a correction of misstated policy to confirm that medical and mental health care would be provided to all sexual abuse victims regardless of where or when the abuse occurred. The agency made the correction.

Standard 115.86 Sexual abuse incident reviews

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

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

9.07.S.21, C, pg. 24

115.86(a) Taft has stated in their policy that they will conduct a review after the investigation of any reported sexual abuse or harassment allegation unless the allegation was determined unfounded. **Meets Standard**

115.86(b) Taft MCCF has declared that the required reviews will be done within 30 days after the investigation concludes. **Meets Standard**

115.86(c) TMCCF also includes in its policy that the required staff for incident reviews will include upper-level management, the facility PREA compliance manager, and get input from medical staff, the facility does not have mental health staff. The Facility Manager has confirmed in an interview with the auditor that the agency has implemented an incident review team and has in place the means to have the necessary information to conduct an incident review. **Meets Standard**

115.86(d) Taft uses for their review process a "PREA After Action Report". The auditor has reviewed the form and noted that it appears to document the required criteria. **Meets Standard**

115.86(e) Taft's / CDCR's 1882 form has the questions of the required criteria. The form does not appear to have a location to document why any contributing factors that were identified and the recommendations for remedy were not followed if they were not. This does not necessarily effect the compliance of the standard, and the auditor recently received information that some form fields are fillable online. **Meets Standard**

Comments: Taft has readied itself to hold incident reviews after an investigation should they receive a report of sexual abuse or sexual harassment. The agency has in place an incident review document that examines the criteria in the standard, including to make recommendations for any necessary changes to the facility or operations.

Auditor comments: The auditor did not find any needed corrective action. TMCCF has in place policy and forms to implement the required incident review when an incident not unfounded is reported. The agencies only incident, a sexual harassment, was substantiated and there were no facility or staff related issues found. The auditor has received a copy of the incident review form and it accurately examines the required criteria listed in the standard.

Standard 115.87 Data collection

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

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

9.07.S.22, A, pg. 25

115.87(a) Taft policy affirms that the agencies annual report will be prepared using a standardize instrument and definitions based on the questions of the Survey of Sexual Violence. The Facility Manager and Chief were made aware in an interview the need to prepare a report for the agency even though there have been no incidents of sexual abuse. The auditor explained the posting a report with no reported incidents is letting the public know of the agencies commitment to keep inmates safe and that they are meeting that commitment. **Meets Standard**

115.87(b) There has been no data in which to aggregate. **Meets Standard**

115.87(c) The agencies standardize instrument for abuse incident reports should be structured in a manner that answers all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). ~~Does Not Meet Standard~~ **Meets Standard 12/1/16**

115.87(d) Taft does not have a policy or practice to gather its data from sources such as, abuse reports, investigation files, and incident reviews in order to prepare its annual report. ~~Does Not Meet Standard~~ **Meets Standard 12/1/16**

115.87(e) The agency does not contract out for the confinement of inmates. **Does Not Apply**

115.87(f) The agency policy affirms that its abuse data if any, from the prior year shall be maintained and made available upon request to the Department of Justice. **Meets Standard**

Comments: Since the agency has not had any incidents of sexual abuse with which to collect and aggregate data

from, there is no data to compare from year to year, but the questions based on the Survey of Sexual Violence for use in an annual report would be zero.

Corrective action: The agency should revise its policy to include that they will collect data from reports, investigation files, and incident reviews in order to answer the questions from the Survey of Sexual Violence form in its aggregated annual report. The agency needs to create its standardized instrument to compare data from the prior year and the current year, answer the questions based on the Survey of Sexual Violence, and publish the report to its website.

Agency action taken: Taft policy has been revised to include collection of data from reports, investigation files, and incident review in order to answer the questions from the Survey of Sexual Violence form in its aggregated annual report. A standardized instrument has been created to compare data from the prior year and the current year. An annual report was published on the City of Taft website in July 2016. The reports were updated and a new report was published on the City of Taft website in October of 2016 to be in compliance with standard 115.87. A copy of the updated policy and the updated annual report has been included for the auditor.

Auditor comments: The auditor has worked with the agency to achieve compliance in this area. TMCCF has revised its policy to support its intention to collect the required data and document it annually in a report. The report created includes definitions of sexual assault, abuse, harassment, and staff misconduct. It defines the three different determinations of investigations, and provides information about their PREA implementation efforts.

The agency has posted a report for the 2015-2016 years.

Standard 115.88 Data review for corrective action

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

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

9.07.S.22, B, pg. 25

115.88(a) The agency has policy language that states if they have incidents of sexual abuse, harassment, or staff misconduct, they will review the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices. Though they have not identified any problems that required corrective action, a report of the agencies efforts as whole has not been prepared. ~~Does Not Meet Standard~~ **Meets Standard 12/1/16**

115.88(b) Taft MCCF has said that they will compare the previous year's data and any corrective actions with the current year's data and make those comparisons in a report. A comparison of reports for 2014 and 2015 has not been prepared and posted. ~~Does Not Meet Standard~~ **Meets Standard 12/1/16**

115.88(c) Taft's policy does not address the requirement that the data report must be approved by the agency head and then published to its website. ~~Does Not Meet Standard~~ **Meets Standard 12/1/16**

115.88(d) The requirement to redact personal identifiers prior to publishing its annual data / agency report is affirmed in the policy. **Meets Standard**

Comments: Taft MCCF has implemented several practices and policies to comply with the requirements of the

PREA legislation and these efforts should be memorialized in an annual report along with their success at not having any reported incidents of sexual abuse or sexual harassment. The auditor understands that there have not been any reports to perform these requirements, but a report is required even if no reports have been received.

Corrective action: Taft needs to prepare a document to use for aggregated data even if that data is all none. The agency then needs to publish the report to its website.

Agency action taken: Taft MCCF will review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies practice. An annual report was posted on the City of Taft website in July of 2016 for 2014 and 2015 comparisons. A new annual report was prepared to meet with standard 115.88(b) that answers all questions from the Survey of Sexual Violence form in its aggregated annual report and posted on the City of Taft MCCF website. Taft policy has been updated to include the requirements that the data report must be approved by the agency head (Facility Manager) and then published to its website. A copy of the annual report and the policy update to meet standard 115.88(b) has been included for the auditor.

Auditor comments: TMCCF has affirmed the y will redact personal information from any published report. The agency submitted to the auditor a revised annual report that contains data from 2015-2016, sexual abuse, and determination definitions for the public. This annual report captures the required data given the lack of any reported incidents of abuse or harassment. Future reports will need to be expanded to answer questions from the Survey of Sexual Violence. TMCCF posted the report to their website.

Standard 115.89 Data storage, publication, and destruction

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

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

9.07.S.22, C, pg. 25

115.89(a) Taft MCCF policy has stated that it shall keep data collected pursuant to standard 115.287 securely retained. **Meets Standard**

115.89(b) Taft MCCF's policy does not address the requirements to make aggregated sexual abuse data available to the public through its website. ~~Does Not Meet Standard~~ **Meets Standard 10-24-16-**

115.89(c) Taft policy indicates that before making any aggregated data public it will remove all personal identifiers. **Meets Standard**

115.89(d) TMCCF also included in its policy that all data collected pursuant to 115.287 will be retained for the required 10 years. **Meets Standard**

Comments: Taft policy includes the provisions required by this standard except to publish aggregated data to their website annually. Fortunately, Taft has not had any reports of sexual abuse or sexual harassment in which to aggregate data and publish.

Corrective action: Taft still needs to prepare and publish a report as prescribed by 115.87 and 115.88, and include the fact of no incidents have been reported.

Agency action taken: Taft policy has been updated to be in compliance with standard 115.89(b) to include the requirements to make aggregated sexual abuse data available to the public through its website. A copy of the updated policy has been included for the auditor. A copy is posted on the City of Taft website. A copy of the annual report has been provided to the auditor.

Auditor comments: The auditor has determined the agency has complied with all requirements to aggregate abuse data, redact personal information, ensure the report is approved by the agency head, and publish it to their website for the public to read. TMCCF included in the report a summary of their PREA implementation efforts.

Re: Final PREA Audit Report for Taft Modified Community Correctional Facility

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.

Rhonda Turnbaugh
Auditor Signature

March 30, 2017
Date