

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 21, 2017

Auditor Information			
Auditor name: Thomas Eisenschmidt			
Address: 26 Waterford Lane Auburn, NY 13021			
Email: tome8689@me.com			
Telephone number: 315-255-2688			
Date of facility visit: June 12-14, 2017			
Facility Information			
Facility name: Naval Consolidated Brig Miramar			
Facility physical address: 46141 Miramar Way, San Diego, CA 92145			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 858-577-7001			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Commander Jennifer Forbus			
Number of staff assigned to the facility in the last 12 months: 260			
Designed facility capacity: 424			
Current population of facility: 202			
Facility security levels/inmate custody levels: Medium Security Facility; Male: Level II / Female: Level III			
Age range of the population: 20-46 (range)			
Name of PREA Compliance Manager: Chief Jose C. Lavarias		Title: PREA Compliance Manager	
Email address: jose.c.lavarias@navy.mil		Telephone number: 858-577-7046	
Agency Information			
Name of agency: Navy Personnel Command, Navy Corrections and Programs Office			
Governing authority or parent agency: <i>(if applicable)</i> Bureau of Naval Personnel			
Physical address: 5720 Integrity Dr, Bldg 457, Rm 64, Millington, TN 38055			
Mailing address: <i>(if different from above)</i>			
Telephone number: 901-874-4451			
Agency Chief Executive Officer			
Name: Mr. Timothy E. Purcell		Title: Director, Corrections and Programs	
Email address: timothy.purcell1@navy.mil		Telephone number: 901-874-4452	
Agency-Wide PREA Coordinator			
Name: Mr. John Pucciarelli		Title: Deputy Director, Corrections and Programs	
Email address: john.pucciarelli@navy.mil		Telephone number: 901-874-4569	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Naval Consolidated Brig Miramar (NCBM) was conducted on June 12-14, 2017 by Auditor Thomas Eisenschmidt. The auditor received the PREA Pre-Audit Questionnaire, folders for the 43 standards and their supporting documents from the facility 5 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival.

This was the second PREA audit for Naval Consolidated Brig Miramar. The entrance briefing for the PREA audit was held on June 12, 2017 with Commanding Officer- CDR Jennifer L. Forbus, Executive Officer- CDR Cliff J. Uddenberg, Command Master Chief- CMDM Erik K. Copley, PREA Coordinator- Mr. John A. Pucciarelli, Operations Department- Maj Steven C. Brenoskie, Technical Director- Mrs. Lori F. Turley, Technical Advisor- MGySgt Jason C. Church, Command Evaluator- Mr. Randy R. Avalos, PREA Compliance Manager- ABEC Jose C. Lavarias, Prisoner Management Department- Mr. Thomas P. Dooley, Command Investigator- MAC James Guthrie, Supply Officer- LT Michael C. Navarro, Clinical Services- Ms. Deborah A. Owen, Programs and Industries- Ms. Ann-Marie Martinez, and Training- Mr. Brian K. Teets

The auditor gave a brief overview of the audit process and once it was completed the interview portion of the review began. A list of random inmates from each of the housing units (32 prisoners), prisoners disclosing prior victimization (3), prisoners identifying as LGBTI (5), prisoners reporting sexual abuse (3), and prisoners who sent letters to the auditor prior to the audit (2) were interviewed. Forty five (45) prisoner interviews were conducted while on site.

The first prisoner letter indicated he had PREA concerns and wished to talk to me. Upon interviewing this prisoner, he alleged to the auditor he had just arrived at Miramar but prior to leaving his last facility he had been sexually assaulted. The auditor immediately notified the facility PREA Manager who immediately notified the facility Commander. An investigation was initiated that same day after notifying the prisoners' prior facility. The case was still open at the conclusion of the site visit.

The second letter contained numerous allegations of retaliation and failure to properly conduct PREA complaints when filed by this individual. He also brought up unrelated PREA complaints about military procedures. The Commanding Officer produced documentation demonstrating each allegation that the prisoner made was thoroughly and properly investigated according to facility and military procedure. The retaliation accusation that he made was also thoroughly investigated and found to be unfounded.

Once the prisoner interviews were completed the specialized staff interviews were conducted. They included the following staff: Agency Director, PREA Coordinator, Health Care Practitioner, Human Resources, Mid-Level Supervisor (2), Risk of Victimization Assessment (2), Mental Health Practitioner, Restricted Housing Supervisor, Prisoner Management staff, Retaliation Monitor, Victim Support Person, Incident Review Team Member, PREA Manager, Facility Investigator, NCIS Investigator and the Commanding Officer.

There were 12 PREA investigations conducted at Miramar during the last 12 months. NCIS determined in one (1) case that elements of a crime did exist. There were five (5) sexual abuse allegations. Two (2) allegations involving staff and three (3) allegations involving other prisoners. The two (2) allegations made against staff were unfounded. The first sexual abuse allegation against another prisoner was unfounded, one unsubstantiated, and one allegation against another prisoner was substantiated. The facility conducted four (4) sexual harassment investigations during the last 12 months. Two (2) allegations made against other prisoners were substantiated and two (2) allegations made against staff were unsubstantiated. Three cases of voyeurism were investigated at Miramar in the last twelve months. The two (2) allegations made against staff were unfounded and the one (1) allegation made against another prisoner was unsubstantiated. The final investigation included an allegation of sexual misconduct (exposure) of one prisoner against another. This case was found substantiated, but not reported as PREA.

Training records (2014, 2015, and 2016) for staff at Miramar were reviewed. During those calendar years, every staff member received the annual PREA training. The auditor also reviewed records for the one time additional training requirements for each Investigator and the Medical and Mental Health staff.

At the conclusion of the site visit at the Naval Consolidated Brig Miramar, the auditor met with Commanding Officer- CDR Jennifer L. Forbus, Executive Officer- CDR Cliff J. Uddenberg, Command Master Chief- CMDM Erik K. Copley, Technical Director- Mrs. Lori F. Turley, PREA Coordinator- Mr. John A. Pucciarelli, Command Evaluator- Mr. Randy R. Avalos, PREA Compliance Manager- ABEC Jose C. Lavarias, and Prisoner Management Department- Mr. Thomas P. Dooley in attendance. The auditor let those present know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to ensure compliance to the Prison Rape Elimination Act.

The Consolidated Brig Miramar is a well-managed facility with complete cooperation between every level of its' operation (Command, Custody, Medical, Mental Health and other staff) in developing, implementing and monitoring on a daily basis the requirements of the 43 PREA standards. Review of the facility documentation, observations during the tour, interviews with staff and prisoners and triangulating this information with the PREA standards confirmed that Miramar staff considers PREA a number one priority and has developed, implemented and are monitoring all of the 43 standards to ensure compliance with their requirements.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Naval Consolidated Brig Miramar (NCBM) is an adult male and female, medium-security military corrections facility located on Marine Corps Air Station (MCAS) Miramar 12 miles north of downtown San Diego, California. The installation consists of two main buildings and nine smaller buildings. The original brig was constructed in 1989 and was expanded in 2011. The facility resides on approximately 37 acres.

NCBM has a rated capacity of 424 with a count of 211 on hand the day the audit team arrived. 196 were male and 15 female. The population was made up of 65 U.S. Navy, 61 U.S. Marine Corps, 53 U.S. Air Force, 21 U.S. Army, and 11 U.S. Coast Guard. It is a level II facility for males with a 1 year to less than 10 year sentence and a level III for females with a 1 year to greater than 10 sentence. All female prisoners within all of the military services with sentences greater than 1 year are housed at this facility. One of the female prisoners is serving a life sentence for attempted murder. Sex Offenders make up 79% of the population. All prisoners are or were members of the U.S. military. Some have been discharged from the military while in confinement but are still serving sentences for felony convictions.

The Brig compound is enclosed by a double 14-foot chainlink fence topped with a combination of razor wire and concertina wire. Entry to and exit from the facility are controlled through an electronic security system. Master Control Center (MCC) staff control all access through sally ports and the facility perimeter. All staff and visitors must pass through a walkthrough metal detector.

Adjacent to the main lobby, and outside the security perimeter, are the Brigs training offices, staff kitchen, training room, audio-visual equipment storage, lock shop, armory, staff exercise room, and staff locker rooms. The main buildings are divided into eight housing units and seven administrative areas, all monitored by MCC. Prisoners are assigned to a Facility Level based upon sentence length and program needs. Level 1 is for pre-trial prisoners and those offenders adjudged with short sentences up to one year. Level 2 is up to ten years and Level 3 is greater than ten years. NCBM houses prisoners at all three Levels.

Housing Units A1, A2, B1, B2 and B3, male only: Each housing unit is divided into two areas with 40 cells in each area [20 on the first level and 20 on a mezzanine]. Each housing unit has a day room and an adjacent recreation yard. A Unit Management Team which consists of a unit manager, counselor, two middle-management enlisted staff and five quarters supervisors operating under a military model. Cells are 80 square feet single-occupancy. Prisoner movement within the housing units is controlled by their own local control centers located at the Quarters Supervisors desk. Unit management team offices are located within the housing units. There are 18 male Special Quarters, or segregation cells, located in A1. An additional nine segregation-capable cells are available in A2. Two of the housing units, A2 and B2, are currently closed.

Housing Units B4 and B5, male only: Each housing unit has 60 cells in each structure [30 on the first level, 30 on a mezzanine]. Each housing unit has a day room and shares a recreation yard. These Housing Units have a Unit Management Team the same as described above. The cells here are also 80 square feet single occupancy, and prisoner movement within the Housing Units is controlled by their own local control centers located at the Quarters Supervisors desk. Unit management team offices are located within the housing units. There are two medical isolation negative pressure cells in B5. These housing units are open and operational.

Housing Unit B6, female only: The Womens Correctional Facility (WCF) area has 66 80-square foot single-occupancy cells arranged around a common dayroom. B6 is divided into "communities", for pre-trial prisoners, general population prisoners, long term prisoners, and incentive level prisoners. The unit has self-contained office space as well as group counseling rooms and separate laundry facilities. Indoor and outdoor recreation areas are located at the east end of the building. This Housing Unit is managed by the same Unit Management Team concept. Movement within the housing unit is controlled by its own local control center located at the Quarters Supervisor's desk. A female-only segregation area has four disciplinary cells and ten administrative segregation cells, including medical isolation and suicide risk.

Building C1 houses the Parole and Release and Clinical Services. Buildings C2 and C5 house the Library, Religious Programs and Housing Administration. Building C3 houses MCC, Operations, and Medical / Dispensary area.

Building C4 houses Administration, Finance and Information Technology offices. Executive and administrative personnel provide management analysis, information management, financial management, personnel management, and institutional support. This area contains the offices of the Commanding Officer, Executive Officer, Corrections Technical Director, Administrative Officer, ACA Manager, PREA Compliance Manager, and Finance Officer, as well as personnel offices, records storage, the main telephone switchboard, a conference room, and centralized computer support.

Building C6 houses Supply/Warehouse and Industries operations. Several smaller adjacent buildings support the Brig's logistics requirements and the Brig Safety and Hazardous Material [HazMat] control offices are located here.

Building C7 contains Program Support, to include the Visitor Control Center [VCC], a video arraignment room, legal visitation rooms, a second galley, prisoner visitation and recreation space, conference and class rooms, a medical suite, a Reentry Resource Center, an outdoor

atrium, office space, and an expanded staff lounge. The galley and associated dining hall feed sixty people at a time. The VCC also serves as a fully-capable backup to the Master Control Center.

Building C8 contains Industries and Maintenance, to include vocational training classrooms, industrial shops and offices to support an embroidery shop, a metal and welding shop, maintenance staging space, and an industrial engraving shop.

The NCBM offers programs and services to include food services, medical care, dental care, recreation, multi-denominational religious programs and services, work programs, academic education and vocational education, visitation, social and mental health services, library, laundry, , mail and telephone access.

The mission of Naval Consolidated Brig Miramar is to ensure the security, good order, discipline, and safety of pre-trial and post-trial prisoners; to retain and restore the maximum number of personnel to honorable service; and to prepare prisoners for return to civilian life as productive citizens

SUMMARY OF AUDIT FINDINGS

On June 12-14, 2017 a site visit and PREA compliance audit was conducted at the Consolidated Brig Miramar. The final report was provided on July 21, 2017. The final results of the audit of that institution are listed below

Number of standards exceeded: 10

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The auditor reviewed the Prison Rape Elimination Act Ser 00D/040 and SOP 817.2 Miramar Prison Rape Elimination Act Compliance confirm that these policies are in place and enforced to ensure the agency has direction mandating zero tolerance toward all forms of sexual abuse and sexual harassment. These policies outline the agency's and facility approach to preventing, detecting, and responding to such conduct. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of prisoners with sanctions for those found to have participated in prohibited behaviors. Also, these documents includes the agency strategies and response to reduce and prevent sexual abuse and sexual harassment of prisoners. Interviews with the PREA Coordinator and Miramar PREA Compliance Manager confirm they have been trained on PREA compliance and know PREA means Safe and Secure Prisons. During the facility the auditor observed posters regarding zero tolerance toward all forms of sexual abuse and sexual harassment along with reporting and support contact phone numbers and addresses strategically placed throughout the facility.

Mr. Timothy Purcell is the Director, Navy Corrections and Programs Office. During his interview, he described how he has committed his Agency to providing a safe environment for staff and prisoners by ensuring the PREA standards remain a top priority with each of his five Brigs. He informed this auditor that any expansions and major facility modifications will continue to take into account the PREA Standards when considering design and installing video enhancements.

Mr. John Pucciarelli is the Deputy Director, Corrections and Programs Office and is the agency's PREA Coordinator. He has direct access to the Director and has the authority to manage the agency's PREA Program. The PREA Program is managed through five (5) institutional PREA Compliance Managers, who report to him directly. Agency updates and changes are forwarded from his office to each of the Brigs. Mr. John Pucciarelli was present during the audit.

ABEC Jose C.Lavarias is the PREA Compliance Manager at Miramar. This was his first PREA audit in this title. Mr. Lavarias is confident with his duties and his knowledge with the PREA policies, PREA standards and the PREA process is exceptional. He was an asset to this auditor prior, during and after the site visit. He confirmed he has access to the the PREA Coordinator during his interview. He also indicated during his interview that he had enough time during his work day to perform his PREA responsibilities. Prisoners and staff were well aware of his position at Miramar as the point of contact for any questions, concerns reporting or information relating to PREA.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Since the previous audit Navy Corrections and Programs, has contracted with two small private facilities. A facility contract monitor oversee all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency includes in each of their contracts the requirement that each adopt and comply with the PREA standards. In fact both of these facilities have received successful PREA Audits. The contract monitor ensures reviews and site visits are completed at each facility by representatives of the Navy Corrections and Programs Office. If anything of immediate risk is identified, the contract monitor would take immediate action to have the facility resolve the situation.

Standard 115.13 Supervision and monitoring

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

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

In accordance with SOP 817.2, Prison Rape Elimination Act Compliance, the Miramar Operations Officer and Prisoner Management Department Director shall develop, document, and make their best efforts to comply on a regular basis with a security staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect prisoners against sexual abuse. The written staffing plan shall be developed sufficiently in advance for internal review and further submission to the Navy Corrections and Programs Office (headquarters) by 15 March each year. The staffing plan conforms to direction and allocations as directed by the brig’s Manpower Management Committee. The facility takes into consideration generally accepted detention and 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 facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated), the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable Federal State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

The Commander confirmed utilizing these considerations during her interview and also stated that she must be notified when there is any deviation from this plan. Deviations must be made in writing with the reason for it.

The Miramar staffing plan is reviewed and assessed annually, documented and made available for review. The auditor reviewed these annual assessments done for years 2014, 2015 and 2016. Upon completion of each review, the report is discussed with the Agency PREA Coordinator and then forwarded to the Director.

SOP 817.2 requires intermediate-level and higher-level supervisors designated by the Commanding Officer to conduct regular and random unannounced rounds to identify and deter staff and prisoner sexual misconduct. The supervisory staff indicated during their interviews that their unannounced rounds are accomplished by staggering the round times on a daily basis and locations so staff do not become aware of when they are conducting them. The auditor found supervisor signatures in logs during the tour.

Standard 115.14 Youthful inmates

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

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

The likelihood of Miramar confining a prisoner under the age of 18 is very unlikely and there are no records of a minor being housed in the facility. Most individuals enlisting at age 17 achieve their 18th birthday upon completion of “boot camp”. The only other way any of the services would have someone under the age of 18 would be if the individual lied about their age upon entering into the military.

Should this occur, Miramar does have a policy and procedure in place to house these youthful prisoners separately from adults ensuring sight and sound separation outside of the adult Housing Units.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Miramar SOP 817.2, Prison Rape Elimination Act Compliance prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal/genital opening) except in exigent circumstances to ensure safety or to preserve evidence or when performed by a medical practitioner. Any cross-gender strip searches shall be annotated in the facility Strip Search Log, Brig Log and CDO Report. There were zero cross-gender searches or cross-gender visual body cavity searches conducted at Miramar during the last twelve months. Interviews with staff confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches. The random prisoner interviews disclosed that they had not had cross gender strip searches conducted on them.

This same policy requires facility staff shall enable prisoners to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia. Facility staff of the opposite gender are also required by this policy to announce their presence when entering a prisoner housing unit. During the time the auditor was present, he observed female staff verbally announce their presence when entering the male prisoner living areas and male staff verbally announce their presence when entering the female prisoner living areas. The prisoner interviews confirmed that this announcement requirement is being done.

The Restricted Housing Units, in the male special quarters (MSQ) and female special quarters (FSQ) of the institution, have two observation cells with cameras that see the entire cell including the toilet. In each of these areas, there is a control area that is staffed by the same gender as the prisoners. When this staff person makes his/her required round the camera is switched to the main control. Because the staff can be male or female in the main control room it could result in a short time cross gender viewing. This only occurs when there is a prisoner under suicide watch or close observation for suicide during the brief period for the staff round of this small area. Miramar meets the standard as this viewing is considered "incidental" to suicide watch.

Training records for 2014, 2015 and 2016 indicated all staff have received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status. The random staff interviewed at Miramar indicated this policy mandate was presented to them during their training. There were no transgender prisoners at Miramar to interview but staff interviews acknowledged the prohibition of strip searching transgender or intersex prisoners for the purpose of determining genital status.

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

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

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

A requirement of the military is that each member be able to read, write and understand English. Miramar policy SOP 718.2 requires the Commanding Officer take appropriate steps to ensure that prisoners with limited English or disabilities (prisoners who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with prisoners who are deaf or hard of hearing,

providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Miramar has access with Military OneSource to provide interpretive services for prisoners with sign language, interpretive expertise in written materials, telephone assistance, written and on-site help if needed. During the random staff interviews it was confirmed by them that prisoners cannot be used for interpretation in sexual abuse allegations.

The auditor discussed the intake process conducted on new arrivals at Miramar with the Receiving staff member. Each prisoner arriving at Miramar receives a PREA pamphlet available in both Spanish and English. This pamphlet details the PREA policy informing prisoners their right to be free from sexual abuse/harassment, how to report it if they are and informing them that they will not be punished for reporting it. All of the prisoners that the auditor interviewed confirmed receiving this document.

Standard 115.17 Hiring and promotion decisions

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

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The interview board chairperson asks directly of all employee applicants and staff, who may have contact with prisoner, whether he/she was ever 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 the activity, engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, overt or implied threats of force, or coercion. An affirmative response to any of these questions by an applicant prohibits Miramar from employing this individual. This hiring prohibition is mandated by Miramar SOP 817.2 and SOP 300.1 Recruitment, Selection and Promotion (Civilian Staff).

Information on substantiated allegations of sexual abuse involving any former employee at Miramar upon receiving a request from an institutional employer for whom such employee has applied to work is forwarded to Navy Corrections and Programs Office (Central Office) for processing. The information requested will be forwarded if not prohibited by law.

These two mentioned policies further require that all staff, contractors, and volunteers background re-checks be done every 5 years. The Operations Officer confirmed that as of May 8, 2017 all checks were currently up to date. There were 64 new hire and 18 contractor background investigations conducted at Miramar during the last 12 months.

Standard 115.18 Upgrades to facilities and technologies

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

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Miramar has had no substantial expansion or modifications to its physical plant over the last three years. There are currently 202 cameras at Miramar. The PREA Compliance Manager is involved in the placement locations of new cameras and this was confirmed with the interviews with the Director and the Commander. The auditor reviewed the locations of the camera and monitored what each camera is available to view from the facility Master Control Center. There were no privacy concerns associated with any of the cameras positioned

within the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Investigators at the Naval Consolidated Brig Miramar and Investigators (Special Agents) from the Naval Criminal Investigative Service (NCIS) must adhere to investigation and evidence protocols from the Naval Criminal Investigative Services (NCIS) and Navy Bureau of Medicine and Surgery (BUMED) protocols for evidence collection and medical examinations for administrative proceedings and criminal prosecutions. These are similarly comprehensive and authoritative protocols developed after 2011. This requirement is mandated in the SOP 817.2 Prison Rape Elimination Act Compliance policy and the Memorandum of Agreement (MOA) with NCIS.

Investigative Training for the two facility Investigators included a course from the National Institute of Corrections (NIC), "PREA: Investigating Sexual Abuse in Confinement Settings". The subject matter of this course included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations." The training is documented in each of the training records of the facility Investigators. The interview with one of them detailed this training including the fact that he follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The auditor interviewed Special Agent Beckman, NCIS Investigator. She indicated that she had received specialized sexual abuse training for confinement settings. The training included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations." She also indicated she follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The Naval Medical Center San Diego is the hospital that prisoners from Miramar are sent to for a forensic exam if necessary. The examinations are conducted at no expense to the prisoner, by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs); whenever possible. If a SAFEs or SANE nurse is not available, the examination is performed by another qualified medical practitioner. Miramar did not send any prisoners out for a forensic exam in the last 12 months.

Anytime staff at Miramar become aware of a sexual assault he/she must immediately notify the Sexual Assault Prevention and Response Coordinator (SARC) of the incident. This individual is a base (community) Support Services Supervisor. The SARC ensures a trained staff member from the office accompanies the victim through the forensic medical exam process and investigatory interviews. Victims of sexual assault may also request emotional support services, crisis intervention, information and referrals anonymously via the Safe Helpline phone number and address posted on the housing Units and throughout the facility. This safeline number is directed to Rape Abuse & Incest National Network which is a support service agency contracted by the Department of Defence (DOD). They provide free and confidential services, educate the public about sexual violence, lead national efforts to end sexual violence, improve services to victims of sexual violence and ensure that rapists are brought to justice.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The Agency Policy (Prison Rape Elimination Act Ser 00D/040) and Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy, requires all allegations of sexual misconduct, regardless of severity or merit, be immediately reported to the Naval Criminal Investigative Service (NCIS). As previously noted, NCIS, a separate agency from Navy Corrections and Programs Office, has the legal authority and responsibility to conduct all criminal investigations. This investigative unit receives all allegations of sexual abuse alleged to have occurred at Miramar. If this unit determines the accusation is not criminal in nature, the case is returned to the facility for an administrative investigation. Navy Personnel Command publishes their investigative policy on its website ([http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct\(PREA\).aspx](http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct(PREA).aspx)).

Interviews were conducted with one of the facility trained Investigators and an Investigator from NCIS. Both confirmed that an investigation is required and completed on each allegation of sexual abuse or sexual harassment alleged to have occurred at Miramar Brig. There were 12 PREA investigations conducted at Miramar during the last 12 months. NCIS determined in one (1) that elements of a crime did exist. There were five (5) sexual abuse allegations. Two (2) allegations involving staff and three (3) allegations involving other prisoners. The one (1) allegation made against staff was unfounded. The first sexual abuse allegation against another prisoner was unfounded, one (1) unsubstantiated and one second allegation against another prisoner was founded. The facility conducted five (4) sexual harassment investigations during the last 12 months. Two (2) allegations made against other prisoners were substantiated and two (2) allegations made against staff were unfounded. Three (3) cases of voyeurism were investigated at Miramar in the last twelve months. The two (2) allegations made against staff were unfounded and the one (1) allegation made against another prisoner was unsubstantiated. The final investigation included an allegation of sexual misconduct (exposure) of one prisoner against another. This case was found substantiated, but not reported as PREA.

Standard 115.31 Employee training

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

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

This is an area where Miramar definitely excels. Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy requires the Training Officer be responsible for the training of staff members in pre-service training and annually thereafter. All PREA trainers must be qualified to conduct such training by completing, at a minimum, six National Institute of Corrections (NIC) PREA e-courses.

The auditor reviewed copies of the in-service curriculum indicating what PREA information each student receives at Miramar. The subject matter includes instruction on the agency zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; 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 prisoners, how to communicate effectively and professionally with prisoners; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training also includes the proper search techniques when conducting pat down searches on transgender and intersex prisoners. No staff member is allowed to work at Miramar without first receiving pre-service information included in the pre-service curriculum. The random staff interviews conducted and general questions asked during the tour confirmed staff members are very knowledgeable on what their responsibilities are in detecting, reporting, and responding to sexual abuse and sexual harassment.

Staff at Miramar is also provided PREA training annually via e-learning. Everyone must take it, no exceptions. The documentation provided and reviewed during the site visit was excellent. It not only demonstrated compliance for everyone currently working at the facility for 2017; the facility also provided completed PREA training for years 2014, 2015 and 2016 for all staff that worked there.

Standard 115.32 Volunteer and contractor training

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

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

Contractors and volunteers are treated no different than employees when it comes to PREA training. Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy requires all volunteers, contractors and interns who have contact with prisoners be trained on their responsibilities under the facility's sexual misconduct prevention, detection, and response policies and procedures. This training is provided by a qualified instructor and prior to any unescorted contact with prisoners.

The auditor reviewed the training curriculum and training records for these individuals for years 2014, 2015 and 2016 and 2017. Contractors and volunteers at Miramar sign documents indicating each has received the PREA training and understands: the agency zero tolerance policy, how and whom to report allegations of sexual abuse, prohibited behaviors and consequences of policy violations.

Interviews conducted on site with two contractors confirmed the training each received and the document each signs indicating their understanding of the training and agency policy.

Standard 115.33 Inmate education

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

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

Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy requires the Programs Officer provide comprehensive education to prisoners either in person or through video regarding their rights to be free from sexual misconduct and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. This training is provided by a qualified instructor and done at the time of orientation.

Every prisoner arriving at Miramar must enter through the Receiving area regardless if they are male or female. Upon entering this area each prisoner is instructed to read the PREA informational poster while staff reviews his/her paperwork. Once this is completed they are given and sign for a PREA pamphlet that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report such incidents and informing them they can not be punished for reporting it.

Random prisoner interviews and informal discussions with prisoners during the facility tour, indicated they have received PREA information upon arrival at the facility, it is reinforced daily through staff interaction, and through informational postings in the housing areas.

Standard 115.34 Specialized training: Investigations

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

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

In addition to the general training provided to all employees receive pursuant to SOP 817.2, Prison Rape Elimination Act Compliance policy Miramar ensures that its Investigators receive training in conducting sexual abuse investigations in confinement settings. The online NIC training each of the facility Investigators receives included techniques for interviewing sexual abuse victims, proper use of 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 was documented in their training file.

Interviews with one of the facility Investigators and the NCIS Investigator confirmed that they received training specific to conducting sexual abuse investigations and the curriculum noted above.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy requires all medical and mental health care practitioners, full and part time' who work regularly in the facility receive the mandated training ("Medical Health Care for Sexual Assault Victims in a Confinement Setting" and "Behavior Health Care for Sexual Assault Victims") through e-learning via NIC. This training at a minimum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and whom to report all allegations or suspicions of sexual abuse and sexual harassment.

The auditor reviewed training documentation for medical and mental health staff while at Miramar confirming all current staff have received it. He also conducted interviews with some of the medical and mental health practitioners and they confirmed that they have received this additional specialized training as well.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Every prisoner that arrives at Miramar receives a risk of victimization and abusiveness screening upon arrival. Each prisoner is received in the Receiving area of the facility and is issued and signs for an orientation pamphlet containing PREA information. The initial risk assessment is performed by the trained staff member in this area upon arrival for their vulnerability or abusiveness. The staff member begins the assessment by asking the prisoner: 1) if he/she has a mental, physical, or developmental disability; (2) their age; (3) the physical build of the inmate; (4) whether the prisoner has previously been incarcerated. (5) whether the prisoner's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) whether the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) whether the prisoner has previously experienced sexual victimization; (9) the prisoner's own perception of vulnerability; and (10) whether the prisoner is detained solely for civil immigration purposes. The staff member also determines if the inmate is perceived to be gender non-conforming. Any prisoner

who may be at risk based on this screening is immediately sent to a mental health practitioner and or medical staff person. This screening for sexual abusiveness and sexual victimization and is performed on arrival but no longer than 24 hours from the date the prisoner arrives according to policy 817.2. A second risk assessment is completed by Clinical Services within 15 days of his/her arrival.

The Classification and Assignment Board uses information from the risk screening to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. The prisoner AIMS classification is specifically used with male prisoners to separate potential victims from victimizers, but AIMS is not the sole factor in determining housing assignment, work, etc. Interviews with the prisoner, his/her prior history and his/her risk assessment are also used by the Classification and Assignment Board when making these assignments.

Interviews with the screening staff, Prisoner Management Director, and Clinical staff confirm the policy is followed to ensure a prisoner's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews with random sample of prisoners confirm offender's risk level is reassessed per Miramar policy and this standard.

These interviews also confirmed prisoners are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the prisoner has a mental, physical, or developmental disability; whether the prisoner is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the prisoner has previously experienced sexual victimization; and the prisoner's own perception of vulnerability.

Information obtained during this screening process is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

Standard 115.42 Use of screening information

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

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

The Classification and Assignment Board at Miramar is guided by Miramar policy SOP 817.2 in its' use of screening information obtained during screening to determine housing, bed, work, education, and program assignments with the goal of keeping prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.

As noted above the Classification and Assignment Board uses information from the risk screening to inform housing, cell/bed assignment, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. The prisoner AIMS classification is specifically used with male prisoners to separate potential victims from victimizers, but AIMS is not the sole factor in determining housing assignment, work etc. Interviews with the prisoner, his/her prior history and his/her risk assessment are also used by the Classification and Assignment Board when making these assignments.

There are no dedicated housing units based on sexual identity at Miramar. The PREA Compliance Manager, Risk assessment staff and a member of the Classification and Assignment Board staff stated in their interviews that all information obtained from the screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.

There were no transgender prisoners at Miramar during the time of the site visit to interview. However policy (817.2) allows all prisoners to shower alone in private and allows transgender and intersex prisoners to give input about their safety concerns prior to bed and work assignments being made.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Prisoners at high risk for victimization at Miramar cannot be placed in involuntary segregated housing (male special quarters/female special quarters) unless an assessment of all available alternatives has been made by the Classification and Assignment Board and a determination has been made that there is no available means of separation from a likely abuser (no longer than 24 hours). This mandate is outlined in Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy, confirmed during the interviews with the Commander (Warden) and the Restricted Housing Supervisor.

The Commander further stated, during her interview, that if ever a situation presented itself where an prisoner alleging risk of victimization needed to be placed in other than general housing it would most likely be in another housing unit until the prisoner could be moved to another Brig. There has been no case where segregation was used to place any prisoner at high risk of victimization in the last 36 months. The auditor observed and confirmed no prisoners were in MSQ or FSQ for protection from sexual abuse during the tour of these restricted housing units.

Standard 115.51 Inmate reporting

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

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

The prisoners at Miramar are provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. As previously noted each inmate receives a pamphlet upon arrival, with PREA information, including how to report. There are also posted notifications, in Spanish and English, in every area Miramar prisoners have access to informing them of the multiple ways to privately report a PREA allegation. Allegations by prisoners can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). Such reports can be made to a staff member other than the prisoner’s immediate supervisor to include the CMEO, SAPR, Chaplain, medical and mental health personnel; anonymously and through a third party, or by submitting a DD Form 510, Prisoner Request, via the Commanding Officer’s mail box. The random interviews conducted with the prisoners at the facility indicated that they were well aware of these reporting venues if needed.

The Department of Defense Safe Helpline (DOD hotline, a public entity not part of Miramar can be used by any prisoner to report sexual abuse. Prisoners have two options to report allegations of sexual abuse to them. An unrestricted Report, for prisoners who desire an official investigation and command notification (institution) in addition to healthcare, victim advocacy, and legal services or the second option anonymous reporting. Under this type of reporting for prisoners desiring to privately disclose the allegation where all information except the identity of the alleged victim is forward to the Commander at the facility, in accordance with DOD policy. These reports to the DOD are forwarded to the Sexual Assault Response Coordinator (SARC). The SARC then makes the Commander or designee notification so an immediate investigation can be initiated. The auditor interviewed the SARC who confirmed this reporting process.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy indicates Administrative remedy procedures (grievances) are not the appropriate process for filing allegations of sexual misconduct. Therefore, Miramar is exempt from this standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

The Consolidated Brig Miramar utilizes the United States Marine Corps Sexual Assault Prevention and Response Program (SAPR) for outside confidential support services to victims of sexual abuse. A SAPR Advocate can assist victims of sexual assault with the different treatment options that are available to them and educate them about their rights. SAPR services to victims include developing a safety plan and assessing the victim's medical needs. They also provide information on resources that are available to them, information on the sexual assault forensic examination, and information on the military disciplinary system. A SAPR advocate is available 24 hours a day 7 days a week either through personal contact or through the DOD SAPR hotline. Miramar has a phone number and address to contact a SAPR advocate posted on each of the living units and posted in inmate common areas as well. The phone number is not monitored or recorded and mail to the address is treated as privileged correspondence.

Standard 115.54 Third-party reporting

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

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

As required by Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy, procedures for third-party reporting of sexual abuse and sexual misconduct on behalf of prisoners are posted in each of the housing units, in the visitation area, common areas and on the Command website

[http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct\(PREA\).aspx](http://www.public.navy.mil/bupersnpc/support/correctionprograms/brigs/miramar/Pages/PrisonRapeEliminationAct(PREA).aspx)

Interviews with random staff and prisoners demonstrated each were aware of third party reporting. Staff indicated that they are required to put into writing any verbal reports that they may receive about sexual abuse/ sexual harassment.

Standard 115.61 Staff and agency reporting duties

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

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

Staff members, contractors and volunteers at Miramar are required to report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment immediately to the Chain of Command. This is a mandate by the Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy. This requirement obligates they report incidents they become aware of, that occurred in an institution whether or not it is part of the agency, any retaliation against prisoners or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Random staff, medical and mental health staff, contractors and volunteers acknowledged their requirement to report any and all information they come upon with respect to sexual abuse during their interviews. They also indicated that any information they become aware of is not to be reported or repeated to anyone except to a designated supervisor or official.

Standard 115.62 Agency protection duties

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

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

When a staff member at Miramar becomes aware of information that a prisoner may be at substantial risk of sexual abuse they are required by the agency policy and Miramar Standard Operations policy to take immediate action to protect the prisoner. The auditor questioned random staff and the Commander about this specific section of both policies and the standard requirements. All indicated that they would take immediate action to safeguard the prisoners' well being, following the same procedures as if the prisoner was a victim of sexual abuse. The Commander, during her interview, specifically reinforced that segregation (MSQ and FSQ) would not be an option that she would use as a means of safeguarding any potential victim. She indicated she had movement options within Miramar she could implement and could transfer the prisoner out of the facility if it became necessary.

Standard 115.63 Reporting to other confinement facilities

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

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

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

Upon receiving an allegation that a prisoner was the victim of sexual misconduct while confined at another facility, the Commanding Officer is required to notify the head of the facility/agency where the alleged abuse occurred no later than 72 hours after receiving the allegation. This is outlined in the Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy. The Managing Officer or agency office that receives such notification shall ensure that the allegation is investigated in accordance with applicable provisions of this same policy.

During interviews at the facility, a prisoner disclosed to this auditor that he had been sexually abused while confined to the Charleston Brig. He had been at Miramar for a short time and did not disclose this allegation to staff upon entrance to Miramar or while a prisoner at the Charleston Brig. As was disclosed to the prisoner prior to the start of the interview that if he reported to me any sexual abuse incidents that were never reported I would be obligated to report it. The PREA Manager was immediately notified who subsequently reported it to the Commanding Officer at Miramar. She in turn notified the Commanding Officer at the Charleston Brig and an investigation was initiated the same day.

Standard 115.64 Staff first responder duties

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

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

Everyone (Staff, Contractor and Volunteer) at Miramar is trained as a first responder for sexual abuse/ harassment allegations.

The random staff member interviews detailed their duties as first responders. All indicated they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, insure 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

The two non custody staff (volunteer/contractor) indicated that after securing the alleged victim, they would immediately contact a custody staff person to take charge of the situation. They also stated that they would not let any prisoner wash, brush their teeth or talk to anyone until custody staff arrived.

Standard 115.65 Coordinated response

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

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

medical and mental health practitioners, investigators, and the facility Command element.

The auditor spoke with medical staff, mental health staff, the facility Investigator and multiple supervisors during the site visit. Each confirmed they were aware of this policy and were knowledgeable of their responsibilities should it become necessary for each to respond to a reported incident of sexual abuse.

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

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

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

Miramar has no collective bargaining unit and follows Federal regulations issued by the Office of Personnel Management in the management of civilian employees. Military staff members are not eligible for membership in a collective bargaining unit. Nothing limits their ability to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

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

Prisoners and staff at Miramar who report sexual abuse or cooperate with a sexual abuse investigation are protected from retaliation by other prisoners or staff. The facility employs multiple protection measures, such as housing changes or transfers for prisoner victims or abusers, removal of alleged staff or prisoner abusers from contact with victims, and emotional support services for prisoners or staff that fear retaliation for reporting sexual misconduct or for cooperating with investigations. This is clearly set forth in SOP 817.2 Miramar Prison Rape Elimination Act Compliance policy.

The PREA Compliance Manager is the individual charged with monitoring retaliation. During his interview he detailed this portion of his responsibility and informed the auditor that for at least ninety days following any report of sexual misconduct, he monitors the conduct and treatment of prisoners/staff who reported the sexual misconduct and of prisoners who were reported to have suffered sexual misconduct. For prisoners, he monitors prisoner disciplinary reports, housing or program changes, and negative institutional performance reviews. For staff, he reviews performance ratings, assignments and time off. Any issues found by him require immediate notification directly to the Commanding Officer. The PREA Compliance Manager monitors retaliation for ninety days and it can be extended indefinitely, if warranted.

Standard 115.68 Post-allegation protective custody

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

relevant review period)

Does Not Meet Standard (requires corrective action)

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

As previously noted in standard 115.43 the use of segregated housing (MSQ and FSQ) to protect any prisoner who alleged to have suffered sexual abuse is prohibited by policy unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separating a victim from likely abuser. This placement, if ever made, can be no longer than 24 hours in duration.

The policy was confirmed during the interviews with the Commander and the Restricted Housing Supervisor. According to each of them, these restricted housing units have never been used to protect a victim. If it were ever used for this purpose, the prisoners would still have access to all programs, privileges, and education services.

The auditor observed and confirmed no prisoners were in protective custody, at the time of the site visit, for protection from sexual abuse during the tour of the restricted housing units. Interviews with prisoners that alleged sexual abuse indicated they were never placed in restricted housing for protection.

Standard 115.71 Criminal and administrative agency investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

NCIS has the legal authority to conduct military criminal investigations within the Consolidated Brig Miramar. As previously noted, all allegations are initially considered criminal until NCIS or CID (Criminal Investigations Division) of the service branch makes a determination that the facts/evidence do not support a crime. At that time, one of the two trained Miramar Investigators conducts an administrative investigation. The auditor reviewed the training records of both facility investigators and discussed the training received by the NCIS Investigator. As noted in standard 115.34 each has fulfilled the specialized training requirements.

The facility Investigator and NCIS Special Agent / Investigator informed the auditor that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a prisoner or staff member. According to them, only the facts and evidence are the determining factors in a case. Truth telling devices are not used for victims as a condition for proceeding with any sexual abuse investigation according to both these investigators.

They both stated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation.

The auditor looked at case files for for 2014, 2015, 2016 and the last twelve months. There were 12 PREA investigations conducted at Miramar during the last 12 months. NCIS determined in one (1) case that elements of a crime did exist. There were five (5) sexual abuse allegations. Two (2) allegations involving staff and three (3) allegations involving other prisoners. The two (2) allegations made against staff were unfounded. The first sexual abuse allegation against another prisoner was unfounded, one (1) unsubstantiated and one (1) allegation against another prisoner was founded. The facility conducted four (4) sexual harassment investigations during the last 12 months. Two (2) allegations made against other prisoners were substantiated and two (2) allegations made against staff were unfounded. Three (3) cases of voyeurism were investigated at Miramar in the last twelve months. The two (2) allegations made against staff were unfounded and the one (1) allegation made against another prisoner was unsubstantiated. The final investigation included an allegation of sexual misconduct (exposure) of one prisoner against another. This case was found to be substantiated, but not reported as PREA.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Miramar SOP 817.2, Prison Rape Elimination Act Compliance policy, mandates the facility investigator shall not impose an evidentiary standard higher than a preponderance of evidence in determining whether allegations of sexual misconduct are substantiated. This requirement is also emphasized and documented through the Specialized Investigation Training lesson plan and was confirmed during the facility Investigator interview.

Standard 115.73 Reporting to inmates

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

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

Any prisoner who makes an allegation that they have suffered sexual abuse at Miramar must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded upon completion of the investigation by the agency including those handled by NCIS. This requirement is outlined in SOP 817.2, Prison Rape Elimination Act Compliance policy. The auditor reviewed prisoner case determination notice demonstrating receipt by prisoners. Prisoners interviewed (3) who filed sexual abuse allegations confirmed they had received outcome notifications.

This policy further requires that following a prisoners allegation that a staff member has committed sexual abuse against the prisoner, the facility subsequently informs the prisoner (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged. If the prisoner was alleged to have been sexually abused by another prisoner, the prisoner is informed whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility.

The process was also confirmed during the interview with the Commanding Officer. There were no cases involving this conduct by staff requiring this type of notification within the last 36 months.

Standard 115.76 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

Staff members at Miramar are required to follow policies, Standards of Conduct SOP 306 and Miramar SOP 817.2, Prison Rape Elimination Act Compliance. Termination is the presumptive penalty for violating either of these policies with respect to sexual abuse or retaliation. For civilians, this means removal from federal employment and for the military staff it means processing them out of the Service. Sexual harassment penalties are commensurate with the nature and circumstances of the incident.

The interview with the Commanding Officer confirmed that any sexual misconduct with prisoners and the harassing and retaliating against any prisoner for participating in an official investigation would be grounds for staff dismissal.

No staff member has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last three years.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The auditor conducted two contractor/volunteer interviews at Miramar during the site visit. Each indicated that they had received a background check and PREA training prior to entrance into the institution. They indicated the training they received included the agency zero tolerance policy and the consequences for any violation. The auditor reviewed their training records which confirmed by signature that they had received and understood this training information.

SOP 817.2, Prison Rape Elimination Act Compliance policy requires that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Commanding Officer confirmed these sanctions during her interview.

No contractors or volunteers has been terminated or removed for any violation of the zero tolerance sexual abuse policy during the last three years.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Prisoners at Miramar are subject to disciplinary actions pursuant to the Disciplinary Process SOP 503 policy, following an administrative finding that the prisoner engaged in sexual misconduct specifically including prisoner-on-prisoner sexual abuse or following a criminal finding of guilt for prisoner-on-prisoner sexual abuse. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the prisoners disciplinary history, and the sanctions imposed for comparable offenses by other prisoners with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for prisoners charged with or suspected of a disciplinary infraction who are mentally ill to determine if the disability or mental illness contributed to the behavior when determining what type of sanction should be imposed. These considerations were confirmed by the Commander during her interview.

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

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

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

Anytime an inmate discloses or anytime it is noted somewhere in the prisoner record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community the prisoner is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. This is a mandated requirement specified in their SOP 817.2, Prison Rape Elimination Act Compliance policy.

The auditor discussed the risk assessment process with two staff members who conduct them. Both of them of them indicated that they follow facility policy and offered documentation showing that clinical referrals were offered to prisoners disclosing prior victimization during their intake. The auditor also interviewed three prisoners who had disclosed prior victimization and each indicated that they were offered intervention services with mental health when they disclosed this information to Miramar staff.

Staff further stated that if the risk assessment or other information made available to them denotes that the prisoner previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, they offer a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The facility and agency policy mandates that all information related to sexual victimization or abusiveness is strictly limited to medical and mental health practitioners and other staff, as necessary, so safety and security decisions including housing, bed, work, education, and program assignments can be made. Interviews conducted with medical staff and mental health practitioners confirmed information is shared only on a need to know basis.

Standard 115.82 Access to emergency medical and mental health services

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

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

The agency Prison Rape Elimination Act Ser 00D/040 and SOP 817.2 Miramar Prison Rape Elimination Act Compliance are the policies medical staff at Miramar must follow ensuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment

and crisis intervention services.

The auditor interview with the medical practitioner indicated that no forensic exams are performed at the facility. Prisoners at Miramar requiring this exam are sent to the Naval Medical Center, San Diego. That hospital conducted no forensic exams during the last 12 months. The medical staff person at the institution further stated that victims of sexual abuse are offered information about access to emergency contraception and sexually transmitted infections prophylaxis if warranted. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the Command Duty Officer (CDO) begins the notifications which include medical and mental health services.

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

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

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

Prisoners disclosing he/she experienced prior sexual victimization, whether it occurred in an institutional setting or in the community are offered a meeting with a medical and a mental health practitioner within 14 days of the intake screening at Miramar. This requirement is outlined in the SOP 817.2 Miramar Prison Rape Elimination Act Compliance policy. The treatment of such victims when required includes follow-up services, a treatment plan, referrals for continued care following their transfer to or placement in other facilities.

This policy also requires when the screening indicates the prisoner has previously perpetrated sexual abuse, whether it in an institutional setting or in the community, he/she is to be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. These services are offered at no cost. The interviews conducted with the Medical and Mental Health Practitioners confirmed this practice and their knowledge of the policy.

The auditor also interviewed three inmates indicating prior victimization to staff during their risk assessment. All of them indicated they were offered medical and mental health referrals if they wanted one.

Standard 115.86 Sexual abuse incident reviews

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

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

A PREA Incident Review Board is convened at Miramar within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. This PREA Incident Review Board includes the Executive Officer, Technical Director, Department Heads (as requested), and the PREA Compliance Manager with input from relevant personnel as requested, such as line supervisors, investigators, and medical or mental health practitioners.

This same policy requires members of the board review the circumstances of the incident. The final report contains the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian,

gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility Commander and PREA Manager for improvements based on the above assessments.

The facility is required to implement any recommendations the review team makes that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on five (5) cases determined unsubstantiated and founded. The six (6) unfounded cases were not formally reviewed. The incident review reports were reviewed at the time of the site visit.

Standard 115.87 Data collection

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

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

SOP 817.2 Miramar Prison Rape Elimination Act Compliance policy, requires uniform data be collected for every incident of sexual abuse alleged to have occurring at Miramar using a standardized instrument and set of definitions. Data from this facility is sent to the Navy Corrections and Programs Office where it is aggregated annually with the other 4 brig. The incident-based data includes information needed to complete the standardized instrument Survey of Sexual Violence (SSV) to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

The 2016 PREA Annual Report is available for review on the agency's website (<http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>). The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

Standard 115.88 Data review for corrective action

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

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

The Navy Corrections and Programs Office collects, maintains, and reviews from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each of its' facilities including the two private facilities it contracts with. Miramar provides sexual abuse statistics to the Central Office to assist them in creating the PREA Annual Report. This report documents trends, concerns etc. within the agency aggregate total.

The data the Agency receives from the two private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The last form was submitted prior to the September 1, 2016 deadline. The information supplied in this report to DOJ is accumulated from each facility. The agency Prison Rape Elimination Act Ser 00D/040 and

SOP 817.2 Miramar Prison Rape Elimination Act Compliance policy requires the agency review all incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training. This is accomplished by identifying problematic areas, taking corrective action on an ongoing basis and preparing the annual report of findings and corrective actions for each facility, as well as the agency as a whole.

Standard 115.89 Data storage, publication, and destruction

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

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

The agency Prison Rape Elimination Act Ser 00D/040 requires Navy Corrections maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This incident-based and aggregated data includes the two private facility with which it contracts for the confinement of its prisoners.

The Agency is required to retain all records for 10 years after the date of initial collection. The NCIS policy indicates that they maintain criminal records for 50 years.

The 2016 Annual Report is available on the website for review (<http://www.public.navy.mil/bupers-npc/support/correctionprograms/Pages/PREA.aspx>). Before publishing the annual report, all personal identifiers were removed.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

Thomas Eisenschmidt
Auditor Signature

July 21, 2017
Date