

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

Interim       Final

Date of Report    08/09/2019

## Auditor Information

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Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Dr., Suite 240      City, State, Zip: Rockville, MD 20852

Telephone: 301-468-6535      Date of Facility Visit: June 4-6, 2019

## Agency Information

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

Physical Address: : 320 First Street, NW      City, State, Zip: Washington, DC 20534

Mailing Address: 320 First Street, NW      City, State, Zip: Washington, DC 20534

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

Municipal       County       State       Federal

Agency Website with PREA Information:  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

## Agency Chief Executive Officer

Name: Hugh Hurwitz

Email: [BOP-CPD/PREACoordinator@bop.gov](mailto:BOP-CPD/PREACoordinator@bop.gov)      Telephone: Acting Director

## Agency-Wide PREA Coordinator

Name: Jill Roth

Email: [BOP-CPD/PREACoordinator@bop.gov](mailto:BOP-CPD/PREACoordinator@bop.gov)      Telephone: National PREA Coordinator

PREA Coordinator Reports to: James C. Wills, Acting Assistant Director, Reentry Services Division      Number of Compliance Managers who report to the PREA Coordinator  
None

## Facility Information

**Name of Facility:** Metropolitan Detention Center (MDC) Los Angeles

**Physical Address:** 535 N. Alameda Street

**City, State, Zip:** Los Angeles, CA 90012

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Operational Reviews and Program Reviews

### Warden/Jail Administrator/Sheriff/Director

**Name:** John LeMaster, Acting Warden

**Email:**

[LOS/PREAComplianceMgr@bop.gov](mailto:LOS/PREAComplianceMgr@bop.gov)

**Telephone:** 213-485-0439

### Facility PREA Compliance Manager

**Name:** Thomas Short, Associate Warden

**Email:**

[LOS/PREAComplianceMgr@bop.gov](mailto:LOS/PREAComplianceMgr@bop.gov)

**Telephone:** 213-485-0439

### Facility Health Service Administrator

**Name:** Jeffrey Buckser, Acting HSA

**Email:**

[LOS/PREAComplianceMgr@bop.gov](mailto:LOS/PREAComplianceMgr@bop.gov)

**Telephone:** 213-485-0439

### Facility Characteristics

Designated Facility Capacity:	1080	
Current Population of Facility:	621	
Average daily population for the past 12 months:	702	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	20-86	
Average length of stay or time under supervision:	0-18 months	
Facility security levels/inmate custody levels:	Administrative; In/Out/Community	
Number of inmates admitted to facility during the past 12 months:	3205	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	3505	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3505	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	209	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	19
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	150
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	74
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	74
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	253	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

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

The on-site Prison Rape Elimination Act (PREA) audit of the Metropolitan Detention Center (MDC) Los Angeles is in Los Angeles, California. The audit was conducted on June 4-6, 2019. The audit was completed by Sonya Love, certified PREA auditor with The Nakamoto Group, Inc. This is the second PREA audit for this facility. MDC Los Angeles is classified as an "Administrative" facility. The facility houses inmates in various stages in their criminal proceeding such as pretrial, holdover and designated status.

The Auditor conducted an opening meeting, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related staff and inmate documentation. Upon completion of the onsite audit process, a closing meeting was held with the Acting Warden and administrative staff to discuss the next step in the audit process.

### Pre-Audit Phase

The standards used for this audit became effective August 20, 2012. An internet search confirmed the MDC Los Angeles 2016 PREA Report was posted on the facility's website July 27, 2016. The Auditor also found the inmate Admissions and Orientation Handbook, in English, located on the facility's website and Spanish is available. The handbook contained information such as the facility rules, available programs and services, details on the inmate telephone system (TRUFONE), intake screening and orientation process information and specifics on the inmate Electronic Bulletin Board (EBB), available to inmates via TRULINCS. TRULINCS is one mechanism available for inmates to correspond with the Federal Bureau of Prisons' (BOP) National PREA Coordinator, MDC Los Angeles Institution PREA Compliance Manager (IPCM), the Acting Warden, Regional Director, the Office of the Inspector General (OIG), and U.S. Department of Justice.

An examination of the inmate handbook revealed that MDC Los Angeles notified all inmates that:

- **Confidentiality:** The content of what is discussed during a mental health contact is confidential except when information is disclosed that indicates you plan to harm yourself or others, plan to escape, have been the victim of or have engaged in child/elder physical or sexual abuse, or there are general safety or security concerns. Also, mental health contacts are documented in a psychology file that may be forwarded to psychology staff at your designated institution once you are sentenced, and, in rare cases the Court may subpoena these files.
- **Telephone calls:** Are subject to monitoring and recording except for unmonitored inmate calls to attorneys.
- **Third-party Reporting:** Anyone can report abuse on behalf of an inmate by accessing the public website, [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp).
- **Zero-tolerance policy:** The Bureau of Prisons has a zero-tolerance policy against sexual abuse and sexual harassment.

- **Administrative remedy:** The BOP has a Program Statement (PS), 1330.18, Administrative Remedy Program, dated January 6, 2014. The BOP has an investigative process when the agency conducts investigations into allegations of sexual abuse and sexual harassment. BOP has a detailed administrative remedy process for PREA related allegations.
- **Sensitive issues.** The BOP details in the handbook what inmates can do if they have a sensitive complaint. If the inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the Request became known at the institution, the inmate may submit the Request directly to the appropriate Regional Director.
- **Victim Advocacy Services:** The BOP provides access information to advocacy services for inmates who have been sexually abused or sexually harassed during their term of incarceration through the local community advocacy organization.  
General Information:
  - Inmates' rights and responsibilities in the handbook.
  - BOP details in the handbook the guidelines for inmate correspondence.
  - BOP details in the handbook the inmate's healthcare rights and responsibilities.
  - Sexual contact with other inmates is not authorized.
  - There is no such thing as consensual sexual contact between staff and inmates in the BOP.
  - BOP details what inmates can do to prevent sexually abusive behavior.
  - BOP details that inmates have the right to be safe from sexually abusive behavior.
  - How to report an incident of sexually abusive behavior.

## Document Request

The auditor completed a document review of the Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information.

Telephone calls and emails were exchanged between the Bureau of Prisons (BOP) Management Analysts assigned to monitor the 2019 PREA onsite portion of the audit. The following documentation was requested for review during the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmate census the first day of the audit
- A roster of new employees hired in the past 12 months
- Third Quarter- Workforce Quarterly Reports minutes discussing PREA and staffing
- Unannounced institutional rounds
- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors

Prior to the on-site visit, a Management Analyst from the External Auditing Branch, Program Review Division, Bureau of Prisons (BOP), conducted an on-site "pre-audit" of the facility to prepare for the PREA audit. The Management Analyst submitted the following information from the facility to the auditor: Pre-Audit Questionnaire and a comprehensive set of documents to support the responses to the questionnaire. The documentation was in the form of Program Statements (PS), Institution Supplements (IS) and other forms/memos, etc. Program Statements are agency-wide governing policies developed by the Federal Bureau of Prisons and Institution Supplements stipulate institution

specific policies, when there is no agency-wide policy or when site specific policy is required to expand on agency Program Statements.

### **Entrance Briefing and Tour (On-site Audit)-First Day**

An opening meeting took place with management staff to outline the Auditor's sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional directives and supplemental documents. The Auditor was provided a private room in which to work and conduct confidential interviews. All requested files and rosters, both staff and inmates were made available to the Auditor for review. The population on the first day of the audit was 559 males and 63 females. The rated capacity is 1080 with 74 segregation cells. The age range of the population is 21-79 years old. The average population for the last 12 months was 702.

### **Site Review/tour**

Immediately following the opening meeting, a tour of the facility was completed. The Auditor was escorted by the Associate Warden\IPCM. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Some cameras were checked from the control room to determine and verify angle positioning. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. All signs and postings were in both English and Spanish.

The tour of MDC Los Angeles also included the Receiving and Discharge (R&D), intake processing areas, all housing units, the Special Housing Unit (SHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas. MDC Los Angeles has a Special Housing Unit (SHU) consisting of 74 segregation cells. During the onsite visit, zero inmates were housed in SHU as a result of sexual victimization. During the tour of MDC Los Angeles, the Auditor noted the following deficiencies in need of corrective action:

1. Transfer dock requires a mirror to eliminate a blind spot.
2. Warehouse floor: Several blind spots identified behind boxes of supplies.
3. Warehouse mezzanine: Blind spots identified behind supplies.
4. Food Service: Trash room blind spot identified in the rear corner.
5. Food Service: The manager's office is a solid door.
6. Food Service Warehouse: Remove a portion of the film over the entrance window to allow visibility into the room and install a dome mirror at the rear of the facility to eliminate a blind spot behind supplies stacked on the floor.
7. Laundry: Place a mirror behind the dryers to allow greater visibility and eliminate a blind spot
8. Education/Recreation: Recreation storage room requires a mirror should be placed on the ceiling in a blind corner on the room between shelving.
9. 5 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
10. 5 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
11. 6 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
12. 6 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
13. 7 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse. 7 South: inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet. MDC applied a 2-inch square in the door of each window to allow inmates a measure of privacy when using the toilet.

14. Special Housing Unit (SHU): Shower door should have a smaller window to provide the inmate with a small measure of privacy.
16. A-C Ranges: Females should make announcements when entering the unit.
17. 9 North: Cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy.
18. 9 South: Cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy.

Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas, and throughout the facility. Audit notice postings with the PREA Auditor's contact information were posted in the same areas. Postings advising inmates of an upcoming PREA audit were displayed well in advance of the onsite visit and confirmed through inmate interviews and time-stamped photos.

**Other observations noted during the tour:**

- Zero inmates were housed in SHU because of an allegation of victimization.
- National Sexual Assault Hotline, Rape, Abuse, & Incest National Network (RAINN), 1-800-656-HOPE (4673) were posted on all housing units.
- There are no youthful offenders.
- TRULINCS and telephones were accessible to inmates and most were found in good working order.
- The Auditor tested TRULINCS throughout the facility to determine PREA notification was available to inmates from the housing units. On Unit 5 South, an inmate demonstrated sending a PREA request to the Associate Warden/IPCM.

**Inmate Interviews**

At the time of the audit there were 559 males and 63 females housed at MDC Los Angeles. A total of 30 male and female inmates were interviewed which included 3 Limited English Proficiency (LEP), zero physically disabled, 6 inmates who self-identified as LGBTI, zero who reported sexual abuse, and 3 who reported sexual victimization during risk screening. No inmates refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess inmate's knowledge of the PREA and the reporting mechanisms available to them.

Number and categories of inmates are as follows:

Random inmates	18
Targeted inmates	12
Total inmates interviewed	30

Inmates who are Limited English Proficient (LEP)	3
Inmates who Identify as Lesbian, Gay, or Bisexual	6
Inmates who Reported Sexual Victimization During Risk Screening	3
Total Number of Targeted Inmates Interviews	12

**Staff Interviews**

MDC Los Angeles employs 258 full-time staff and a total of 24 staff were interviewed to include correctional officers from all shifts and administrative/specialized staff. All BOP employees at the institution are considered correctional workers first and are trained as such. Correctional officers and lieutenants from all three shifts were included in the interview process. The administrative staff

included the Acting Warden, Associate Warden\IPCM, Human Resource Manager, Lieutenants, Captain, Acting Health Services Administrator, Psychologist, and Unit Managers. All staff interviewed confirmed having received training to act as first responders in the event of a PREA related incident. Both random and specialized staff were interviewed on each day of the on-site audit.

The Auditor conducted a telephone interview with the local community victim advocacy organization, Violence Intervention Program Los Angeles County (LAC) + University of Southern California (USC) Medical Center, regarding the Memorandum of Understanding (MOU) that exists with MDC Los Angeles. The conversation confirmed that the MDC has a provider relationship with an advocacy organization that will provide a 24 hours per day, seven days per week Sexual Assault Hotline, medical accompaniment and advocacy for an inmate victim of sexual assault. Forensic examination and victim advocacy is provided by the Los Angeles County (LAC) + University of Southern California (USC) Medical Center. Email correspondence confirmed that examinations are conducted by specialized trained medical staff. The use of SANE/SAFE medical providers also includes physicians as noted on the hospital's internet website. MDC Los Angeles also has a gratuitous agreement with the same hospital to treat and provide advocacy services to victims of sexual abuse.

### **File Review**

Following the interviews, the Auditor reviewed the files requested during the Pre-Audit phase. The Auditor reviewed 25 training records to establish compliance with PREA training mandates. This Auditor confirmed that new employees completed background checks before hire, and all received National Crime Information Clearance before working around inmates. The Auditor reviewed four volunteer files. Screening and intake procedures were evaluated by reviewing 30 inmate files which included a vulnerability assessment instrument and inmate education verification documentation.

### **Investigations**

During the current auditing period, there were three reported allegations of sexual abuse/sexual harassment. All administrative/criminal investigations are handled by the Office of the Inspector General (OIG), Federal Bureau of Investigation (FBI), or the BOP/ Special Investigative Agent (SIA) or Special Investigative Services (SIS) Lieutenant. Information is transmitted quickly to the appropriate investigating agency. The IPCM is responsible for receiving referrals such as written, verbal and telephonic. Additionally, abuse investigation outcomes and general protective services assessment outcomes are submitted to, reviewed by, and finalized by the IPCM.

### **Inmate Correspondence**

The Auditor did not receive any correspondence from inmates housed at MDC Los Angeles.

### **Closeout**

A closing meeting was held with the Auditor and the administrative staff on June 6, 2019. Discussions centered around the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their dedication to the PREA process and participation in the second phase of the audit process.

## **Facility Characteristics**

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

Metropolitan Detention Center (MDC) Los Angeles is in Downtown Los Angeles adjacent to the Edward Roybal Federal Building and Courthouse. The address is 535 North Alameda Street, Los Angeles, CA 90012. MDC Los Angeles is right off Highway 101, across from the Los Angeles Union Station. Highway 101 can be accessed from Interstates 5 and 10. The Union Station has rail services by Amtrak, Metrolink, and bus services.

Opened in 1988, MDC Los Angeles houses approximately 1000 inmates who are either in pretrial, holdover, or designated status. Metropolitan Detention Center Los Angeles is characterized as an “Administrative” facility housing various security levels of inmates. The facility has ten housing units. At the time of the audit, Units 5 North, 6 North and 7 North were closed.

The mission of the Federal Bureau of Prisons (BOP) is to protect society by confining offenders in the controlled environment of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. Furthermore, the mission of Metropolitan Detention Center (MDC) Los Angeles is to provide a safe, secure, and humane environment for inmates and staff. MDC Los Angeles provides opportunities for self-improvement including work, education, vocational training, religious and counseling programs are provided. To assist inmates during confinement and upon release, MDC Los Angeles provides programming to enhance the orderly operation of the institution.

MDC Los Angeles provides correctional programs to pretrial detainees, holdovers and designated offenders. The facility provides a variety of services for the inmates to include, but not limited to, mental health and drug-related counseling, religious services, recreation, work programs, community standard medical care, reentry programs, counseling, education, and law library services.

MDC Los Angeles is designated as one of the Forensic Study Centers in the BOP. As a study center, the psychology department conducts court ordered evaluations on prisoners from all over the country. Typical assessments include evaluation of competency to stand trial, dangerousness, insanity during the commission of an offense, and pre-sentencing/pre-release concerns. Court testimony regarding evaluations can be required of Psychology Services staff.

The MDC is an American Psychological Association (APA) accredited training site for doctoral students from APA accredited schools across the United States, who are in their last year of training. The facility receives approximately 140-180 applications each year to fill three positions. Interns receive a minimum of 2,000 hours of training each year, each completing three rotations (General Population, Mental Health, Forensics), directly supervised by a licensed Psychologist. Throughout the year, in addition to the rotation training, they are exposed and trained in various aspects of correctional psychology (i.e. drug treatment, suicide prevention, crisis management, sexual abuse prevention and intervention, etc.) as well as didactic training. Many of the interns move into Psychologist positions within the Federal Bureau of Prisons upon completion of the training year. Today, MDC Los Angeles is composed of a diverse staff of 248 working in 1 of 16 departments including Correctional Services.

**Religious Programs:** Chaplains are available to assist inmates religious, spiritual and pastoral needs. A chaplain is available 7 days a week to provide pastoral care and counseling to individuals of all faiths. A schedule of religious services and activities is posted in the Religious Services area and on each unit bulletin board.

**Education Programs:** As part of the A&O Program, each designated inmate will be tested to determine her/his educational level. Through this testing, designated inmates may begin an educational program based on their current educational level.

The Literacy Program (General Education Development - GED), English as a Second Language (ESL), Adult Continuing Education, Parenting and Leisure and Wellness courses are available. Inmates must have a high school diploma, or they will be required to attend the Literacy Program.

Education: Successful completion of the GED program will be awarded with a State issued diploma and inmates may receive other incentives. Other incentives could include participation in a graduation ceremony, photos, or a monetary award (max \$25.00). All awards will be given based on the availability of funds. Pretrial inmates are not required to participate in educational programs but can participate in ESL on a voluntary basis as it is made available. Due to the nature of MDC Los Angeles' mission, educational resources are limited. Leisure reading material is available on each of the housing units. Any information on programs that are available is posted on the unit bulletin boards.

**Law Library:** Every effort is made to provide inmates reasonable access to legal materials. The Unit Officers are responsible for sign-up procedures and assigning times. The electronic law library is available in the housing units and in the Education Department. Reference materials are available, as well as typewriters and legal paper. Inmates having trouble logging on, need photocopies, or have questions about the electronic law library, are encouraged to contact a member of the Trust Fund Department. Inmates can request extra law library time by submitting a written request to the Education Department on the day they have scheduled time in the law library.

**Recreation:** Inmates are encouraged to engage in approved recreational programs. There are several forms of recreation provided on each housing unit. Outdoor recreation is limited by the physical structure of this facility.

## Summary of Audit Findings

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

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

### Standards Exceeded

Number of Standards Exceeded: 0  
List of Standards Exceeded: 0

### Standards Met

Number of Standards Met: 45

§115.11; §115.12; §115.13; §115.14; §115.15; §115.16; §115.17; §115.18  
§115.21; §115.22  
§115.31; §115.32; §115.33; §115.34; §115.35  
§115.41; §115.42; §115.43  
§115.51; §115.52; §115.53; §115.54  
§115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68  
§115.71; §115.72; §115.73; §115.76; §115.77; §115.78  
§115.81; §115.82; §115.83; §115.86; §115.87; §115.88; §115.89  
§115.401; §115.403

### Standards Not Met

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

### Summary of Corrective Action (if any)

### **Standard 115.13: Supervision and Monitoring**

During the tour of MDC Los Angeles, the Auditor noted the following deficiencies in need of corrective actions:

1. Transfer dock requires a mirror to eliminate a blind spot. Corrected
2. Warehouse floor: Several blind spots identified behind boxes of supplies. Corrected
3. Warehouse mezzanine: Blind spots identified behind supplies. Corrected
4. Food Service: Trash room blind spot identified in the rear corner. Corrected
5. Food Service: The manager's office is a solid door. Corrected
6. Food Service Warehouse: Management should remove a portion of the film over the entrance window to allow visibility into the room and install a dome mirror at the rear of the facility to eliminate a blind spot behind supplies stacked on the floor. Corrected
7. Laundry: A mirror was needed behind the dryers to allow greater visibility and eliminate a blind spot. Corrected
8. Education/Recreation: A mirror should be placed in recreation storage on the ceiling in a blind corner in the room between shelving. Corrected

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

The physical layout of some cells did not allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. MDC Los Angeles corrected this problem by erecting a small privacy panel to diminish the potential for opposite gender viewing on an inmate's breasts, buttocks, or genitalia, except in exigent circumstances.

1. 5 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse. The covering was removed. Corrected
2. 5 South: inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet. MDC applied a 2-inch square in the door of each window to allow inmates a measure of privacy when using the toilet. Corrected
3. 6 South: a small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse. A small horizontal section of the opaque shower was removed to allow custody staff to determine how many inmates were in each shower. Corrected
4. 6 South: inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet. MDC applied a 2-inch square in the door of each window to allow inmates a measure of privacy when using the toilet. Corrected
5. 7 South: a small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse. A small horizontal section of the opaque shower was removed to allow custody staff to determine how many inmates were in each shower. Corrected
6. 7 South: inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet. MDC applied a 2-inch square in the door of each window to allow inmates a measure of privacy when using the toilet. Corrected
7. Special Housing Unit (SHU): shower door should have a smaller window to provide the inmate with a small measure of privacy. Corrected
8. A-C Ranges: females should make announcements when entering the unit. MDC issued reminders to all staff of the opposite gender to announce their presence when entering housing unit with the opposite gender. Corrected

9. 9 North: cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy. MDC applied a 2-inch square in the door of each window to allow inmates a measure of privacy when using the toilet. Corrected
10. 9 South: cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy. MDC applied a 2-inch square in the door of each window to allow inmates a measure of privacy when using the toilet. Corrected

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

MDC Los Angeles/BOP does prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Corrected

MDC Los Angeles/BOP does prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Corrected

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

MDC Los Angeles/BOP does not prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above. Corrected

**Corrective Action:** Effective July 16, 2019, the BOP includes in the job vacancies announcements questions outlined in Standard 115.17 (a). BOP employees seeking promotion now have an affirmative duty to disclose PREA related convictions for engaging or attempting to engage in sexual assault in the community. The Auditor examined a notice posting.

### **Standard 115.52: Exhaustion of administrative remedies**

Program Statement 1330.18, Administrative Remedy Program, addresses the requirement of Standard 115.52. Grievances (administrative remedies) filed alleging sexual assault/harassment would result in the immediate opening of a formal investigation. The BOP policy states that there is no time limit for filing a grievance relating to sexual abuse/harassment and inmates are not required to resolve a PREA complaint informally before an investigation can be initiated. MDC Los Angeles is currently using an obsolete Program Statement 1330.16, Administrative Remedy Program. BOP's Program Statement 1330.18 supports Standard 115.52 (2) however, MDC Los Angeles' A&O Handbooks, contradicts PS 1330.18, Administrative Remedy Program, page 15. MDC Los Angeles should adopt PS 1330.18 in support of Standard 115.52.

### **Corrective action**

Issue an update to information regarding administrative remedies and PS 1330.18 replacing PS 1330.16. The change in the policy should be placed on the TRULINCS inmate EBB. The notice to the population should remain on the EBB until such time as the hardcopy of the handbook is updated. **Corrected**

### **Cautionary Note:**

Unannounced Rounds: It should be noted that while MDC Los Angeles complied with Standard 115.13 absent was meaningful rounds being conducted on the Morning Watch. Ten of eleven unannounced rounds conducted on Morning Watch took place generally between 5-6:00 am or near the beginning of the Day Shift (6am-2 pm), leaving critical times during Morning Watch consistently absent of intermediate and higher-level staff to identify and deter staff sexual abuse and sexual harassment. Moreover, while MDC Los Angeles met the basic requirement of Standard 115.13, rounds on Morning Watch lack meaningfulness and reflected unannounced rounds conducted based on convenience.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-Audit Questionnaire
- Review of the agency mission statement
- Agency organization chart
- Interview with the PREA Coordinator
- Interview with the Associate Warden/Institutional PREA Compliance Manager (IPCM)
- Interview with Acting Warden
- Program Statement (PS) 5324.12 Sexually Abusive Behavior Prevention and Intervention Program and
- Institution Supplement (IS) LOS 5324.12A Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement (PS) 3420.11 Standards of Employee Conduct
- Program Statement (PS) 3000.03, Human Resource Management Manual and Work Force Utilization report dated November 17, 2017
- Memorandum for Assistant Director, Reentry Services Division regarding the duties of the Bureau of Prisons, National PREA Coordinator
- Interviews staff (Random and Specialized)
- Facility tour (posters, pamphlets)
- Inmate Admissions and Orientation Handbook (English/Spanish)
- Inmate interviews
- Daily Population
- Schematic of MDC Los Angeles
- External audit ACA 2016
- ACA/PREA Audit Welcome Book 2019

### **Standard Summary**

PS 5324.12, pages 3,14,25,27,28,29 and 49 and LOS 5324.12A, meets the mandates of this standard. The agency's zero-tolerance policy against sexual abuse is well established. The policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the Institution's PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The Institutional PREA Compliance Manager reports to the Acting Warden. Zero-tolerance posters are displayed throughout every area of the institution. Staff receive initial training and annual training, as well as, updates throughout the year. All staff are issued a pocket sized laminated PREA Standards/First Responder Guideline card to carry on their person for a quick reference.

Previous interviews with the National PREA Coordinator and onsite with the Institutional PREA Compliance Manager (IPCM) confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero-tolerance policy for

all forms of sexual abuse and sexual harassment. Inmates are informed orally and in writing about the zero-tolerance policy. The PREA program is also reviewed by inmates during in-processing via video. In addition, the inmates are educated through the admissions and orientation procedures. PREA education is offered in English and Spanish. Inmates are also informed about the PREA program and zero-tolerance in the Admissions and Orientation (A&O) Handbook, a PREA pamphlet, along with postings throughout the facility. All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. All interviews with staff, volunteers, contractors and inmates confirmed that each were aware of the zero-tolerance policy toward all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of PREA, along with an examination of policy and documentation supports the facility's compliance with this standard.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire.
- 2019 Interview with National Contract Administrator.
- Example of contract, Adams County Correctional Center No. DJB1PC010 with PREA language.
- Example of contract, Management and Training Corporation, Centerville, Utah with PREA language.
- Memorandum from Douglas M. Martz, Acting Acquisitions Branch, RCC Contracts regarding PREA language in contracts.

### Standard Summary

The agency meets the requirements of Standard 115.12. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential reentry centers or "halfway houses") after August 20, 2012, or since the last PREA audit to adopt and comply with the PREA standards. Moreover, all agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. MDC Los Angeles does not individually contract for the confinement of inmates.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement (PS) 3000.03, Human Resource Management Manual
- LOS Institutional Supplement (IS) 5324.12A, Sexually Abusive Behavior Prevention and Intervention Program
- Unannounced rounds: Interview with Institutional Duty Officer-onsite, intermediate-level or higher-level supervisor
- Unannounced rounds: Interviews with Institutional Duty Officer-onsite, intermediate-level or higher-level supervisor
- Interview with Institutional PREA Compliance Manager
- Reviewed unannounced rounds dated January 22-28, 2019
- Reviewed unannounced rounds dated October 2-8, 2018
- Reviewed unannounced rounds dated October 16-22, 2018
- Reviewed unannounced rounds dated October 30-November 5, 2018
- Reviewed unannounced rounds dated November 13-20, 2018
- Reviewed unannounced rounds dated January 2-7, 2019
- Reviewed unannounced rounds dated January 8- 15, 2019
- Reviewed unannounced rounds dated February 5-11, 2019
- Reviewed unannounced rounds dated January 8- 15, 2019
- Reviewed unannounced rounds dated February 5-11, 2019
- Facility tour took note of PREA related information throughout the facility
  
- PREA/ACA Welcome Handbook issued by Acting Warden, dated June 2019, PREA audit, page 34, indicates that MDC Los Angeles had no findings of judicial as a result of litigation in the last three years. Program and Operational Reviews and ratings in areas such as Correctional Programs was rated as "Good", Psychology as "Superior" and Health Services as "Good."

## Standard Summary

PS 3000.03, PS 5324.12, the Facility Listing of Employees, Workforce Utilization Committee Meeting Minutes, PREA Annual Assurance memo dated April 19, 2019, and the Institution Duty Officer (IDO), Unannounced Institution Rounds reports were reviewed by the Auditor.

During the tour of MDC Los Angeles, the Auditor noted the following deficiencies in need of corrective actions:

1. Transfer dock requires a mirror to eliminate a blind spot.
2. Warehouse floor: Several blind spots identified behind boxes of supplies.
3. Warehouse mezzanine: Blind spots identified behind supplies on the floor.
4. Food Service: Trash room blind spot identified in the rear corner.
5. Food Service: the manager's office is a solid door.
6. Food Service Warehouse: remove a portion of the film over the entrance window to allow visibility into the room and install a dome mirror at the rear of the facility to eliminate a blind spot behind supplies stacked on the floor.
7. Laundry: Place a mirror behind the dryers to allow greater visibility and eliminate a blind spot.
8. Education/Recreation: Recreation storage area requires a mirror to eliminate a blind corner on the room between shelving.
9. 5 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
10. 5 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
11. 6 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
12. 6 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
13. 7 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
14. 7 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
15. Special Housing Unit (SHU): Shower door should have a smaller window to provide the inmate with a small measure of privacy.
16. A-C Ranges: Females should make announcements when entering the unit.
17. 9 North: cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy.
18. 9 South: cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy.

## **Staffing Plan**

Program Statement 3000.03 requires the facility to make its best effort to comply with a staffing plan that provides for adequate levels of staffing, and when applicable, video monitoring to protect inmates against abuse. Interviews with the Acting Warden, and Associate Warden/IPCM confirmed that the facility considers the items detailed in Standard 115.13, when developing a staffing plan. The Acting Warden confirmed during his interview that the facility and the agency reviews the MDC Los Angeles staffing plan at least quarterly. Further, as a member of the Salary and Workforce Utilization Committee the IPCM provides his input as to whether adjustments to the staffing plan may be necessary to meet PREA mandates.

The Acting Warden confirmed during his interview that all essential posts are filled each shift and if the staffing plan is not complied with, MDC Los Angeles would document and justify the deviation. The Acting Warden also indicated that there were several reasons the facility could potentially deviate from the facility staffing plan such as: 1.) Multiple vacancies, 2.) Staff transfers, and 3.) Difficult recruitment. Minutes from the 3rd Quarterly Workforce Utilization meeting demonstrates that the facility staffing plan was discussed related to PREA compliance.

A review of the Quarterly Salary and Workforce Utilization Committee Meeting Minutes for 3rd quarter confirmed that PREA related issues were considered when filling positions and developing work rosters/assignments. For example, MDC Los Angeles, Workforce Utilization Committee Meeting for 3rd Quarter FY-2019 was held on Wednesday, April 24, 2019. The minutes indicated that the following members were present: Acting Warden; Associate Warden (Programs)/Institutional PREA Compliance Manager; Business Administrator; Captain; and Budget Analyst. The minutes also showed that Correctional Services has 125 positions with 25 vacancies. The facility was projected to gain one transferring Correctional officer, 5 new Correctional officers and fill 10 Senior Officer Specialist positions. MDC Los Angeles indicated a goal of filling 100% of the vacant Correctional Officer positions. Further, MDC Los Angeles noted that active recruitment for Correctional Officers is in place to fill much needed positions. Interviews with the Acting Warden and the Associate Warden/IPCM both confirm the facility is making every effort to increase staffing in Correctional Services. Likewise, MDC Los Angeles also employs numerous cameras to capture surveillance throughout the facility and augment Correctional Officer supervision and monitoring of inmates.

### **Unannounced Rounds**

MDC Los Angeles operates three shifts, Day Watch (6am-2 pm), Evening Watch (2pm-10pm) and Morning Watch (10 pm-6 am). The Auditor reviewed eleven weeks of unannounced/PREA round logs to confirm that intermediate-level or higher-level supervisors conduct and document such visits throughout the institution. Each week was well documented using a weekly Institutional Duty Officer (IDO) report. Employees are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Lieutenants and/or Institution Duty Officers on all shifts.

Cautionary Note: It should be noted that while MDC Los Angeles complied with Standard 115.13 absent was meaningful rounds being conducted on the Morning Watch. Ten of eleven unannounced rounds conducted on Morning Watch took place generally between 5-6:00 am or near the beginning of the Day Shift (6am-2 pm), leaving critical times during Morning Watch consistently absent of intermediate and higher-level staff to identify and deter staff sexual abuse and sexual harassment. Moreover, while MDC Los Angeles met the basic requirement of Standard 115.13, rounds on Morning Watch lack meaningfulness and reflected unannounced rounds conducted based on convenience.

### **Judicial Findings of Inadequacy**

Based on information printed in the ACA/PREA Welcome Book, MDC Los Angeles, dated June 2019, there have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. Compliance with this standard was determined by a review of policies, staffing reviews, logs and supporting documentation, as well as staff interviews. Minutes from the staffing plan confirm the MDC Los Angeles compliance with 115.13.

### **Verification of Corrective Action since the Audit**

During the tour of MDC Los Angeles, the Auditor noted the following deficiencies in need of corrective actions:

1. Transfer dock requires a mirror to eliminate a blind spot.
2. Warehouse floor: Several blind spots identified behind boxes of supplies.
3. Warehouse mezzanine: Blind spots identified behind supplies on the floor.
4. Food Service: Trash room blind spot identified in the rear corner.
5. Food Service: the manager's office is a solid door.

6. Food Service Warehouse: remove a portion of the film over the entrance window to allow visibility into the room and install a dome mirror at the rear of the facility to eliminate a blind spot behind supplies stacked on the floor.
7. Laundry: Place a mirror behind the dryers to allow greater visibility and eliminate a blind spot.
8. Education/Recreation: recreation storage a mirror should be placed on the ceiling in a blind corner on the room between shelving.
9. 5 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
10. 5 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
11. 6 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
12. 6 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
13. 7 South: A small section of the shower covering should be removed to improve visibility and protect inmates from sexual abuse.
14. 7 South: Inmate cell doors should be partially covered to allow a measure of privacy when the inmates are using the toilet.
15. Special Housing Unit (SHU): Shower door should have a smaller window to provide the inmate with a small measure of privacy.
16. A-C Ranges: Females should make announcements when entering the unit.
17. 9 North: cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy.
18. 9 South: cell doors, a portion of the door should be covered to allow the inmate a small measure of privacy.

The Auditor was provided supplemental documentation on June 5, 2019, of evidence implementation of the corrective actions taken by MDC Los Angeles regarding Standard 115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-Audit Questionnaire.
- Interview with Institutional PREA Compliance Manager
- Interview with the Acting Warden

**Standard Summary**

MDC Los Angeles does not house Youthful Inmates.

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

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

**115.15 (a)**

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

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

#### 115.15 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement (PS) 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas
- Tour of the facility
- Interview with the Associate Warden/IPCM
- Interview with Staff (random and specialized)
- Interview with Inmates (random and targeted)
- Staff training curriculum, BOP (CSV-0704-BXX), Inmate Pat Search Training
- Notice to Inmates (opposite gender working on units)

Program Statements 5521.06 and 5324.12 were reviewed and both address the requirements of this standard. MDC Los Angeles does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted in the facility during the audit period as confirmed by the Associate Warden/IPCM. Staff (random and specialized) interviewed confirmed that they would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Further, interviews with staff (random and specialized) confirmed that they were aware of the prohibition of visual body cavity or strip searches of inmates of the opposite sex, except in exigent circumstances.

All random staff interviewed confirmed receiving training on how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff (random) interviews also confirmed that all staff have been trained on how to conduct cross-gender pat searches. Staff members do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the on-site audit there were zero inmates self-identified as transgender or intersex.

Inmate interviews (random and targeted) were mixed regarding opposite gender staff announcing their presence when entering an inmate housing unit. Some inmates were not able to dress and use the toilet without exposing themselves to employees of the opposite gender. Several cells on several housing units required the placement of an opaque film to allow inmates to dress and use the toilet in their cells without exposure to the opposite sex. MDC Los Angeles requires staff of the opposite gender to announce their presence when entering an inmate housing unit. The practice of making verbal announcements was heard during the Auditor's tour of the facility. An announcement is also made over a loudspeaker, at the beginning of each shift and there are signs posted in all housing units, notifying inmates that both male and female employees are on duty in their units.

### **Corrective Action**

- Retraining of staff using EBB regarding the facility requirement for staff of the opposite gender to announce their presence when entering an inmate housing unit.
- The physical layout of some cells did not allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. MDC Los Angeles corrected this problem by erecting a small privacy panel to diminish the potential for opposite gender viewing of an inmate's breasts, buttocks, or genitalia, except in exigent circumstances.

### **Verification of Corrective Action**

- The Auditor was provided supplemental documentation and evidence of compliance with Standard 115.15 in the form of pictures of the modification and issuance of a letter of assurance. Staff will be reminded to make the necessary announcements when entering an opposite gender housing unit.

Compliance with this standard was determined by a review of policies, training records and supporting documentation, personal observations, interviews with staff and inmates, and retraining staff on the requirements of Standard 115.15. After corrective action MDC Los Angeles meets the requirements of Standard 115.15.

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

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

#### **115.16 (a)**

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with Staff (Random)
- Interview with three Spanish speaking inmates with interpreter
- Memorandum: From the Acting Warden dated April 1, 2019, regarding multiple ways for inmates to report sexual abuse or sexual harassment.
- Interview with the Associate Warden/IPCM regarding LanguageLine Solutions
- Interview with medical staff, Nurse
- Interview with Mental Health Staff, Chief Psychologist
- Facility tour: PREA related literature was displayed in English and Spanish through the facility
- Bureau of Prisons (BOP) blanket purchase agreement interpretative contract DJBP00NASBPA075, Advanced Language Systems International, Inc.
- BOP contact instructions for LanguageLine Solutions

PS 5324.12 and the Admissions and Orientation (A&O) Handbook address the requirements of this standard. Through policy and practice, MDC Los Angeles ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Auditor interviewed three Limited English Proficient (LEP) inmates and each LEP inmate confirmed through an interpreter that they were provided PREA related information and orientation in a language they understood. It should be mentioned that the interpreter was a custody staff person.

Random and targeted inmates confirmed that they received information about PREA compliance, were informed how to report an incident of sexual abusive behavior. All inmates (100%) could provide the Auditor with multiple ways of reporting abuse to include third-party reporting. All PREA related

information, including postings, brochures and handouts are available in English and in Spanish which was confirmed through inmate interviews and observed during the tour.

The Associate Warden/IPCM indicated that the facility employs an American Sign Language (ASL) Service for inmates who would need such services. The facility also has staff who are proficient in languages other than English. The Associate Warden/IPCM confirmed that the facility does not use inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical and mental health staff, and the Associate Warden/IPCM confirmed their awareness of the prohibition for using inmate interpreters for PREA compliance functions. Interviews with staff and an examination of supporting documentation confirms compliance to this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Interview with Human Resource Manager
- Interview with Associate Warden/ICPM
- Program Statement 3000.03, Chapter 7, page 8,9, 28, 41-45
- Program Statement 3420.11, Standards of Employee Conduct
- Review of the Questionnaire for Public Trust Positions
- Memorandum to Human Resource Managers, dated February 28, 2014 regarding records request by prospective employers for personnel verification on former Bureau of Prison employees, from Dan Joslin, Assistant Director, Human Resource Management Division

## Standard Summary

PS 3000.03, PS 3420.11, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions), and a BOP recruitment document address the requirements of the standard. All employees who have contact with inmates have had a background investigation in addition to finger printing and inquiry into the FBI's National Crime Information Center (NCIC).

Employment with the Bureau of Prisons and MDC Los Angeles is subject to satisfactory completion of a background investigation to determine suitability for employment as a law enforcement official. Its scope includes law enforcement and criminal record checks, credit checks, and inquiries with previous employers and personal references. Suitability determinations are made on a case-by-case basis and are based upon an individual's character and/or personal conduct. A review of 41 personnel documents revealed that 31 five-year background checks were not conducted at least every five years. The Acting Warden indicated that the BOP regional office personnel also conduct background checks before approving staff promotions, but no apparent documentation could be provided on site. The Bureau of Prisons has a system in place to otherwise capture real-time background information on all current employees and contractors who may have contact with inmates.

The Office of Personnel Management (OPM), National Background Investigations Bureau (NBIB) provides continuous service to the Bureau of Prisons to use as the basis for suitability and security clearance determinations as required by Executive Orders and other rules and regulations. This process enables subsequent FBI criminal arrest information to be forwarded through NBIB to MDC Los Angeles. In such instances, NBIB furnishes the agency contact with a copy of the FBI record and a

FIPC 402, Agency Adjudication on FBI Post Appointment Arrest Form, characterizing the issue(s). Information is recorded in the Security/Suitability Investigative Index (SII), a repository containing perpetual and continuous background information on current employees and contractors in the case of PREA who may have contact with inmates.

BOP policy indicates that the submission of false information by any applicant is grounds for termination. The agency makes its best efforts to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations occurring during a pending investigation of sexual abuse. The agency also provides information on substantiated allegations of sexual abuse/sexual harassment involving former employees, when requested by a potential institutional employer, unless prohibited by law. Appropriate licensing and certifying agencies are notified, when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment.

#### Corrective Action Issues:

MDC Los Angeles/BOP does prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

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

MDC Los Angeles/BOP does not prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.

#### Verification of Corrective Action

Effective July 16, 2019, the BOP includes in the job vacancies announcements questions outlined in Standard 115.17 (a). BOP employees seeking promotion now have an affirmative duty to disclose PREA related convictions for engaging or attempting to engage in sexual assault in the community. MDC Los Angeles provided the Auditor with a recent job announcement with the inclusion of three PREA questions (115.17, (a)) for potential promotion applicants.

After completing corrective actions, MDC Los Angeles meets the requirements for Standard 115.17.

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

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

#### **115.18 (a)**

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

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

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Interview with the Acting Warden confirming additional technology has not been installed at MDC Los Angeles since the last PREA audit
- Interview with the Associate Warden/IPCM

### Standard Summary

MDC Los Angeles has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

## RESPONSIVE PLANNING

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

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

### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit questionnaire
- Interview with the Associate Warden/IPCM
- Interview with a Nurse – Health Services
- Interview with the Chief Psychologist
- Course Completions: Forensic Medical Exams: An overview for victim advocates (VPG-0234-BXX)

- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 6031.04, Patient Care and the PREA Checklist & Instructions
- Interview with the Special Investigative Services (SIS) Lieutenant
- Review of the evidence protocol for forensic exams
- Memorandum from Acting Warden dated April 19, 2019, regarding processing allegations of sexual abuse. All initial sexual abuse investigations are referred to the Special Investigative Services (SIS) Department
- Memorandum from Acting Warden, regarding forensic examinations being conducted by a SANE/SAFE examiner at the LAC+USC Violence Intervention Program (VIP) Sexual Assault Center dated April 19, 2019
- Memorandum for Warden MDC Los Angeles dated August 4, 2016 regarding a gratuitous service agreement between MDC Los Angeles and Violence Intervention Program
- Training document for Drug Abuse Coordinator, Forensic Medical Exams: An overview for Victim Advocates (CPG-0234-BXXX) dated 4/09/2019
- Training document for Psychology Services, Forensic Medical Exams: An overview for Victim Advocates (CPG-0234-BXXX) dated 4/09/2019
- Memorandum of Understanding between the Federal Bureau of Investigation and the Federal Bureau of Prisons regarding interagency operational procedures and guidelines for inmates who violate federal criminal statutes occurring in a BOP facility, or on BOP property or which involve BOP staff dated 11/21/96
- The FBI's Domestic Investigations and Operations Guide (DIOG) web link below for viewing their investigative procedures:
- <http://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>
- Memorandum from Assistant Director of the Program Review Division regarding the Federal Bureau of Investigation's confirmation of the intent to comply with a federal regulation promulgated by the Department of Justice in August 2012 to implement the Prison Rape Elimination Act (PREA)
- Memorandum from Inspector General for Investigations to incorporate existing guidance into training to conform with PREA, Public Law 108-79 as codified by in the Code of Federal Regulation (C.F.R.) Title 28, Part 115, on May 16, 2012 [www.ojp.usdoj.gov/programs/pdfs/prea\\_final\\_rule.pdf](http://www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf)
- DOJ/OIG PREA Training Agenda 2014
- PowerPoint Presentation for Annual Refresher Training (ART) for MDC Los Angeles
- Forensic Medical Examination: An overview for victim advocates
- Reviewed the website of Violence Intervention Program to determine level of services provided

## Standard Summary

PS5324.12, the Guide for First Responders/Operations Lieutenant, and the PREA Checklist & Instructions meet the mandates of this standard. Correctional, Mental Health, and Health Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Agent (SIA) and the Special Investigative Services (SIS) Lieutenant conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by a Sexual Assault Nursing Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) through an agreement with University of Los Angeles California (LAC) + University of Southern California (USC) Violence Intervention Program (VIP) which is equipped to provide rapid, in-depth support that is tailored to each abuse situation. Services provided by University of Los Angeles California (LAC) + University of Southern California (USC) include sexual assault assessment and exams. An interview with the service provider verified the agreement for the SANE/SAFE protocols to be performed at the University of Los Angeles California (LAC) + University of Southern California (USC) Violence Intervention Program (VIP) Sexual Assault Center. There was one forensic examination conducted during the past

12 months as confirmed by the Associate Warden/IPCM and Chief Psychologist. The examination was conducted by a SANE at the LAC+USC Violence Intervention Program (VIP) Sexual Assault Center. MDC Los Angeles met the requirements of Standard 115.21.

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

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 5508.02, Hostage Situations or Criminal Acting Requiring FBI Presence, page 2 #7
- Interview with the Associate Warden/IPCM
- Interview with Acting Warden
- Interview with the SIS Lieutenant
- Department of Justice (DOJ)/Office of the Inspector General (OIG) PREA Training, January 14, 2014
- The FBI's Domestic Investigations and Operations Guide (DIOG) web link below for viewing their investigative procedures:  
<http://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>

### Standard Summary

PS 5324.12 addresses the requirement of this standard. The policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. Administrative investigations are routinely assigned to trained investigators working in Special Investigative Services (SIS) department. If during an investigation, evidence surfaces indicating criminal misconduct, the case would be referred to the FBI for investigation. The Special Investigative Agent (SIA) and Special Investigative Services (SIS) Lieutenant were each interviewed, and both were aware of their responsibilities in the investigative process. The FBI would conduct criminal investigations for the facility involving inmate on inmate sexual abuse and the Office of the Inspector General (OIG) would investigate staff on inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. MDC Los Angeles has an Evidence Recovery Team (ERT) which is a group of specially trained staff who would be called to a potential crime scene to preserve evidence. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and an examination of training documentation, such as the Investigative Intelligence Training Records and training curriculums, confirm the facility's compliance to this Standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

### 115.31 (a)

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

### 115.31 (b)

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

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement 5324, Sexually Abusive Behavior Prevention and Intervention Program
- LOS 5324.12A, Sexually Abusive Behavior Prevention and Intervention
- Annual Refresher Training (ART) Curriculum
- PowerPoint presentation: PREA Essentials Training Curriculum
- Sample of training acknowledgement records for 2019
- Documentation of employee acknowledgment of training for 2018
- Interviews with staff (random /specialized)
- Interview with Acting Warden
- Interview with the IPCM
- Interview with Special Housing Unit (SHU) Staff

### Standard Summary

PS 5324.12 and LOS 5324.12A address the requirements of this standard. All BOP employees are considered correctional workers first and all new employees attend training locally and at the Federal Law Enforcement Training Center (FLETC) in Glynco, GA. This training addresses all the topics identified in the standard. Related education is provided annually during refresher training. The review of facility lesson plans, training logs, and PREA PowerPoint presentations confirmed that the provided training addresses all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. Staff annual training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The Acting Warden has periodically issued memoranda to staff

reminding them of and clarifying various PREA issues. Electronic updates are sent to staff addressing PREA and other safety and security issues (transgender inmate management is a specific topic covered). Officers receive additional PREA training/updates quarterly and officers assigned to the Special Housing Unit (SHU) also receive additional training. The extensive training provided and staff knowledge of the PREA requirements confirm that the facility follows this Standard 115.31.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

- LOS 5324.12A, Sexually Abusive Behavior Prevention and Intervention Program
- Volunteer roster with training completion dates review at MDC Los Angeles
- Volunteer/Contractors Annual Refresher Training Curriculum
- Staff/Contractor interview, X-ray Tech
- Staff/Contractor interview, Dental Assistant
- Volunteer interview, yoga instructor

### Standard Summary

PS 5324.12 and LOS 5324.12A address the requirements of this standard. The review of volunteer and contractor PREA training sign-in forms and other documents by the Auditor confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA zero-tolerance, detection, prevention, response, and reporting requirements. This training is conducted initially and annually thereafter. Staff, contractors and volunteers randomly interviewed confirmed that training was provided, and that contractors and volunteers understood the agency's zero-tolerance policy for sexual abuse/harassment and their responsibilities under the Prison Rape Elimination Act. A review of the PREA contractor and volunteer training curriculum confirmed that the level of instruction was appropriate for the services provided and the training included education on the facility's zero-tolerance of sexual abuse/harassment and the mandatory reporting policies. MDC Los Angeles met the requirements of Standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- During the facility tour the Auditor noted PREA related information throughout the facility in English and Spanish
- A sample of Inmate Intake forms as documentation of inmate participation in the intake process
- A sample Screening for risk of victimization within 30 days of arrival
- Inmate education was provided orally as well as in written formats in English and Spanish both educational formats accessible to all inmates
- See blanket contract for translation services in Standard 115.16
- Interviews with LEP inmates
- Interview with the Associate Warden/IPCM
- Interviews with staff (random)
- Interviews with Intake staff
- Inmate Admissions and Orientation (A&O) lesson plan
- PREA related definitions
- Prohibited acts according to the Bureau of Prisons
- Inmate Education includes the following:
  - o Notice that both male and female staff routinely work and visit inmate housing units
  - o How to protect yourself from sexually abusive behavior
  - o What you should do if you are sexually assaulted or harassed
  - o Notice that emergency medical and mental health treatment services are provided to victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates
  - o Understanding the investigative process
  - o Availability of supportive treatment services
  - o Contact information for the National Sexual Assault Hotline (800) 656-4673
  - o Notice about communications being monitored
  - o How to report an incident of sexual abuse
  - o Write the Warden, Regional Director (BP-10)
  - o File an administrative remedy (BP-9)
  - o Directions to write the Office of the Inspector General (OIG)
  - o Third-party reporting
  - o Rape Crisis Center (RCC)
  - o Address to the BOP National PREA Coordinator
  - o Third-Party Reporting:  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

## Standard Summary

PS 5324.12 and LOS 5324.12A address the requirements of this standard. During in-processing procedures, each inmate receives an inmate handbook and a pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs inmates of the zero-tolerance policy regarding sexual assault/harassment and the multiple ways to report all allegations of sexual abuse/harassment. The information is available in English and Spanish. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment, and retaliation. Inmates also have access to TRULINCS, a computer program which also provides PREA information and can be used as a reporting outlet. Staff interpreters and telephonic translation services are available for inmates who are not proficient in

English. Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero-tolerance policy and their right to be free from retaliation. A tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. Interviews with staff and an examination of documentation confirmed that the facility is following the standard.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention Intervention Program, BOP Specialized Investigators Training (policy section)
- Interview with SIS Lieutenant
- PREA National Video Conference for Special Investigators Agenda dated October 29, 2012
- PowerPoint presentation, Sexual Violence-PREA Training Curriculum, Course Code: CSV-0601-BXX
- PowerPoint presentation, Office of Internal Affairs, Conducting Interviews and Union Issues
- Office of the Inspector General (OIG) PREA Training
- FBI response to BOP PREA regarding compliance with PREA Standards
- Bureau of Prisons form, BP A0194, Garrity BOP Document
- The FBI's Domestic Investigations and Operations Guide (DIOG) web link below for viewing their investigative procedures:  
<http://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>
- Department of Justice (DOJ)/Office of the Inspector General (OIG) PREA Training, dated January 14, 2014
- Certification of specialized training to conduct investigations in a confinement setting

### Standard Summary

PS 5324.12, the Special Investigative Services (SIS)/Special Investigative Agent (SIA) Training Lesson Plan, Sexual Violence PREA Training, and DOJ/OIG PREA Training address the requirements of standard. MDC Los Angeles investigators, OIA, OIG and FBI have received PREA specialized training through the Department of Justice. The auditor reviewed specialized training documentation to include the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full time employees of the facility. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation (FBI) or the Office of the Inspector General (OIG). Interviews with staff, the SIS Lieutenant and a review of documentation confirm compliance with the standard.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 6090.04, Health Information Management
- Interview with the Acting Warden regarding training for medical and mental health care practitioners contracted by and volunteering for the agency receiving PREA related training
- Interview with Associate Warden/IPCM,
- Interview with Nurse – Health Services
- Interview with Chief Psychologist
- Telephonic interview with hospital regarding SANE services, LAC+USC Violence Intervention Program (VIP)
- Gratuitous Service Agreement for PREA Assistance between MDC Los Angeles and Violence Intervention Program (VIP)
- PREA notice to Victim Advocates, Medical and Mental Health Providers with specific required training for medical and mental health services dated April 23, 2014
- 2019 Annual Refresher Training (ART) including the training agenda and list of instructors
- Training, Trauma-Informed Approach, PREA Specialty Training, modules 1-4, and Why PREA Matters-Understanding Sexual Trauma in Custody, PREA Training for Medical and mental health Care-BOP, Course CPG-0233-BXX, dated from 4/09/2019
- Certification of training for medical and mental health staff

### Standard Summary

PS 5324.12, LOS 5324.12A, and PS 6090.04, Health Information Management, address the requirements of Standard 115.35. When required, both medical and mental health staff are available for immediate call back to the facility during off duty hours. A review of medical and mental health personnel training records confirmed that these employees receive the same PREA training as correctional officers and understand their duty to report any knowledge of sexual assault/harassment, even when disclosed during a health care encounter. Further, a review of training records confirmed that all mental health and medical staff also receive specialized training on victim identification,

interviewing, reporting and required clinical interventions. Institution medical staff do not conduct sexual assault forensic examinations. All cases requiring the processing of sexual assault evidence are transported to the hospital where a SANE is available. A SANE was interviewed and confirmed access to these services. Interviews with medical and mental health staff also confirmed they received the required specialized training and that they are aware of their duty to report any allegations and suspicions of sexual abuse/harassment. MDC Los Angeles confirmed that medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

- Does the facility reassess an inmate's risk level when warranted due to a request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 6090.04, Health Information Management (internet)
- Program Statement 5290.15, Intake Screening
- Program Statement 5800.18, Receiving and Discharge Manual
- Memorandum for the file by Acting Warden, regarding use of screening information dated April 1, 2019
- Interview with Associate Warden/IPCM to verify inmate population type, zero transgender, and zero intersex inmates
- Interview with staff (2) who perform screening for victimization, Case Manager, Unit Team

- Interview with Chief Psychologist, regarding reassessments of inmate's risk of victimization or abusiveness based upon relevant information or due to a referral
- Sample Form: Psychology Services Inmate Questionnaire (BP-A0519)
- Sample Form: PREA Intake Objective Screening Instrument
- Reviewed 27 intake screening form for risk of abusiveness
- Observation of intake process

### Standard Summary

PS 5324.12 addresses the requirement of Standard 115.41. On arrival at MDC Los Angeles in Receiving and Discharge (R&D), inmates are screened for risk of sexual abusiveness and risk of sexual victimization during the intake process within 72 hours. Using the Bureau of Prisons, PREA Intake Objective Screening Instrument, Intake Screening Form, a sample of twenty-seven intake screening forms were reviewed at MDC Los Angeles as evidence of appropriate screening within 72 hours. The Intake Screening Form considers the criteria outlined in 115.41 (d) to assess inmates for risk of victimization and abusiveness.

The review of twenty-seven intake screening forms confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional for a reassessment using the Bureau of Prisons, Psychology Services, Risk of Sexual Victimization Form. Problematic for MDC Los Angeles was the quality of the reassessment.

Intake staff and Unit Team also conduct screenings by reviewing records or other information from other facilities. A Unit Team member reviews all relevant information received from other facilities and continues to reassess an inmate's risk level within 30 days of his/her arrival. Information received during the screening process is deemed confidential and only staff with a need-to-know can have access to such information. MDC Los Angeles' policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. Specialized and random staff interviews, a review of relevant documentation such as the BOP Screening Form and the PREA Intake Screening Objective Instrument, and observations of the intake process confirmed the facility's compliance with the standard.

### Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Facility tour during onsite visit
- Interview with the Acting Warden
- Interviews with Medical and Mental Health practitioners
- Interview with Associate Warden/IPCM verified the inmate population type, zero transgender, and zero intersex inmates
- Interview with staff who perform screening for victimization
- Interview with Intake Staff
- Interview with random and targeted inmates
- Interview with Chief Psychologist regarding reassessments of inmate's risk of victimization or abusiveness based upon relevant information or due to a referral

### Standard Summary

PS 5324.12 addresses the requirement of Standard 115.42. Risk screening information is used to determine housing, bed assignment, work, education, and program assignments. Determinations for various assignments are made on a case-by-case basis. Staff assigned to conduct intake screening has been provided additional training and resource materials. The agency (through a committee) decides whether to assign a transgender or intersex inmate to a facility for male or female inmates.

MDC Los Angeles' policy states that a transgender or intersex inmate's own view with respect to his/her own safety is given serious consideration when making program or housing assignments. The Acting Warden indicated during his interview that MDC Los Angeles would determine appropriate housing and programming assignments for a transgender or intersex inmate on a case-by-case basis and careful deliberation is given to all assignments. Assignment considerations include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems.

Staff interviews and supporting documentation indicate that medical and mental health staff meet on a regular basis to assess the status of any inmate thought to be at risk for victimization or inmates that are exhibiting institutional adjustment problems. The interview with the Associate Warden/IPCM also confirmed that a transgender or intersex inmate's genital status is not the sole criteria for placement in a specific facility. Further, the Associate Warden/IPCM confirmed that MDC Los Angeles uses information from the risk screening instrument to inform housing, bed assignments, work placement, education and programming. Placement and programming assignments for each transgender or intersex inmate would be reassessed at least once every six months. The Associate Warden/IPCM also indicated that transgender and intersex inmates housed at MDC Los Angeles would be given the opportunity to shower, dress and use toilet facilities separately from other inmates. During this audit, there were zero transgender or intersex inmates assigned to MDC Los Angeles. Inmates that identified as LGBTI during the audit denied being placed in a dedicated unit based on such identification or status. MDC Los Angeles met the requirements for Standard 115.42.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 3420.11, Standards of Employee Conduct
- Interview with the Association Warden/IPCM/Retaliation Monitor
- Interview with the Chief Psychologist
- Interviews with random and specialized staff
- Memorandum from Acting Warden regarding Standard 115.43 and placement of inmates in involuntary segregation as a result of risk of victimization
- Interview with SIS Investigators, regarding inmates placed in segregation for protection
- Interview with staff who supervise inmates in segregated housing regarding inmates placed in segregation for protection, Lieutenant (SHU)
- Interview with staff who supervise inmates in segregated housing regarding placement for protection,
- Auditor's tour of SHU found zero inmates placed in segregation for protection from sexual abuse

### Standard Summary

Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address Standard 115.43. Interviews with SHU officers and the SHU Lieutenant confirmed that to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in the SHU for the purposes of protective custody, except when there are safety concerns. MDC Los Angeles would document the reason for restricting access and the length of time the restriction would last. Mental health and the unit staff meet with each inmate placed in SHU status at least weekly. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed, when applicable, to document all appropriate alternatives for safeguarding inmate victims. Interviews with staff during the on-site audit and an examination of documentation confirm staff's understanding of the standard. During the audit period, no inmates at risk for victimization were placed in the SHU. During the on-site audit, a review of the SHU documentation confirmed the facility's compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 3420.11, Standards of Employee Conduct
- LOS 5324.12A, Sexually Abusive Behavior Prevention and Intervention Program
- 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule, dated June 20, 2012, located at <http://www.gpo.gov/fssys/pkg/FR-2012-06-20/pdf/2012-12427.pdf>.
- Facility tour: the Auditor notice PREA related posters displayed throughout the facility and on each housing unit zero-tolerance policy advising inmates of the address to the Office of the Inspector General:

Office of the Inspector General  
U.S. Department of Justice, Investigations Division,  
950 Pennsylvania Avenue, N.W., Room 4706,  
Washington, D.C. 20530

- Interviews with random and targeted inmates
- Email the Department of Justice electronically through TRULINCS located on the housing units
- Interviews with staff (random/specialized)
- Inmate handbook, multiple ways are available for inmates to report abusive behavior such as:

Federal Bureau of Prisons, Central Office  
National PREA Coordinator  
400 First Street, NW, Room 4027  
Washington, D.C. 20534

- Local resource: Violence Intervention Program (VIP) <https://violenceinterventionprogram.org/>

Violence Intervention Program  
Sexual Assault Center  
1721 Griffin Avenue  
Los Angeles, California 90031  
(323) 409-3800

- Third-Party Reporting:  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

## Standard Summary

PS 5324.12, LOS 5324.12A, the Admissions and Orientation (A&O) Handbook, and PREA postings address the requirements of Standard 115.51. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party and anonymously) for inmates to internally report sexual abuse or harassment. Inmate interviews confirmed that they are given information about the reporting methods through the A&O Handbook, a display of various PREA notices affixed to bulletin boards located in each housing unit and common areas (English/Spanish).

Inmates also have access to TRULINCS, a computer-based program which provides PREA information and other internal reporting mechanisms electronically. Through TRULINCS, the inmates can contact the Office of the Inspector General (OIG) anonymously. The email to OIG is untraceable at the

institution level. A sufficient number of TRULINCS computers and phones were observed at MDC Los Angeles.

All staff (random and specialized) interviewed affirmed they would accept reports of sexual abuse/harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed they would promptly document any form of reporting and immediately notify their supervisor while keeping the inmate safe. PS 5324.12 requires all staff to immediately report and document any allegation of sexually abusive behavior.

Family and friends of inmates may report sexual abuse/harassment by using the BOP website, making a phone call to the OIG or contacting facility staff. All inmates interviewed during the onsite audit, confirmed they were aware of multiple methods of how to internally or externally report sexual abuse/harassment allegations. Inmates at MDC Los Angeles are not detained solely for civil immigration purposes. Interviews with staff and an examination of documentation also confirmed compliance with this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Interview with the Associate Warden/IPCM
- Interview with the Acting Warden
- Program Statement 1330.18, Administrative Remedy Program
- Inmate A & O Handbook
- TRULINCS Electronic Bulletin Board (EBB)
- Staff interviews
- Memorandum from the Acting Warden dated April 1, 2019 regarding grievances – two grievances were filed in the past 12 months.

### Standard Summary

Program Statement 1330.18, Administrative Remedy Program addresses the requirement of Standard 115.52. Grievances (administrative remedies) filed alleging sexual assault/harassment would result in the immediate opening of a formal investigation. The BOP policy states that there is no time limit for

filing a grievance relating to sexual abuse/harassment and inmates are not required to resolve a PREA complaint informally before an investigation can be initiated.

**Sensitive Complaints:** If you believe that your complaint is of a nature which would adversely affect you if it became known at the institution, you may file your complaint directly to the Regional Office. Complaints written directly to the Regional Office must clearly outline the reasons why the complaint cannot be filed at the institution. For additional information, refer to Program Statement 1330.16, Administrative Remedy Program, which can be found in the law library.

“For detailed instructions see Program Statement 1330.16, Administrative Remedy Program.” Standard 115.52 (b) (1) indicates the agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs (OIA) in accordance with procedures established for such referrals.

PS 1330.18 also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required by the BOP within 48 hours. The BOP’s program statement supports Standard 115.52 however, MDC Los Angeles’ A&O Handbooks, contradicts PS 1330.18, Administrative Remedy Program, page 15. MDC Los Angeles in a section titled General Information states,

“When a complaint is determined to be of an emergency and threatens the inmate’s immediate health and welfare, the reply (grievance/BP-9) must be made as soon as possible, usually within seventy-two (72) hours from receipt of the complaint.”

Standard 115.52 (2) indicates that an agency shall immediately forward the grievance (BP-9) (or any portion thereafter that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days.

There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

A review of documentation related to grievances indicated there were two grievances alleging sexual abuse/harassment filed within the last 12 months both were unfounded. The Acting Warden confirmed that both grievances were investigated and closed in less than 90 days’ time; thus, an extension was not necessary. If an extension were necessary MDC Los Angeles would notify the inmate. Interviews with Associate Warden/IPCM, interview with the Acting Warden and review of grievance on site all support compliance with Standard 115.52.

### **Corrective action**

Issue an update to the inmate handbook use the inmate EBB regarding administrative remedies and PS 1330.18. The notice to the population should remain on the EBB until such time as the hardcopy of the handbook is updated.

After corrective action MDC Los Angeles meets the requirements of Standard 115.52.

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

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

### 115.53 (a)

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

### 115.53 (b)

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

### 115.53 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- LOS 5324.12A, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM
- Interview with Chief Psychologist, regarding reassessments of inmate's risk of victimization or abusiveness based upon relevant information or due to a referral
- The Auditor conducted a telephone interview with the local community victim advocacy organization, Violence Intervention Program Los Angeles County (LAC) + University of Southern California (USC) Medical Center, regarding the Memorandum of Understanding (MOU) that exists with MDC Los Angeles.
- Gratuitous agreement with Violence Intervention Program
- Third-Party Reporting:  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)
- Inmate interviews (random and targeted)
- Staff interviews (random and specialized)

## Standard Summary

PS 5324.12 and LOS 5324.12A, page 9, addresses the requirement of Standard 115.53. The facility does not detain inmates solely for civil immigration purposes. MDC Los Angeles has entered into a gratuitous contractual agreement with a Violence Intervention Program a subsidiary of LAC+ USC Hospital and a local victim advocate organization to provide outside emotional support services to victims of sexual abuse:

Violence Intervention Program  
Sexual Assault Center  
1721 Griffin Avenue  
Los Angeles, California 90031  
(323) 409-3800

MDC Los Angeles provides inmates with the telephone number and address to a community crisis counseling service to use following an allegation of sexual assault. Facility staff members, such as mental health treatment providers, have been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. The Auditor found evidence that inmates were given notice about MDC Los Angeles monitoring telephone calls in the inmate handbook. Inmates are also provided emails to the Office of the Inspector General through TRULINCS - Request to Staff tab and selecting the Department Mailbox titled DOJ Sexual Abuse which is not monitored by the facility or BOP.

Postings in the housing units and common areas, the PREA pamphlet issued upon the inmate's arrival, and the A&O Handbook provide the address to the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to this entity. LOS 5324.12A indicates that the Chief Psychologist, or designee, will provide reasonable access to victim advocates to include their mailing addresses and telephone numbers, including toll free hotline numbers of local, state, or national victim advocacy or rape crisis organizations. An interview with the Chief Psychologist confirmed her understanding of her responsibility to provide all inmate victims of sexual abuse reasonable access to victim advocates. MDC Los Angeles enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Onsite audit interviews with random staff and inmates confirm compliance with this standard.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Interview with the Associate Warden/IPCM
- Third-Party Reporting:  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)
- Staff Interviews (random and specialized)

### Standard Summary

The Federal Bureau of Prisons has established a method to receive third-party reports of sexual abuse and sexual harassment. It is distributed publicly on the Bureau of Prisons official website.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 3420.11, Standards of Employee Conduct
- Volunteer and Contractor training as noted in Standard 115.32
- Employee training as noted in Standard 115.31
- Specialized staff training (Medical and Mental Health) as noted in Standard 115.35
- Specialized training: Investigators as noted in Standard 115.34
- Reviewed a sample of investigative reports

### Standard Summary

PS 5324.12 and PS 3420.11, Standards of Employee Conduct, pages 37 and 38, address the requirements of Standard 115.61. All staff, contractors and volunteers are required to report any information regarding sexual abuse or harassment, or any staff neglect or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the shift Operations Lieutenant. Policy requires that information concerning the identity of the alleged inmate victim and the specific facts of the case to be limited to staff who need-to-know to protect the victim and maintain the integrity of the investigative process. Interviews with employees, contractors and volunteers confirmed that all were aware and understood their reporting duties and responsibilities. Additional compliance with this standard was verified through document and policy review. It should be noted that MDC Los Angeles does not house inmates under the age of 18.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interviews with random and specialized staff
- Interview with security staff who acted as First Responder
- Intermediate or higher-level staff who conduct and document unannounced rounds (2)
- Interview with Associate Warden/IPCM to confirm information in the PAQ relative to Standard 115.62 and that there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse.
- Interview with Acting Warden confirmed that there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse.
- Memorandum from Acting Warden dated May 27, 2019 indicating that in the past 12 months there were no instances where the facility determined that an inmate was in substantial risk of imminent sexual abuse.

### Standard Summary

PS 5324.12 addresses the requirement of Standard 115.62. Random and specialized staff interviews confirmed they were aware of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. Both random and specialized staff interviewed indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolate the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and would call the shift lieutenant for assistance. When notified, the interviewed shift lieutenants stated they would further protect the victim, notify medical and mental health staff and advise the Institution Duty Officer of the incident. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation confirm compliance to this standard. MDC Los Angeles' documentation confirmed during the on-site audit process that in the last 12 months there were zero determinations made that an inmate was subjected to a substantial risk of imminent sexual abuse.

### Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interviews with Associate Warden/IPCM
- Interview with the Acting Warden
- Memorandum from the Acting Warden dated May 27, 2019 regarding receiving an allegation that an inmate was sexually abused while confined at another facility and the requirement that the head of the facility notify the head of the facility or appropriate office of the agency where the alleged abuse occurred

### Standard Summary

PS 5324.12, pages 39 and 40, addresses the requirements of Standard 115.63. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. The Warden at the inmate's current facility is required to notify the Warden at the previous facility and an investigation is initiated. When an inmate reports sexual abuse/sexual harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers (halfway houses), the Warden contacts the appropriate office of the facility and/or notifies the Privatization Management Branch or Residential Reentry Management Branch. The notification is to occur as soon as possible, but within 72 hours of receiving the allegation.

In the past twelve (12) months, MDC Los Angeles had one allegation that an inmate was sexually abused while confined in the custody of another facility. MDC Los Angeles documented the incident and the Auditor verified notification of the alleged incident to the identified facility. Interviews with

Associate Warden/IPCM and Acting Warden confirmed that each understood the notification and documentation requirements for compliance with Standard 115.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Associate Warden/IPCM regarding One Source Checklist for staff responding to allegations of abusive behavior.
- Interviews with random and specialized staff
- Interview with security staff who acted as First Responder
- Interview with SIS Lieutenant.
- Volunteer and Contractor training as noted in Standard 115.32
- Employee training as noted in Standard 115.31
- Specialized staff training (medical and Mental Health) as noted in Standard 115.35
- Specialized training: Investigators as noted in Standard 115.34
- PREA Compliance Manager Information Tracking Log

### Standard Summary

PS 5324.12, page 40, addresses the requirement of Standard 115.64. All random and specialized staff interviewed were knowledgeable concerning their first responder responsibilities required and the actions necessary, when learning of an allegation of sexual abuse/harassment. All staff (random and specialized) interviewed indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any physical evidence and contact the Shift Operations Lieutenant. The Operations Lieutenant would continue to protect the victim, notify medical and mental health staff, the Emergency Response Team and executive staff only. In the last 12 months there were three allegations of sexual abuse reported but the number of times where staff was notified within a time period to collect evidence was one incident.

### Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-Audit Questionnaire
- Interview with the Associate Warden/IPCM
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- MDC Los Angeles Guide for First Responders
- One Source First Responders Reference Guide, Sexual Assault Crisis Intervention, coordinated response
- Volunteer and Contractor training as noted in Standard 115.32
- Employee training as noted in Standard 115.31
- Specialized staff training (medical and Mental Health) as noted in Standard 115.35
- Specialized training: Investigators as noted in Standard 115.34
- Review of the ONE Source First Responders Reference Guide. The guide is a written institutional plan to coordinate actions taken in response to an incident of sexual abuse for the First Responder, Operations Lieutenant, Medical and Mental Health providers, SIS Investigator and MDC Los Angeles management. Action areas include an injury assessment without compromising forensic evidence, a sexual assault examination by a SANE/SAFE examiner at a local hospital, follow-up care and treatment offered to the victim and the abuser.

## **Standard Summary**

PS 5324.12 and the One Source First Responders Reference Guide address the requirements of Standard 115.65. A pamphlet titled "One Source First Responder Reference Guide-Sexual Assault Crisis Intervention" provides guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. Lieutenants use a PREA checklist to aid in their response to allegations of sexual abuse/harassment. The policies and information provide direction to security, medical/mental health practitioners, investigators, staff and community victim advocates, community forensic examination service providers and the facility leadership. Staff (specialized and random) and service providers interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. An examination of documentation also confirms compliance with this standard.

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

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

#### **115.66 (a)**

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

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Interview with the Associate Warden/IPCM
- Memorandum from the Acting Warden regarding collective bargaining and dated May 27, 2019. The Acting Warden indicated that the local contract has not been renewed since the last audit in 2016.

### Standard Summary

The Collective Bargaining Agreement (CBA), between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, was examined by the Auditor and found to comply with Standard 115.66. The agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Auditor was advised that the CBA is currently being renegotiated and will contain the required language in its final form.

### Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

#### 115.67 (d)

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

### 115.67 (e)

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

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM/Retaliation Monitor monitors the conduct of treatment of inmates or staff who report sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.
- Interview with Acting Warden, MDC Los Angeles, confirmed that in the past 12 months zero inmates were monitored for retaliation for 90 days. The Auditor found two examples of retaliation monitoring that took place outside of the 12-month period under review.
- Interview with Associate Warden/IPCM/Retaliation Monitor
- PREA Compliance Manager Information Log

### Standard Summary

PS 5324.12 and the BOP National Standards to Prevent, Detect and Respond to Prison Rape (PREA), pages 42 and 43, address the requirements of Standard 115.67. MDC Los Angeles policy confirmed the agency's intent to protect an inmate or staff from retaliation. The agency and facility prohibit any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Associate Warden/IPCM is the designated the Retaliation Monitor. During the onsite audit, the Associate Warden/IPCM confirmed that he would document and follow up on all potential cases of retaliation to ensure policy is being enforced. In addition, the Associate Warden/IPCM confirmed that he would conduct frequent periodic status checks on the inmate or staff member, monitor incident reports, housing reassignments and negative performance

reviews/staff job reassignments for up to 90 days. If there was a concern that there was a potential for possible retaliation, the Associate Warden/IPCM indicated he would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the last 12 months. Agency and facility compliance with this standard was determined by a review of policy, staff interviews (random and specialized), to include the Associate Warden/IPCM and Acting Warden. MDC Los Angeles met the requirements of Standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Facility tour
- Interviews with random and targeted inmates
- Interviews with random staff
- Interview with staff who supervise inmates in segregated housing
- Interview with the Associate Warden/IPCM
- Interview with the SIS Investigator
- Interview with Acting Warden, MDC Los Angeles letter date February 6, 2018 confirmed that the facility has had no incidents where segregated housing was used to protect an inmate in the last 12 months.
- Sample: BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form

#### Standard Summary

PS 5324.12 addresses the requirement of Standard 115.68. MDC Los Angeles' policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual

abuse/harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering placing an inmate in protective custody (SHU), placing him/her in another housing unit or transferring the inmate to another federal correctional facility. To aid in that decision, the agency requires MDC Los Angeles to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form. The form serves to document consideration of all options. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/harassment in involuntary segregated housing (SHU). To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a SHU for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restrictions would last. There were zero inmates placed in post allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy during the onsite audit, SHU documentation, and staff interviews, coupled with a memorandum from the Acting Warden validating involuntary segregation was not utilized to separate inmate victims from abuser during the last 12-month period. MDC Los Angeles met the requirements of Standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM confirmed the process for involving the FBI
- Interview with the SIS Investigator
- Interview with the Acting Warden
- The FBI's Domestic Investigations and Operations Guide (DIOG) web link below for viewing their investigative procedures:  
<http://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>
- FBI Response to BOP PREA related investigations
- DOJ/OIG PREA Training dated January 14, 2014
- Memorandum from Sara Revell, Assistant Director, Program Review Division regarding requesting that the FBI provide information confirming FBI's compliance with federal regulations promulgated by the Department of Justice in August 2012, to implement the Prison Rape Elimination Act (PREA)

### Standard Summary

PS 5324.12, pages 44-46 a-j, addresses the mandates of Standard 115.71. The Special Investigative Services Lieutenant conducts administrative investigations at MDC Los Angeles within the facility and he refers criminal investigations to the Office of Internal Affairs (OIA), the FBI and/or the Office of the Inspector General (OIG) to determine if prosecution will be pursued. During the past 12-month period, there were no criminal prosecutions. The Acting Warden confirmed during his interview that the number of sustained allegations that appeared to be criminal that were referred for prosecution since the last PREA was zero. According to the Acting Warden and Associate Warden/IPCM, SIS on behalf of the facility fully cooperates with any outside agency who initiates an investigation. The SIA and SIS serve as the facility liaisons who provide requested information to the outside agency and provide access to the inmates.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM
- Interview with the Acting Warden
- Interview with the Special Investigative Agent (SIA)

### Standard Summary

PS 5324.12, page 45, addresses Standard 115.72. The policy indicates that the agency shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the Auditor's interview with the Acting Warden, Associate Warden/IPCM and SIA confirmed their understanding of Standard 115.72. MDC Los Angeles met the requirements of Standard 115.72.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

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

#### 115.73 (e)

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

## 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM
- Interview with the Acting Warden
- Memorandum from the Acting Warden dated May 27, 2019 regarding the three incidents of alleged sexual abuse that were investigated in the past 12-month period. MDC Los Angeles deferred to the PS 5324.12. None of the investigations required outside investigators such as the FBI. Two cases were unfounded; one case was unsubstantiated.
- Interview with the SIS Investigator
- Review of the PREA Compliance Manager Information Tracking Log
- Review of the unsubstantiated case, the incident was reported on 3/12/19. The unsubstantiated investigation was completed on 3/27/19. The inmate was notified on 3/27/19. The Acting Warden reviewed the investigation on 4/4/19 after the inmate received notification of the outcome of the investigation.

### Standard Summary

PS 5324.12, page 46, addresses Standard 115.73. The policy indicates that the agency will notify any inmate who alleges that he/she suffered sexual abuse in an agency to inform the inmate. The SIS Lieutenant provides all notifications to inmates required under this section.

- (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.
- (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;

- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

An assessment of whether actions described in (c)(1)-(4) above are warranted is made in accordance with section 115.65 and may not be appropriate in all cases. Inmates are notified only if there is a nexus between the listed actions in this section and an incident of sexual abuse. The timing of such notifications should not interfere with any pending criminal or administrative investigations. All notifications are made in accordance with the Freedom of Information Act/Privacy Act.

(d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
  - (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (e) All such notifications or attempted notifications shall be documented.

MDC Los Angeles documentation is maintained in an investigation file. A review of investigative files occurred on site of three allegations. The Acting Warden issued a memorandum dated May 27, 2019 regarding the number and type of incidents of alleged sexual abuse that were investigated in the past 12-month period. MDC Los Angeles deferred to the PS 5324.12. None of the investigations required outside investigators such as the FBI. During the onsite portion of the audit process the Acting Warden confirmed information contained in his earlier memorandum dated May 27, 2019 confirming the number of unsubstantiated, substantiated and unfounded incidents of sexual abuse investigated at MDC Los Angeles in the past 12 months. Two cases were determined to be unfounded and one case was unsubstantiated. Three inmates were notified of the results of their investigation in the past 12 months. The Associate Warden/IPCM confirmed that zero substantiated or unsubstantiated complaints of sexual abuse were levied against a staff member at MDC Los Angeles. MDC Los Angeles met the requirements of Standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire (PAQ)
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 3420.11, Standards of Employee Conduct (reviewed on the internet)
- Memorandum from the Acting Warden dated May 27, 2019 confirming that there have been no incidents that staff violated agency sexual abuse or sexual harassment policies.
- Interview with Associate Warden/IPCM
- Memorandum dated November 1, 2018 regarding Standard 115.76.
- Interview with the Human Resource Manager
- Interview with the SIS Investigator

### Standard Summary

PS 3420.11, pages 6 and 7, and PS 5324.12 address the requirements of Standard 115.76. All employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no cases of inmates engaging in sex with staff in the last twelve months.

The Collective Bargaining Agreement (examined by auditor) between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014 - July 20, 2017, allows for disciplinary sanctions against staff, including termination, for the sexual abuse or sexual harassment of an inmate. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, may be reported to criminal investigators and to any relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal.

Facility compliance with this standard was determined by a review of policy and documentation and staff interviews. In the past 12-month period, MDC Los Angeles documented zero disciplinary sanctions for violating the agency's sexual abuse or sexual harassment policies. This fact is confirmed by a memorandum issued by the Acting Warden dated May 27, 2019. A review of supporting documentation, to include a sample of terminations and resignations, confirmed the facility's compliance with this standard.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 3420.11, Standards of Employee Conduct (reviewed on the internet)
- Memorandum dated May 27, 2019 regarding Standard 115.77 from the Acting Warden
- Interview with Associate Warden/IPCM
- Interview with the Human Resource Manager

## Standard Summary

PS 3420.11, pages 6 and 7; PS 5324.12; and MDC Los Angeles' Memorandum from the Acting Warden dated May 27, 2019, confirming no reports of alleged sexual abuse by volunteer of contractor, address the requirements of Standard 115.77. Any contractor or volunteer who engages in sexual abuse/harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that are not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

During the previous 12-month review period, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at MDC Los Angeles. Compliance with Standard 115.77 was determined by a review of facility and BOP policies and staff interviews (Human Resource Manager, IPCM and Acting Warden's memorandum).

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 5270.09, Inmate Discipline Program
- Interview with the Associate Warden/IPCM
- Interview with SIS Lieutenant
- Interview with Human Resource Manager
- Facility tour of SHU

## Standard Summary

PS 5270.09, Inmate Discipline Program and PS 5324.12, page 48, and the MDC Los Angeles' Memorandum dated May 27, 2019, confirming zero cases of alleged sexual abuse by a staff member or contractor or volunteer address the requirements of Standard 115.78. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The BOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviews with the SIS Lieutenant confirmed compliance with the standard. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Facility compliance with this standard was determined by a review of the facility and BOP policies and documentation, interviews with staff (SIS Lieutenants) and random inmate interviews.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Memorandum dated May 27, 2019 regarding Standard 115.81 from the Acting Warden
- Interview with the Associate Warden/IPCM
- Interview with specialized staff (medical, Nurse)
- Interview with specialized staff (mental health, Psychologist)
- Interview with staff who perform screening for risk of victimization and abusiveness
- Inmate interviews
- Review of screening documents from 115.41
- Tour observations

#### Standard Summary

PS 5324.12, pages 29, 30, 32, and 49; a review of risk instruments; inmate interviews and intake staff interviews address the requirements of Standard 115.81. Interviews with medical, mental health and specialized staff also confirm the facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the capacity to provide continued re-assessment and follow-up services. The review of psychology's "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" forms confirmed that inmates who disclosed prior victimization during screening were offered a follow up screening with medical or mental health staff within fourteen days. The screening is usually completed on the same day or within three days. Treatment services are offered without financial cost to the inmate. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit team staff during in-processing procedures. In processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, inmates are offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. MDC Los Angeles does not house inmates under the age of 18. Facility compliance with Standard 115.81 was determined by a review of policy, documentation, staff and inmate interviews. MDC Los Angeles met the requirements of Standard 115.81.

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

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

#### **115.82 (a)**

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

#### **115.82 (b)**

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

#### **115.82 (c)**

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

#### **115.82 (d)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Program Statement 6031.04, Patient Care (internet)
- Sample Form: BP-A0606, Informed Consent/Consent to Release Information For Research (internet)
- Memorandum dated May 27, 2019 regarding Standard 115.82 from the Acting Warden
- Sampled mental health reassessments
- Sampled inmate intake records
- Interview with the Associate Warden/IPCM
- Interview with staff Chief Psychologist
- Interview with a staff Nurse
- Communications with National and Community Advocacy Organizations

## Standard Summary

PS 5324.12, page 52, and PS 6031.04 address the policy requirements of Standard 115.82. The facility medical and mental health personnel provide services to the MDC Los Angeles.

Mental health providers are on-site five days per week and are also available for callback during duty off hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a hospital in the community when health care needs exceed the level of care available within the institution.

Victim advocacy is offered through community providers or trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident medical, mental health care, and/or advocacy service, regardless of whether the victim names the abuser. Inmate victims of sexual abuse while incarcerated are offered information about and timely access to information on sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

There were zero allegations of sexual abuse that required referral for forensic evidence collection by a SANE in the last year. Facility compliance with this standard was determined by a review of policy and documentation, as well as, interviews with a Sexual Assault Nurse Examiner, a community victim advocate and specialized medical and mental health staff.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health providers according to the Acting Warden's memorandum dated May 27, 2019. While this information is sensitive, access to this information is used to inform security and management decisions at MDC Los Angeles. Access to inmate sensitive and confidential information is allowed on a limited based (need-to-know) for departments such as correctional services. Security management include decision making considerations for housing, work, education, program assignments as well as inmate safety concerns. Moreover, when appropriate, certain information will be shared. If an inmate informs medical or mental health about a prior victimization that did not occur in an institutional setting both medical and mental staff interviewed confirmed that each would obtain the inmate's written consent before disclosure of that information. Medical and mental health staff maintain documentation of emergency medical treatment and crisis intervention services in a password protected centralized electronic file. MDC Los Angeles is in compliance with Standard 115.82.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with staff Chief Psychologist
- Interview with a staff Nurse
- Interview with staff that perform screening for risk of victimization and abusiveness (2)
- Memorandum from Acting Warden dated May 27, 2019 regarding evidence sampled

### Standard Summary

PS 5324.12, page 51, and the MDC Los Angeles' policy on ongoing Medical/Mental Health Treatment of Victims and Abusers addresses the requirement of Standard 115.83. As confirmed by a review of policies, the facility may offer medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. Inmates are also reevaluated within 30 days of admission to the facility. The evaluation and treatment of such victims includes follow-up services. The facility would arrange for referrals for continued care following their transfer to or placement in other facilities or after their release from custody. The facility has fully staffed medical and mental health departments and offer sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community.

Medical staff interviewed indicated that inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Both medical and mental health staff interviewed indicated treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known inmate-on-inmate abusers at least within 14 days of learning of such abuse history, but usually immediately when staff become aware of this information. When appropriate, treatment is offered by mental health practitioners at MDC Los Angeles. Facility compliance with this standard was determined by a review of policy and documentation and specialized staff (medical and mental health) interviews.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with staff (random)
- Interview with Incident Review Team Member, SIS Investigator
- Interview with Chief Psychologist, Incident Review Team Member

### Standard Summary

PS 5324.12, reviews of incident logs, administrative investigations, and support memorandums address the requirements of this Standard 115.86. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS Lieutenant and/or the FBI/OIG/OIA will conduct all investigations. Interviews with the SIS Lieutenant confirmed that he was knowledgeable concerning the requirements of the process and that he would provide information to the Incident Review Team. MDC Los Angeles conducts a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation was determined to be unfounded. During the last 12 months MDC Los Angeles confirmed 2 unfounded cases of sexual abuse and 1 unsubstantiated case. The team also decides as to whether additional monitoring technology or staffing should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. All required reviews by the team were completed within 30 days of the conclusion of all investigations.

The Incident Review Team consists of the Human Resource Manager, Chief Psychologist, Health Services Administrator, Unit Manager, SIS Lieutenant, and other administrative staff. Based on interviews with members of the Incident Review Team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, and status or gang affiliation. Compliance with this standard was determined by a review of policy and documentation, as well as specialized and random staff interviews.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

## 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM
- Interview with the SIS Lieutenant
- Federal Bureau of Prisons website  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)
- The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates and reviews data from all sources annually. (website)
- Memorandum of Understanding from Assistant Director, Reentry Services Division dated 3/11/13, regarding the duties of the national PREA Coordinator for the Bureau of Prisons including preparing the Annual PREA Report
- Sample: Annual PREA Report 2017
- Sample: Annual PREA Report 2016
- Sample: Annual PREA Report 2015
- Sample: Annual PREA Report 2013

### Standard Summary

PS 5324.12, page 54 and 55, addresses the requirements of Standard 115.87. As confirmed by a review of documents, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facility's Special Investigative Services (SIS) department, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Facility compliance with

this standard was also determined by a review of policy, a review of tracking documentation and staff interviews.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with the Associate Warden/IPCM
- Bureau of Prisons website:  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)
- The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates and reviews data from all sources annually. (website)
- Memorandum of Understanding from the Assistant Director, Reentry Services Division dated 3/11/13, regarding the duties of the national PREA Coordinator for the Bureau of Prisons including preparing the Annual PREA Report
- Sample: Annual PREA Report 2017
- Sample: Annual PREA Report 2016
- Sample: Annual PREA Report 2015
- Sample: Annual PREA Report 2014
- Sample: Annual PREA Report 2013

## Standard Summary

PS 5324.12 addresses the requirements of Standard 115.88. The Federal Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The IPCM forwards data to the respective BOP Regional PREA Coordinator, who in turn forwards all regional results to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. Facility compliance with this Standard 115.88 was determined by a review of policy, a review of Annual PREA Reports for 2013-2017, and staff interviews. MDC Los Angeles met the requirements of Standard 115.88.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
- Interview with BOP National PREA Coordinator
- Interview with the Associate Warden/IPCM
- Memorandum of Understanding from Assistant Director, Reentry Services Division dated 3/11/13, regarding the duties of the national PREA Coordinator for the Bureau of Prisons including preparing the Annual PREA Report

### Standard Summary

PS 5324.12, pages 56 and 57, addresses the requirement of the Standard 115.89. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the BOP and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The reports covers all data required in this standard and is retained in a file. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

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

##### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

This is the second PREA audit for MDC Los Angeles. The date of the last agency PREA review was for MDC Los Angeles was June 2016. MDC Los Angeles allowed the Auditor to conduct private interviews with both inmates and staff.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

MDC Los Angeles implemented corrective actions noted in this report to include and where applicable changes or updates to current BOP Policy Statements, practices or procedures to gain compliance with all PREA Standards. The Auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility complies in all material ways with the PREA standards for the relevant review period. The public has access to reporting mechanisms via the BOP website. MDC Los Angeles posted on the internet the 2016 PREA Audit findings on July 27, 2016.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Sonya Love

08/09/19

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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