

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

Interim       Final

**Date of Report**    June 11, 2019

## Auditor Information

<b>Name:</b> David Andraska	<b>Email:</b> ddafalls@hotmail.com
<b>Company Name:</b> Andraska Consulting, LLC	
<b>Mailing Address:</b> P.O. Box 191	<b>City, State, Zip:</b> Melrose, WI 54642-01915
<b>Telephone:</b> 715 896-2648	<b>Date of Facility Visit:</b> 4/25-26/2019

## Agency Information

<b>Name of Agency:</b> The GEO Group Inc.		<b>Governing Authority or Parent Agency (If Applicable):</b>	
<b>Physical Address:</b> 4955 Technology Way		<b>City, State, Zip:</b> Boca Raton, Florida 33487	
<b>Mailing Address:</b>		<b>City, State, Zip:</b>	
<b>Telephone:</b> 561 999-5827		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:**    GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

**Agency Website with PREA Information:**    <https://www.geogroup.com/PREA>

## Agency Chief Executive Officer

<b>Name:</b> George C. Zoley	<b>Title:</b> Chairman of the Board, CEO and Founder
<b>Email:</b> gzoley@geogroup.com	<b>Telephone:</b> 561 893-0101

**Agency-Wide PREA Coordinator**

<b>Name:</b> Phebia L. Moreland	<b>Title:</b> Director, Contract Compliance, PREA Coordinator
<b>Email:</b> pmoreland@geogroup.com	<b>Telephone:</b> 561 999-5827
<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 108

**Facility Information**

<b>Name of Facility:</b> McFarland Female Community Reentry Facility			
<b>Physical Address:</b> 120 Taylor Avenue, McFarland, CA 93250			
<b>Mailing Address (if different than above):</b> P.O. Box 1487, McFarland, CA 93250			
<b>Telephone Number:</b> 760-246-1141			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The Mission of McFarland Female Community Reentry Facility is to achieve a level of professionalism through excellence and pride while at the same time providing safety and security in the facility, and surrounding community by maintaining the standards of the GEO Group, Inc. and the California Department of Corrections.			
<b>Facility Website with PREA Information:</b> <a href="https://www.geogroup.com/PREA">https://www.geogroup.com/PREA</a>			

**Warden/Superintendent**

<b>Name:</b> Minga Wofford	<b>Title:</b> Warden
<b>Email:</b> mwofford@geogroup.com	<b>Telephone:</b> 661-792-1078

**Facility PREA Compliance Manager**

<b>Name:</b> Claire Calvo	<b>Title:</b> Assistant Warden
<b>Email:</b> ccalvo@geogroup.com	<b>Telephone:</b> 661-792-1078

**Facility Health Service Administrator**

<b>Name:</b> Jamie Pair	<b>Title:</b> Health Services Administrator
<b>Email:</b> jpair@wellpath.us	<b>Telephone:</b> 661-792-1078

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 300	<b>Current Population of Facility:</b> 236
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Number of inmates admitted to facility during the past 12 months		449	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		449	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		449	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-63	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		230 days	
Facility security level/inmate custody levels:		Level 1,2,3,4	
Number of staff currently employed by the facility who may have contact with inmates:		151	
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:		1	
<b>Physical Plant</b>			
Number of Buildings: 9 Building		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		4 Temporary Holding Cells	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): McFarland employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff.			
<b>Medical</b>			
Type of Medical Facility:		On site 24/7 nursing/Mental Health offsite	
Forensic sexual assault medical exams are conducted at:		Adventist Health	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		42	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		111	

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the McFarland Female Community Reentry Facility (McFarland FCRF) owned and operated by The GEO Group Inc. (GEO) was conducted on April 25-26, 2019 by Department of Justice (DOJ) Certified PREA Auditor David Andraska. This was the second PREA audit for the facility. McFarland FCRF contracts with the California Department of Corrections and Rehabilitation (CDCR). A line of communication was developed between the GEO PREA Coordinator, GEO Contract Compliance PREA Manager and the auditor to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review and logistics.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility to include the PAQ, agency, facility and CDCR policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor also viewed the GEO and CDCR websites. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by inmates. Prior to the onsite audit, McFarland FCRF conducted an internal review (mock audit) to prepare for the PREA audit. Results of the review and corrective action taken were discussed with the auditor prior to the start of the audit. The recommendations per the review were implemented prior to the on-site audit.

The Auditor arrived at McFarland FCRF at approximately 8:00 a.m. on April 25, 2019 to begin the auditing process. An entrance meeting was held in the conference room with the Auditor and the Warden, Assistant Warden/PREA Compliance Manager (PCM), Programs Manager, Chief of Security and the GEO Contract Compliance PREA Manager. The tour of the facility began at approximately 8:30 a.m. The auditor was escorted by the PCM and Chief of Security throughout the tour. The auditor was previously provided with a schematic layout of the facility that included building and camera location. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; security mirrors and tested the inmate PREA hotline phone system. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Areas visited during the tour included front lobby, administration, staff dining, hair salon, library, food service, warehouse, laundry, outdoor recreation, academic classroom, maintenance, Administration trailer and central control. An overview of the camera system and camera views was shown to the auditor after the tour was completed.

PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to inmate and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on March 15, 2019. In addition to a complete tour of the facility, the site visit consisted of a thorough review of inmate files, training records, personnel files, investigation reports, supporting documentation and formal interviews with staff and inmates.

McFarland FCRF employs 151 staff that may have contact with inmates. McFarland FCRF contracts for medical/mental health services. A total of 23 staff/contractors and one volunteer were interviewed during the audit. 11 staff were selected for random interviews that included security staff on all three shifts. Twelve facility and Agency specialized staff were interviewed. The specialized staff interviewed included: Agency Head, GEO PREA Coordinator, Warden, PCM, intake and risk screening staff, retaliation monitor, investigator, incident review team member, contract medical/mental staff and the CDCR contract monitor. All staff served as a first responder and all staff interviewed was knowledgeable of their first responder duties and the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

The PCM provided the auditor with housing unit rosters that identified inmates alphabetical, by dorm assignments and race. The inmate count was 236 on the first day of the site visit. The auditor conducted 20 formal interviews. Ten inmates were selected for random interviews. Inmates were chosen by a random selection from each housing unit with various ages and race. Ten inmates that were identified from the target group were interviewed as follows: five (5) inmates who identify as LGB, two (2) inmates that self-identified as transgender, two (2) inmates who reported sexual victimization, and one (1) inmate who was LEP. There were no inmates at McFarland FCRF who were identified as meeting the following categories; youthful offender, blind, inmates with cognitive disabilities, inmates with physical disabilities, or inmates in segregated housing for high risk of sexual victimization. All inmates interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting. Overall inmates stated they felt safe at the facility and were appreciative to be at the facility.

There were two allegations of sexual abuse and two allegations of sexual harassment reported in the past 12 months. The auditor reviewed 4 investigative files during the on-site visit. The files thoroughly document the investigation process per agency policy.

## Facility Characteristics

The McFarland FCRF is located at 120 Taylor Avenue, McFarland, CA which is approximately 126 miles north of Los Angeles. This 36,704 sq. ft., one-story masonry building was financed, designed and built by GEO on five acres of land. It has a well-equipped health care unit and rooms for classroom instruction, counseling, and visitation. Educational areas include a computer laboratory and a library. Indoor and outdoor recreational areas are available. A fully equipped kitchen provides meal service for all inmates and staff. McFarland Female Community Reentry Facility design incorporates modern correctional techniques such as radial design and direct supervision.

The facility was designed, built and financed by GEO in 1986 and originally operated as a minimum security Community Correctional Facility to house male parole violators and short-term offenders for the CDCR. On April 1, 2014, the facility was selected by CDCR to house minimum-security adult female inmates who are within five years of release with a moderate to high risk to reoffend and an assessed criminogenic need as identified by CDCR. Implementing the "GEO Continuum of Care", the McFarland FCRF will provide enhanced rehabilitation and

recidivism reduction programs, including Evidence-based-cognitive behavioral treatment, GED and Adult Basic Education, Life Skills programs and inmate work and training programs. In addition to traditional programs such as academic education and vocational training, the McFarland FCRF provides trauma-informed, gender responsive cognitive behavioral treatment programming. Under the “GEO Continuum of Care” approach evidence-based programs dealing with Substance Abuse, Family Relationships, Anger Management, and Criminal Thinking are provided to female inmates along with transitional assistance to begin reentry planning. In preparation for the current female population, the facility was renovated to provide a more gender responsive environment conducive to providing the extensive programs and services focused on reducing recidivism and implementing the “GEO Continuum of Care”.

The facility is accredited through the American Correctional Association and NCCHC.

## Summary of Audit Findings

When the on-site audit was completed, an exit meeting was held with the Warden, PCM, Programs Manager, Chief of Security, the GEO Contract Compliance PREA Manager and the PREA Coordinator by teleconference. The facility staff was found to be cooperative and professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Warden and staff for their hospitality and commitment to PREA.

**Number of Standards Exceeded:** 7

115.11, 115.15, 115.17, 115.31, 115.33, 115.86, 115.88

**Number of Standards Met:** 38

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed Pre-Audit Questionnaire ("PAQ")

2. GEO Organizational Chart and McFarland FCRF Organizational Chart
3. GEO Corporate Policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention
4. McFarland FCRF Policy 6.H.05, Sexually Abusive Behavior Prevention and Intervention Program
5. GEO website: <https://www.geogroup.com/PREA>
6. Observation while on-site
7. Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Random staff
  - d. Inmates

GEO and McFarland FCRF have a comprehensive policy on sexual abuse and sexual harassment. The policies clearly mandate zero tolerance toward all forms of sexual abuse and sexual harassment and prohibit retaliation against inmates or any staff who reports sexual harassment or sexual abuse against an inmate, or cooperates with an investigation. The policies detail definitions that are compliant with the PREA definitions. The policies address staff training and inmate risk screening and education. The policies further outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse and harassment. Both policies were found to be comprehensive and address all provisions of the PREA standards. The agency's zero-tolerance policy is also posted on its website.

GEO employs an upper-level, agency-wide PREA Coordinator who is a Director in the Contract Compliance Division for GEO. She is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, sending updates to facilities, especially as Frequently Asked Questions are posted on the PREA website. She conducts training and meetings to keep PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 108 PREA compliance managers through three regional coordinators, one community corrections coordinator, and one juvenile coordinator.

GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facility's PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. McFarland FCRF's PREA Compliance Manager (PCM) is the Assistant Warden. She is very knowledgeable of PREA standards and very dynamic in ensuring the facility is PREA compliant. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

The review of established policies and procedures, staff PREA training, Inmate PREA screening, education and information, interviews with staff and inmates, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency-wide PREA Coordinator and facility PREA Compliance Manager, it is apparent that

McFarland FCRF is committed to zero tolerance of sexual abuse and sexual harassment and exceeds the requirement of 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 OR the response to 115.12(a)-1 is "NO".)  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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed Pre-Audit Questionnaire ("PAQ")
2. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency Executive Director

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates.

Compliance with this standard was determined through review of the PAQ and interviews.

## 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  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*)

**Evidence Reviewed (documents, interviews, site review):**

1. McFarland FCRF Completed Pre-Audit Questionnaire (“PAQ”)
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05

4. Approved Facility Staffing Plan
5. Duty Officer's Report: Unannounced PREA Rounds
6. Annual PREA Facility Assessment dated 8/31/2018
7. Diagram: Facility Monitoring Camera Locations
8. Daily Staff Roster: All Shifts
9. Interviews with the following:
  - a. Warden
  - b. PREA Coordinator
  - c. PCM
  - d. Immediate or Higher Level Facility Staff
  - e. Agency Executive Director
  - f. Random staff

GEO ensures each facility develops, documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse by monitoring and reviewing the staffing plans. GEO in collaboration with CDCR (client) determines the staffing plan and the client also monitors compliance with the plan. Policy establishes procedures to develop and monitor staffing plans and uses the criteria found in Standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. Since the last PREA audit, the average number of inmates the staffing plan was predicted on was 300 inmates. Since the last PREA audit, the average daily population of the facility was 249 inmates. In interview with the Warden and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this standard.

The contract that the agency has with CDCR outlines in the Scope of Work, that the agency must maintain full staffing based on 100% occupancy. The design capacity of the facility is 300. The facility covers vacancies of security posts by utilizing overtime. Staff reports are submitted to and monitored by the CDCR Contract Monitor to ensure that contract requirements are met. There were no deviations from the staffing plan.

McFarland FCRF's Annual PREA Facility Assessment is reviewed annually by the facility, CDCR Monitor, GEO Corrections Division, and PREA Coordinator. The signature of the PREA Coordinator on the assessment confirmed that this was done in consultation with her. GEO has established a form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and no major blind-spots or surveillance camera deficiencies identified. There is a brief description of the inmate population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The Annual PREA Facility Assessment

determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. It was noted there were no recommendations for changes to the established staffing plan.

Policy states Department Heads, Facility Management staff and supervisors shall conduct and document unannounced rounds within their respective areas to identify and deter Employee Sexual Abuse and Sexual Harassment. Unannounced rounds shall be conducted on all shifts no less than once per month. Employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. These rounds are documented on the Daily Log Book in each area. These logs were provided for review prior to the onsite visit and additional logs were reviewed while onsite. The practice of these rounds being conducted was also confirmed by interview with staff. The duty officers are also required to complete a weekly round of the facility. Additionally management staff will complete unannounced PREA rounds quarterly and document these rounds on the PREA Unannounced Rounds Questionnaire form.

Compliance with this standard was determined through review of policies, daily logs, unannounced rounds logs, staffing plan, annual facility assessment, observation while on site of camera placement, and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed Pre-Audit Questionnaire (“PAQ”)
2. Interviews with the following:
  - a. PCM
  - b. Warden

McFarland FCRF only houses adult female inmates and does not house youthful inmates.

Compliance with this standard was determined through review of the PAQ and interviews.

## 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  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 here for facilities with less than 50 inmates before August 20, 2017.)  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?  Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A,
3. McFarland FCRF Policy 6.H.05
4. CDCR PREA Training lesson plan
5. Limits to Cross-Gender Viewing and Searches lesson plan
6. Privacy/Modesty Screens and Announcement lesson plan
7. Staff Training Logs
8. Unclothed Body Search Log
9. Cross-Gender Pat Search Log
10. Unannounced PREA Rounds Questionnaire
11. Interviews with the following:
  - a. Warden
  - b. PCM
  - c. Random staff
  - d. Random Inmates

The agency and facility has policies in place regarding offender searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the PAQ, in the past 12 months there *were* no cross-gender strips or visual body cavity searches conducted. Staff and inmate interviews and direct observation determined the facility does not conduct cross-gender strip or cross-gender visual body cavity searches. McFarland FCRF is an all-female facility. Staff members are prohibited from and do not search transgender or intersex inmates to determine an inmates' genital status. All unclothed searches are logged to include the gender identification of the inmate and staff.

The agency and facility has policies and practices that allow inmates to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Based on interviews with staff and inmates and personal observation, it was determined that inmates are able to shower, perform bodily functions and change clothes without male non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with staff and inmates and direct observation determined that staff members of the opposite gender announce their presence and document the announcement in the unit log when entering a housing area. Additionally, there is signage that male staff routinely work and visit inmate housing areas.

Review of PREA training curriculums and training rosters demonstrated staff had been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually and were knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex inmates. Interviews with two transgender inmates indicated searches are completed professionally and respectfully.

The review of policies, documentation, procedures, practice, extensive training and interviews confirms McFarland FCRF exceeds the requirement of this standard.

## 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A,
3. McFarland FCRF Policy 6.H.05
4. Language Service Agreement
5. List of designated staff interpreters
6. PREA Posters (English, Spanish & Hmong)
7. Inmate Orientation Handbook (English & Spanish)
8. PREA Inmate Education lesson plan
9. Observation while on-site
10. Interviews with the following:
  - a. Warden

- b. PCM
- c. Random staff
- d. LEP Inmates

The policies ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. McFarland FCRF has taken appropriate steps to ensure that inmates who are limited English proficient or disabled 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. GEO has a contract with Language Line Services to provide foreign language translation. The facility also maintains a list of designated staff translators. The facility has not housed and is not currently housing any inmates with disabilities who require special accommodations.

The facility takes steps to ensure that offenders who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. GEO has an agreement with Interpreter Unlimited which provides translation of any language. Per policy and staff interviews, inmates are not used as interpreters, when addressing sexual abuse and sexual harassment allegations. Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmates to understand the PREA zero tolerance policy, related material and how to report allegations of sexual abuse or sexual harassment. Interviews with one LEP inmate indicated PREA information was provided in a format she could understand.

Compliance was determined by review of policies, PREA brochures and posters, resources available, supporting documentation, and interviews.

## 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, or 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A,
3. McFarland FCRF Policy 6.H.05
4. GEO on-line application form
5. Personnel files
6. CDCR applicant clearance letter
7. PREA annual disclosure waiver
8. PREA promotional disclosure waiver
9. Email verify flash reporting system
10. Interviews with the following:
  - a. Human Resource Manager
  - b. PCM

The policies ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile, or other penal type institutions; or who have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

The policies require the facility to consider any incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. CDCR performs criminal background checks for all new hires. Additionally all GEO staff have a background check conducted by Career Builder System (CBS). Applicants, who answer on their application for employment that they have worked previously in a confinement setting, receive a PREA verification by CBS. During the conditional offer phase, applicants are asked to disclose any incidents of sexual abuse or sexual harassment either in an institutional setting or in the community. The auditor reviewed a sample of staff application packets and background clearance checks for new hires, employee promotions and contractors. Through review of staff files and interview with the Human Resource Manager, it was determined the facility does not hire or promote staff and contractors are not hired who have engaged in sexual abuse as outlined in policies. The documents and interviews also demonstrated CDCR and the facility considers incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The policies require background checks for staff and contractors prior to hiring or enlisting services of a contractor and again every five years. All staff are fingerprinted. CDCR has a “flash reporting” ongoing monitoring system alert in place for capturing criminal information for current employees. Volunteers require a background check before entering the facility and annually, thereafter. The auditor reviewed background clearance checks for a random sample of employees, contractors and volunteers.

McFarland FCRF does ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct, as described in PREA Standard 115.17 (a), in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of annual reviews of current employees; and impose upon employees a continuing affirmative duty to disclose any such misconduct. GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

Unless prohibited by law, GEO will 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 the individual has applied for work.

The review of policies and procedures, documentation and employee personnel files, interview with the Human Resources Manager and that there is a dual system of background checks (GEO and CDCR) demonstrated McFarland FCRF exceeded the requirement of this standard.

## **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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Interviews with the following:
  - a. Warden

When designing or acquiring any new facility and in planning any substantial modification of existing facilities, McFarland FCRF will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Since the last PREA audit, McFarland FCRF has not acquired any new facility or made expansions or modifications to the existing facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, McFarland FCRF will consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. McFarland FCRF did not install or update its video monitoring system since the last PREA audit.

Compliance was determined by review of policies and interview.

## 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?  Yes  No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. McFarland FCRF Policy 6.H.05
4. Agreement with Forensic Nurse Specialists  
(for sexual abuse forensic evidence and examination services)

5. Contact information for R.A.I.N.N.
6. Statement of Fact
7. Interviews with the following:
  - a. PCM
  - b. HSA

The policies require that an administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment. The policies outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. There is a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The agency and the facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". McFarland FCRF does not house inmates under the age of 18. Criminal investigations are referred to local law enforcement.

Forensic Nurse Specialist provides SAFE and SANE services when necessary. They would provide a forensic exam if applicable and provide education and follow-up treatment to the resident. A MOU has been established. The services are provided at no cost to the victim. PREA cases requiring Mental Health examinations are transported to the client HUB facility for evaluation. The client has contracts with Alliance Against Family Violence and Community Action Partnership for victim advocate services and will provide the victim with contact information if requested during the exam.

Inmates are made aware of the confidential emotional support services available to them and how to access them in the Inmate Handbook and on PREA posters displayed throughout the facility in both English and Spanish. They are informed they can contact the Rape, Abuse and Incest National Network (RAINN).

There have been no requests for a forensic exam or victim advocate service during the past 12 months.

Compliance with this standard was determined through review of policies, procedures, MOU and interviews.

## **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 such publication 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. McFarland FCRF Policy 6.H.05
4. PREA Master Tracking log
5. GEO website
6. Statement of Fact
7. Interviews with the following:
  - a. PCM
  - b. Investigator

The policies require that an administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment. When McFarland FCRF conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. McFarland FCRF has an investigator who has received specialized training in Sexual Abuse investigations. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). Allegations that appear to be criminal are referred to local law enforcement. The procedure and process regarding investigations is posted on the agency website.

The McFarland FCRC PREA Master Tracking Log is used to track all incidents that occur at the facility. In the past 12 months, there were two allegations of sexual abuse and two allegations of sexual harassment reported. There were no cases referred for criminal investigations since the facility opened in 2014.

Compliance with this standard was determined through review of policies, tracking log, agency website and interviews.

## 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A

3. McFarland FCRF Policy 6.H.05
4. CDCR PREA lesson plan
5. User Training Rosters
6. Signed PREA training acknowledgements
7. Interviews with the following:
  - a. PCM
  - b. Training officer
  - c. Random staff

All employees receive PREA training prior to assignment and annually thereafter. The training lesson plan demonstrated the training covered: the zero-tolerance policy for sexual abuse and sexual harassment; how staff should fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the resident's right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches. McFarland FCRF houses adult female inmates. Staff receive gender specific PREA training.

McFarland FCRF staff members received initial PREA training at the Correctional Officers Training Academy (COTA) for all newly hired correctional staff and for non-correctional staff at New Employee Orientation. In-service PREA training is provided annually through scheduled on-line training and staff meetings. Employees sign an acknowledgement form that they have received and understood the PREA training. Staff interviewed were well versed in the PREA policy; their responsibilities in reporting sexual abuse/sexual harassment and staff negligence; their first responder duties; evidence preservation; and transgender and intersex searches. Staff also carries a PREA 1<sup>st</sup> responder card. Staff indicated PREA was always being talked about and was a priority.

Based on review of policies, staff training curriculum, rosters, signed training acknowledgments, annual PREA training, continuous PREA refresher training and reminders and interviews with staff, McFarland FCRF exceeds the requirement for this standard.

## 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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Volunteer PREA training handbook
5. Signed PREA training acknowledgements
6. Volunteer/Contractor PREA Information Sheet
7. Interviews with the following:
  - a. PCM
  - b. Training officer
  - c. Contractors
  - d. Volunteers

Contractors attend the same PREA training as McFarland FCRF employees. The volunteer curriculum is based on the services they provide and level of contact they have with inmates to include training to ensure that volunteers are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Volunteer training is completed for all volunteers and volunteers sign an acknowledgement form upon completion of this training that they submit to their supervisor. Interviews with contractors and a volunteer demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy. All volunteers and contractors who have contact with inmates have been trained on their responsibilities per CDCR policy. The auditor reviewed the training records, signed acknowledgments and electronic verification confirming that all volunteers and contractors received and understood the PREA training.

Compliance with this standard was determined through review of policies, CDCR PREA lesson plan, signed PREA acknowledgements and interviews.

## 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 such education?  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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. PREA comprehensive Offender education lesson plan
5. CDCR PREA Sexual Violence brochure
6. Signed PREA training acknowledgements
7. Inmate Orientation Manual
8. PREA posters (English and Spanish)
9. Interviews with the following:
  - a. Intake officer
  - b. PCM
  - c. Random inmates

During intake, inmates are provided information through the Sexual Violence Awareness brochure and Inmate Orientation manual, available in English and Spanish, which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at McFarland FCRF. On the day of arrival, all inmates sign an Inmate Acknowledgement for receipt of the Inmate Orientation Manual and Sexual Violence Awareness brochures.

Inmates receive comprehensive PREA education as part of the facility orientation process. All new inmates attend orientation within 2 weeks of arrival at the facility and orientation is mandatory. The PCM or designee facilitates the inmate orientation and a PREA video is played and discussed. Inmates also receive the Sexual Violence Awareness brochure again. Inmate sign an acknowledgement indicating received and understood the PREA material.

PREA posters and pamphlets are posted throughout the facility in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. Information on the posters and in the pamphlet include: the zero-tolerance policy; inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. The policies require information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During interviews, inmates acknowledged the information being provided upon the day of arrival at intake and during orientation and have seen posters displayed throughout the institution. The inmates interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. The auditor reviewed signed inmate acknowledgements, which demonstrated inmates received and understood the PREA information. The facility reported that 449 inmates admitted during the past 12 months received PREA information upon arrival and comprehensive training within 30 days of arrival.

The review of policies and documentation, observation during the intake process, comprehensive orientation, PREA video, pamphlets and posters and interviews with staff and inmates, confirms McFarland FCRF exceeds the requirement of this 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 have received 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. PREA Specialized Investigator Training Curriculum
5. User Training Transcript report
6. Signed PREA training acknowledgements
7. PREA Specialized Investigator Training Certificates
8. Interviews with the following:
  - a. Investigator

Per policies, investigators in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. Agency facility trained investigators complete Specialized Training:

Investigating Sexual Abuse in Correctional Settings, facilitated by GEO's PREA Coordinator. The training curriculum was provided for review and found to include interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The facility has six trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files and interviews, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility.

Compliance with this standard was determined through review of policies, training curriculum and records and the interview with the investigator.

## 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### 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.)  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?  Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. CDCR PREA lesson plan
5. Contractor Specialized Medical training curriculum
6. Certificates of Completion of PREA Medical and Mental Health Training
7. Signed PREA training acknowledgements
8. Interviews with the following:
  - a. Medical staff
  - b. Training officer

McFarland FCRF contracts for medical health services with Wellpath (formerly Correct Care Solutions). All full-time and part-time medical health staff receive basic PREA training and specialized PREA training to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. McFarland FCRF does not provide mental health care on site. Inmates are transported to the client HUB.

PREA Specialized Medical and Mental Health training was provided to all health care staff and verification of this training is documented. The specialized training curriculum was provided for review and was found to contain all topics required in 115.35(a).

Medical staffs do not perform forensic exams. SANE exams are performed off-site. Medical health staff interviewed verified receiving specialized training in addition to general PREA training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve evidence.

Compliance with this standard was determined through review of policies, lesson plans, training records, and interviews.

## 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, when 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, when 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, when 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 a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Completed GEO PREA Risk Assessment tool
5. Completed PREA Vulnerability Reassessment Questionnaire
6. Interviews with the following:
  - a. Intake officers
  - b. Program Clerk
  - b. Random inmates

The policies indicate all inmates shall be assessed at intake and upon transfer for their risk of being sexually abused by another individual or being sexually abusive towards another individual housed at the facility. This screening takes place within 24 hours of arrival at the facilities utilizing an objective screening instrument. The facility uses the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available

records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment. There is a dual assessment completed at intake by GEO staff and by a CDCR Sergeant. On information provided on the PAQ, in the past 12 months, 449 inmates that entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of inmate files and inmate interviews confirm inmates were screened within 24 hours of arrival.

McFarland FCRF ensures that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening using the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. An offender's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

Disciplining inmates for refusing to answer or not providing complete information in response to certain screening questions is prohibited. McFarland FCRF implemented appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. At any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness.

Compliance with this standard was determined through review of policies, completed risk assessments, reassessments and interviews.

## 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?  Yes  No
- 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?  Yes  No

- 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?  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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. PREA Risk Assessment Tracking Log
5. Transgender Care Committee report
6. LGBTI Tracking log
7. Search, Shower, Pronoun Preference form
8. Observation while on-site
9. Interviews with the following:
  - a. Case managers
  - b. PCM
  - c. Random inmates

Policies state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. McFarland FCRF shall make individualized determinations about how to ensure the safety of each inmate. The PCM will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. Following a reported allegation of sexual abuse, the PCM ensure victims are placed on the “at risk” log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined “unfounded”, the victim may be removed from the “at risk” log. The PCM will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. In making housing and programming assignments for Transgender or Intersex Individuals, McFarland FCRF shall consider on a case-by-case basis whether the placement would present management or security problems. Transgender and intersex inmates are given the opportunity to shower

alone. McFarland FCRF did not have self-identify transgender or intersex housed during the on-site audit.

Compliance with this standard was determined through review of policies, completed risk assessments, reassessments and interviews.

## 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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Statement of Fact
5. Observation while on-site
6. Interviews with the following:
  - a. Warden
  - b. PCM

Per policy the facility will determine an appropriate method of safeguarding the alleged victim. Victims should not be housed in the same unit/area as the alleged abuser. Victims should be housed in the least restrictive environment possible and allowed to retain personal property that does not present a legitimate security concern. McFarland FCRF does not have a segregation unit. Inmates needing protective custody or who at a high risk of sexual victimization would be placed in a temporary holding cell pending transfer by CDCR. Inmates would not be in a temporary holding cell for more than 4 hours.

There were no incidents that required inmates to be placed in a temporary holding cell pending transfer by CDCR due to the need for protective custody or in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months.

Compliance with this standard was determined through review of policies, observation during tour and interviews.

## 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?  Yes  No

#### 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. CDCR PREA Sexual Violence Awareness brochure
5. Inmate Handbook
6. PREA posters (English and Spanish)
7. Employee Handbook
8. PREA Training Curriculum
9. Observation while on-site
10. GEO website
11. PREA 1<sup>st</sup> Responder Cards
12. Interviews with the following:
  - a. PCM
  - b. Random staff
  - c. Random inmates

The policies mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and that they must promptly document any verbal reports. The facility provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The Inmate Orientation Manual, Inmate phone system, PREA Sexual Violence Awareness brochure and multiple posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. This information is available in English and Spanish.

Interviews with inmates verified they knew of multiple internal and external ways to report incidents of abuse or harassment, and retaliation. The facility provides inmates many multiple

ways to privately report; verbally and in writing to staff; through a third party, by a grievance, or to the CDCR Office of Internal Affairs. Inmates are also provided with the phone number and address for the Office of Inspector General- the PREA Ombudspersons which is a public office that is not part of the Agency. Inmates are also provided the phone number and address for RAINN, an outside victim advocate. Inmates at McFarland FCRF are not detained solely for immigration purposes. During the tour, the PREA hotline was checked and was working.

Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the Employee Hotline or telephoning, e-mailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website and in the Employee Handbook and reviewed in the PREA training curriculum. Staff interviewed were knowledgeable of methods of reporting available to them.

Compliance with this standard was determined through review of policies, PREA information provided to inmates, PREA posters, and observation during the tour and interviews.

## 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  NA

#### 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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Inmate Orientation Manual
5. Inmate Orientation roster
6. Completed emergency grievance
7. Interviews with the following:
  - a. PCM
  - b. Random inmates

Policies show there is a procedure in place for offenders to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. McFarland FCRF does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint; and issues 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. Interviews with random inmates indicated they were aware they could file a grievance regarding sexual abuse.

Third parties, including other inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. When an emergency grievance is received alleging that an inmate is at substantial risk of imminent sexual abuse the grievance will be immediately forwarded to the level of review that immediate corrective action can be taken. An initial response is provided to the inmate within 48 hours and the Warden or his designee is required to issue a final decision within five calendar days. The Warden or his designee will document the initial response and the final decision and determine if the inmate is at substantial risk of imminent sexual abuse and what action was taken in response to the emergency grievance. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith. Inmates are informed of grievance procedures in the Inmate Orientation Manual. In the past 12 months there was one grievance filed related to sexual abuse.

Compliance with this standard was determined through review of the policies and procedures, emergency grievance, Inmate Orientation Manual and interviews.

## **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?  Yes  No
- 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. RAINN Information
5. CDCR PREA Sexual Violence Awareness brochure
6. PREA posters (English and Spanish)
7. Inmate Orientation manual
8. Observation while on-site
9. MOU with victim Advocacy Groups
10. Statement of Fact
11. Interviews with the following:
  - a. PCM
  - b. Medical staff
  - c. Random inmates

Inmates have access to outside advocacy services and telephone numbers for RAINN. Inmates are made aware of this information on PREA posters and the Inmate Orientation manual.

Inmates are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Most inmates interviewed were aware of the confidential support services available to them and how to access them. McFarland FCRF does not house inmates solely for immigration purposes.

PREA cases requiring Mental Health examinations are transported to the client HUB facility for evaluation. The client has contracts with Alliance Against Family Violence and Community Action Partnership for victim advocate services and will provide the victim with contact information if requested during the exam.

Compliance with this standard was determined through review of policies; PREA information available to inmates and interviews.

## 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. PREA posters (English and Spanish)
5. GEO website
6. Third Party reporting posters
7. Observation while on-site
8. Interviews with the following:
  - a. PCM
  - b. Random inmates
  - c. Random staff

Policies state GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of Individuals in a GEO Facility or Program. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include, lobby, visitation and staff break areas within the facility. The procedures establish a method to receive third-party reports of sexual abuse and sexual harassment and to distribute publicly, information on how to report

sexual abuse and sexual harassment on behalf of an Inmate. The websites outline methods to report sexual abuse and sexual harassment on behalf of an inmate. Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline. Posters on display at the facility provide the visitors, staff and Inmates with third party reporting options. Interviews with staff and inmates demonstrated they knew how third-party reporting could be accomplished.

Compliance with this standard was determined through review of policies, GEO website, PREA posters as well as interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Fifty State Survey of Vulnerable Person Statutes
5. CDCR PREA lesson plan
6. Interviews with the following:
  - a. PCM
  - b. Random staff
  - c. Medical staff

Policies require all employees, contractors and volunteers (staff) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; any retaliation against inmates or staff who reported such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. McFarland FCRF does not house inmates under the age of 18. There were no PREA incidents involving vulnerable adults as defined by California State Statutes.

Interviews with staff verified they were aware they must immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; and that they are prohibited from revealing information related to a sexual abuse report other than to people authorized to discuss the report. The contracted health care agency (Wellpath) also requires its medical health practitioners to report. Healthcare staff are required to reveal the limits of confidentiality at the initiation of services. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to their immediate supervisor or PCM.

Compliance with this standard was determined through review of the policies, documentation, PREA training curriculum and interviews.

## 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. CDCR PREA lesson plan
5. Statement of Fact
6. Interviews with the following:
  - a. PCM
  - b. Random staff
  - c. Warden

Policies and training require staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental. Interviews with staff demonstrate they know the steps to take to protect an Inmate subject to risk of imminent sexual abuse. Security personnel immediately employ protection measures as the information is passed to the supervisor and PCM.

The Warden stated that if it was suspected an inmate was at substantial risk of sexual abuse she would immediately move the offender and investigate. The Warden stated immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer and make referrals to medical and

mental health as needed. No inmates reported being at substantial risk of imminent sexual abuse, during the past 12 months.

Compliance with this standard was determined through review of the policies, PREA training curriculum and interviews.

## 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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Interviews with the following:
  - a. PCM
  - b. Warden
  - c. Captain

Per policies, when an allegation is received that an inmate was sexually abused while confined at another institution, the procedure requires the Warden to notify the Warden, where the alleged abuse occurred within 72 hours after receiving the allegation. The notification shall be documented. The policy also requires that all sexual abuse allegations reported by another institution regarding any inmate that was confined at McFarland FCRF to reported to the PCM and be fully investigated. An interview with the Warden and PCM confirmed their knowledge of the procedure and their responsibility to report and investigate any allegations that may have occurred at McFarland FCRF. There were one allegation reported that an inmate was sexually harassed while confined at another institution in the past 12 months. A copy of an email was provided that showed the facility Warden where the alleged incident took place was immediately notified. The facility did not receive information from another facility that an inmate alleged sexual abuse while housed at McFarland FCRF in the past 12 months.

Compliance with this standard was determined through review of the policies and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. CDCR PREA lesson plan
5. 1<sup>st</sup> Responder Card
6. Signed acknowledgement of receipt 1<sup>st</sup> Responder card
7. Interviews with the following:
  - a. PCM
  - b. Random staff

The policies and training outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Random interviews with staff confirmed they were very knowledgeable about what to do upon learning an inmate was sexually abused, to include separating the alleged victim and abuser and preserving and protecting the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing their teeth, changing clothes, urinating, defecating, smoking, drinking or eating. They are to immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel. Staff also carries a PREA 1<sup>st</sup> Responder card. McFarland FCRF reported it had no allegations which required implementing all first responder duties, during the past 12 months.

Compliance with this standard was determined through review of the policies, PREA training curriculum, staff PREA cards and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. McFarland FCRF PREA Coordinated Response Plan
5. PREA Incident Checklist
6. Interviews with the following:
  - a. Warden
  - b. Random staff
  - c. Shift Supervisor

McFarland FCRF has developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The policies and Coordinated Response Plan is comprehensive in describing required actions by security and specialized staff. An attachment to the response plan, PREA Incident Checklist, ensures that all steps of the plan are carried out. The PCM, Chief of Security, Lieutenants and Director of Nursing are responsible to ensure compliance to the plan. Interviews with the Warden, Shift Supervisors, first responders, medical/mental health, and investigators confirmed staff members were knowledgeable about the Response Plan and their specific responsibilities as it relate to responding to sexual abuse allegations and their coordinated duties and collaborative responsibilities.

Compliance with this standard was determined through the review of policy, procedure, the facility's Coordinated Response Plan and interviews with staff.

## **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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Statement of Fact
5. Documentation indicating staff removal from facility and area
6. Interviews with the following:
  - a. Agency Head
  - b. Warden

The policies state GEO and or the facility would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. Per the statement of fact, McFarland FCRF does not participate in collective bargaining agreements. In the past 12 months, there were no alleged PREA incidents where staff had to be separated from an inmate. The auditor reviewed one documents from 2016 indicating the alleged staff abuser being placed on leave pending the outcome of the investigation.

Compliance with this standard was determined through review of the collective bargaining agreement, documentation and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Completed Protection Against Retaliation Form
5. Interviews with the following:
  - a. PCM
  - b. Warden

McFarland FCRF designated the PCM as the person responsible for monitoring retaliation. The policies also state facilities shall provide multiple protection measures for inmates or staff members who fear retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. The PCM Manager meets immediately with the alleged victim and then every 15 days in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed are noted on the Protection Against Retaliation form to include corrective actions taken to address the issue. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days, if the monitoring indicates a continuing need. All monitoring meetings are conducted face to face.

Interviews with the Warden and PCM indicated McFarland FCRF uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff members or inmate abusers from contact with the victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual

harassment or for cooperating with investigations. The auditor reviewed a completed retaliation monitoring form and found it to be completed per policy. In the past 12 months, it was reported there were no incidents of retaliation that occurred.

Compliance with this standard was determined through review of the policies, procedures and retaliation monitoring forms and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Statement of Fact
5. Interviews with the following:
  - a. PCM
  - b. Warden

The policies prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary protective custody unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser. The use of segregated housing to protect inmates who allege to have suffered sexual abuse is subject to those requirements outlined in 115.43.

McFarland FCRF does not have a segregation unit. Inmates needing protective custody or who at a high risk of sexual victimization would be placed in a temporary holding cell pending transfer by CDCR. Inmates would not be in a temporary holding cell for more than 4 hours. Placement over four hours would be justified in writing and approved by the client for each additional four hour increment.

In the past 12 months no inmates were placed in involuntary segregated housing for this purpose.

Compliance with this standard was determined through review of policies, practice and interviews.

## 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/ 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. McFarland FCRF Policy 6.H.05
4. PREA Allegation Tracking log
5. Administrative Investigative Report
6. Interviews with the following:
  - a. PCM
  - b. Investigator

The policies require an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the facility. When McFarland FCRF conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. McFarland FCRF has six investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

An Outside Law Enforcement Agency will investigate PREA Allegations involving possible criminal conduct, as such, local law enforcement shall interview alleged victims, suspected perpetrators and witnesses. Since the last PREA audit there no allegations of sexual abuse referred for prosecution.

The Investigator indicated during his interview, a uniform evidence protocol is followed during investigations of sexual abuse and sexual harassments. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff and a preponderance of evidence is enough to substantiate an investigation. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation. The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to the completion of an investigation. All investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The interview with the Investigator, confirmed both administrative and criminal investigations are documented. The investigative process was articulated by the Investigators during the interview.

There were two allegations of staff on inmate sexual abuse, one was determined to be unsubstantiated and one was unfounded. There were two allegations of inmate on inmate sexual harassment and both cases were determined to be unsubstantiated. The auditor

reviewed all investigative reports and found them to be completed promptly, thoroughly and per policy.

Compliance with this standard was determined through review of policies, PREA tracking log, investigation files and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

- McFarland FCRF Completed PAQ
- GEO Corporate Policy 5.1.2-E
- McFarland FCRF Policy 6.H.05
- Investigative Reports
- Interviews with the following:
  - PCM
  - Investigator

The policies states, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the Investigator and PCM found that McFarland FCRF does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of Investigative reports indicated preponderance of evidence was used in determining findings.

Compliance with this standard was determined through review of the policies, Investigative Reports and interviews.

## 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. McFarland FCRF Policy 6.H.05
4. Administrative Investigative files
5. Notice of Outcome of Investigation
6. Interviews with the following:
  - a. Warden
  - b. Investigator

Per the policies, at the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded.

Following an inmate's allegation that an employee has committed sexual abuse against the inmate; the facility is required to inform the inmate of the outcome of the investigation. The inmate is to be informed if the staff member is no longer posted within the inmate's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that she has been sexually abused by another offender, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. The victim will be provided an updated notification at the conclusion of a criminal proceeding, if the inmate is still in custody at the facility. The facility's

obligation to report under this standard shall terminate if the offender is released from GEO custody

There were four allegations of sexual abuse and/or sexual harassment reported during the past 12 months. In the review of the investigative files, it was noted that the signed copy of the Notification of Outcome of Allegation was included in the file.

Compliance with this standard was determined through review of policies, investigative files, Notification of Outcome of Allegation form and interviews.

## 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. GEO Employee Handbook
5. Employee Termination Documentation
6. Interviews with the following:
  - a. Warden
  - b. PCM

Per policies, staff members are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policy relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The policy also states that staff, volunteers and contractors will cooperate during an investigation. Failure to cooperate may mean disciplinary action, including dismissal, for the staff member.

Staff are made aware of the zero-tolerance policy and the penalties for violating the policy in the Employee Handbook. In the past 24 months, there were no terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation. The auditor reviewed an employee termination from 2016 for a PREA violation

Compliance with this standard was determined through review of policies, practice and interviews.

## **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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. PREA training curriculum
5. Interviews with the following:
  - a. Warden
  - b. PCM
  - c. Volunteers
  - d. Contractors

Policies prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The Warden stated during interview that if an allegation of sexual misconduct by a volunteer or contractor is reported, the person would not be allowed back on the facility until the completion of the investigation and only if the allegation is found to be unsubstantiated or unfounded. In the past 12 months there have been no PREA allegations reported regarding contractors or volunteers. Interviews with contractors and volunteers confirmed they were aware the punishment for engaging in sexual abuse or sexual harassment of inmates.

Compliance with this standard was determined through review of policies, PREA training curriculum and interviews.

## 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)**

- 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. McFarland FCRF Policy 6.H.05
4. CDCR Title 15 Regulations
5. Rules Violation Report
6. Interviews with the following:
  - a. Warden
  - b. Captain

Per policies, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate 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. The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there has been no administrative or criminal inmate on inmate sexual abuse findings. McFarland FCRF prohibits all sexual activity between inmates and disciplines inmates for such activity. The facility provided copies disciplinary reports for inmates violating this rule. No inmates were found guilty of filing a false PREA report in the past 12 months. CDCR conduct the disciplinary process.

Compliance with this standard was determined by review of policies, practice and 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*)

### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05

4. Completed GEO PREA Risk Assessment tool
5. Completed PREA Vulnerability Reassessment Questionnaire
6. PREA Risk Assessment log
7. Interviews with the following:
  - a. Intake officers
  - b. Medical staff
  - c. PCM

Per policy, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse within 14 days of the intake screening.

Medical staff obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting. Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and management decisions or otherwise required by federal, state or local law.

McFarland FCRF does not provide mental health care on site. Inmates are transported to the client HUB. Inmates who scored at risk for victimization during the PREA initial risk screening are referred to mental health and seen within 14 days. The PAQ indicated 100% of the inmates assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider.

Compliance with this standard was determined through review of policies, PREA risk assessments, vulnerability reassessments and interviews.

## **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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Interviews with the following:
  - a. Medical staff
  - b. PCM

Policy state inmate victims of sexual abuse shall 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; and inmate victims of sexual abuse while incarcerated shall be offered timely information about information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. McFarland FCRF medical department is staffed 24/7 and mental health is offered off-site at the client HUB. Forensic exams are provided off-site at a local hospital. The services are provided at no cost to inmates regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical Staff interviewed reported the required information and services would be provided immediately and unimpeded. There have been no allegations of sexual abuse reported in the past 12 months; therefore no access to emergency medical and mental health services was required.

Compliance was determined through review of policies, statement of facts and interviews.

## 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.)  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.)  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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Mental Health documentation
5. Interviews with the following:
  - a. Medical staff
  - b. PCM

Policies and interviews with Medical staff indicate McFarland FCRF offers medical and mental health evaluations and, as appropriate, follow-up services and treatment to all inmates who have been victimized by sexual abuse. Inmates will be offered all; Pregnancy tests, timely access to all lawful pregnancy-related medical services, prophylactic treatment and follow-up for sexually transmitted or other communicable diseases; counseling and testing; and will be referred to the mental health staff for crisis intervention as necessary. Medical staff when asked, considered the level of care comparable to (or better than) the community level of care. Mental health evaluations are conducted off-site on all known inmate-on-inmate abusers within 60 days of learning of such abuse. Victims are provided services without cost whether the victim names the abuser or cooperates with any investigation. In the past 12 months, there were no allegations of inmate sexual abuse requiring ongoing treatment services.

Compliance with this standard was determined through review of policies, procedures and 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Administrative Investigative Report

- 5. After Action Reports
- 6. Interviews with the following:
  - a. PCM
  - b. Investigator

Per policies, the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. The policies identify the minimum members of the review team and cover the process for sexual abuse incident reviews, to include the form the review team uses. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

McFarland FCRF would conduct a sexual abuse incident review within 30 days of the conclusion of every investigation that was substantiated or unsubstantiated. The review team is chaired by the PREA Compliance Manager and includes other upper level management members and is assisted by line supervisors, investigators, and medical or mental health practitioners. There were after action reviews completed for all substantiated and unsubstantiated allegations of sexual abuse and sexual harassment investigations. The auditor reviewed all PREA After-Action Review Reports completed. The review did make recommendations for improvements which were implemented. Incident review team members were interviewed and were knowledgeable of the process.

It was determined that the facility exceeds the requirement of this standard as it completes reviews for sexual harassment in addition to sexual abuse. Compliance with this standard was determined by review of the policies, completed PREA After-Action Review Report and 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. Monthly and Annual PREA incident tracking form
5. GEO PREA Data Annual Report 2017 and 2018
6. Interviews with the following:
  - a. PCM
  - b. PREA Coordinator

Policies requires uniform data be collected for every incident of sexual abuse alleged to have occurring at McFarland FCRF using a standardized instrument and set of definitions. The PREA Compliance Manager at McFarland FCRF is responsible for collecting specific PREA data and submitting it to CDCR and GEO central office. The Agency PREA Coordinator is

responsible for collecting data from the agency institutions/facilities and ensuring that such data includes the information necessary to complete the Federal Bureau of Justice Statistics "Survey of Sexual Victimization" (SSV) form.

The data is used to assist the department in prevention, detection, and response policies, practices, and training. Interview with the GEO PREA Coordinator indicated the data is aggregated and an annual report prepared and compared to prior year reports, thus assisting in identifying problem areas, and taking corrective actions.

Compliance was determined through review of the policy and supporting documentation, GEO Annual Reports and 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*)

Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. GEO PREA Data Annual Report 2017 and 2018
5. GEO website
6. Interviews with the following:
  - a. PCM
  - b. PREA Coordinator

GEO reviews all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The agency does this by identifying program areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed.

The PREA Coordinator prepares an annual report which includes corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years to provide an assessment of GEO's progress in addressing sexual abuse. The GEO PREA Coordinator forwards the annual report to the Vice President of Operations for his signature and approval. The report is made public annually on GEO's website at [www.geogroup.com/PREA](http://www.geogroup.com/PREA).

The review of the policies, the GEO Annual PREA Reports which provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and interview with the PREA Coordinator demonstrated McFarland FCRF exceeded the requirements of this standard.

## 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*)

#### Evidence Reviewed (documents, interviews, site review):

1. McFarland FCRF Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. McFarland FCRF Policy 6.H.05
4. GEO PREA Data Annual Report
5. GEO website
6. Interviews with the following:
  - a. PCM
  - b. PREA Coordinator

Per policies, GEO and the facility ensures that all sexual abuse data collected is properly stored and securely retained for at least 10 years. Access to data is controlled.

GEO make all aggregated sexual abuse data from all facilities under their control readily available to the public in an annual report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed. The most current annual reports are available on GEO's website at [www.geogroup.com/PREA](http://www.geogroup.com/PREA).

Compliance with this standard was determined through review of the policy, GEO PREA Annual Report, GEO website and 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*)

GEO policy 5.1.2-A, was reviewed and meets the requirement of this standard. The policy states during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice. This is the second PREA audit for McFarland FCRF. The GEO website has PREA audit reports posted for 115 facilities which are either the first or a recertification audit.

The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with inmates and staff during the site visit. Notice of PREA audit was posted on March 15, 2019. Interviews with inmates stated they have seen posting. No inmates contacted the auditor prior to the audit.

## 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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

Per the CDCR and GEO policies and standard requirements, the CDCR and GEO ensure that this final report will be published on their respective websites to be available to the public. The GEO website has PREA audit reports posted for 115 facilities which are either the first or a recertification audit. The most recent audit report appearing on the website was completed on May 18, 2019, well within the 90-day requirement.

## 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.

David Andraska P5115

6/11/2019

**Auditor Signature**

**Date**