

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

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: May 22, 2023

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: P.O. Box 596	City, State, Zip: Buchanan Dam, Texas 78609
Telephone: 540-206-9389	Date of Facility Visit: April 18-19, 2023

Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice			
Physical Address: 320 First Street NW		City, State, Zip: Washington, D.C. 20534	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: Colette S. Peters, Director	
Email: BOP-RSD-PREACoordinator@BOP.GOV	Telephone: 202-598-1643

Agency-Wide PREA Coordinator

Name: Cynthia Campagna, National PREA Coordinator	
Email: BOP-RSD-PREACoordinator@BOP.GOV	Telephone: 202-616-2112
PREA Coordinator Reports to: Alison Leukfeld, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: FCI Estill

Physical Address: 100 Prison Road

City, State, Zip: Estill SC 29918

Mailing Address (if different from above):
PO Box 699

City, State, Zip: Estill, SC 29918

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

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

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

ACA

NCCHC

CALEA

Other (please name or describe):

N/A

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

Internal Program Review

Warden/Jail Administrator/Sheriff/Director

Name: Erica Strong, Warden

Email: EST-PREAComplianceMgr-S@bop.gov

Telephone: 803-625-4607

Facility PREA Compliance Manager

Name: Matthew Clementz, Associate Warden (O)

Email: EST-PREAComplianceMgr-S@bop.gov

Telephone: 803-625-4607

Facility Health Service Administrator N/A

Name: Jeffery Eiben

Email: EST-PREAComplianceMgr-S@bop.gov

Telephone: 803-625-4607

Facility Characteristics

Designated Facility Capacity:

256 SCP (+ 768 FCI - Currently closed for renovations; total of 1024)

Current Population of Facility:

95

Average daily population for the past 12 months:	73	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	26-70	
Average length of stay or time under supervision:	547.5 Days	
Facility security levels/inmate custody levels:	Minimum Security-Out/Community Custody	
Number of inmates admitted to facility during the past 12 months:	102	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	102	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	102	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	184	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	4	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	13	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the Auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	27
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6 (4 FCI, 2 SPC)
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	4
<p>Number of open bay/dorm housing units:</p>	2
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	143
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):</p>
Investigations	
Criminal Investigations	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	0
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A</p>
Administrative Investigations	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	253
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A</p>

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: N/A
List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	April 18, 2023
2. End date of the onsite portion of the audit:	April 19, 2023
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Hopeful Horizons
Audited Facility Information	
4. Designated Facility Capacity:	256 SCP (+ 768 FCI - Currently closed for renovations; total of 1024)
5. Average daily population for the past 12 months:	73
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6 (4 FCI, 2 SPC)
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	99
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	2
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	2
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	1
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	10
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p>	<p>FCI Estill has been run as a minimum security facility since the last PREA audit. The Inmates assigned are Out Custody/Minimum security. FCI Estill was heavily damaged by a category F4 tornado on April 13, 2020. As a result of the tornado, most inmates were transferred to another facility. Due to the current status of the institution, there is a significantly limited inmate population. All inmates housed at FCI Estill must be appropriate for work cadre status. At the time of the onsite review, all inmates were being housed at the satellite camp while repairs were being made to the main facility.</p>
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Staff, Volunteers, and Contractors
Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees

<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>184</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>13</p>

<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p>	<p>The Auditor began conducting random and specialized staff interviews on day one of the onsite audit. The Auditor was provided a private space to conduct the confidential interviews. All staff were made available in a timely manner. No staff refused to be interviewed when requested by the Auditor. All staff interviews were conducted using the established DOJ interview protocols. Staff selected for interview represented different shifts, positions and post assignments.</p>
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Interviews

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment</p>

	<input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The auditor selected random names from the housing roster and ensured a geographically diverse sample.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	N/A
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).	Due to the current status of the facility as primarily a work cadre, there were several targeted groups that were not represented in the population. There were no barriers to the inmate interviews. No inmates refused to be interviewed. The staff were prompt and efficient in ensuring the selected inmates were made available to the auditor.
<i>Targeted Inmate/Resident/Detainee Interviews</i>	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2* (Identified by the Psychologist as being “Care 2”)</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and</p>	<p>According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.</p>

discussions with staff and other inmates/residents/detainees).	
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). c.	N/A
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.

<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p>	<p>The Auditor began conducting inmate interviews on day one of the on-site portion of the audit. Based upon the inmate population on day one of the audit (99), the PREA Auditor Handbook required that the auditor interview a minimum of 16 inmates, 8 random and 8 targeted. The Auditor conducted a total of 17 inmate interviews. All interviews with inmates occurred in a secure area to ensure privacy. All interviews were conducted using appropriate social distancing. Offender interviews were conducted using the established DOJ interview protocols. No randomly selected or targeted inmates refused to be interviewed. The interviews were conducted on an individual basis with privacy and sufficient time. Inmates were asked questions regarding their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment, as well as their perceptions of their safety from sexual assault or harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment and expressed no concerns regarding PREA related issues at the facility.</p>
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	12
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p>

	<input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews: c.	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).	Selected random staff from each shift (8:00am - 4:00pm, 4:00pm – 12:00am, 12:00am – 8:00am) using the current shift rosters.
<i>Specialized Staff, Volunteers, and Contractor Interviews</i> <u>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</u>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)

	<input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Mailroom, Training
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0 (None available during the on-site review)
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction

	<input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).	There were no barriers to completing the specialized staff interviews. Due to the limited operation, lower population and all the inmates being confined at the work camp, several of the staff were completing temporary duty assignments at other BOP facilities.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The Auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	N/A
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	N/A
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor had full, unimpeded access to all areas of the facility. The Auditor was escorted throughout the on-site review by the PREA Compliance Manager. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate

	<p>housing areas, observation of communication in general population housing areas, as well as segregated housing cells, search procedures, and availability and access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility. Staff and inmates were informally asked about the PREA reporting and notification process for sexual abuse and sexual harassment. Employees informally interviewed during the site review were able to describe the process in a consistent manner and have received training as first responders. All staff carry a first responder card describing the first responder duties and responsibilities. The auditor observed duty post logs in housing units, grievance, medical and mail boxes, PREA zero-tolerance posters, third party reporting, and notice of audit in both English and Spanish dated 1/9/2023. The auditor reviewed access to reporting entities, housing and inmate activity, search areas, restroom and shower procedures, staff availability, security mirrors, surveillance cameras, telephones, and supervision practices. The PREA information was visibly posted in both English and Spanish throughout the facility.</p>
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Documentation Sampling	
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<p><i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—Auditors must self-select for review a representative sample of each type of record.</i></p>	
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<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an Auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. Staff explained the process for relaying the mandated PREA information to new hires, as well as the</p>
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procedure for annual refresher training. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private. The Auditor requested additional supporting documentation to include: training records for randomly chosen staff, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions, if applicable. All requested files for staff and inmates and any additional documentation were made available to the auditor upon request with no hesitation or delay.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	1	0	1	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	1	0	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	1	0	1	0

Total	1	0	1	0
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a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	This facility did not have any PREA related criminal investigations in the past 12 months.
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate</u> sexual abuse	0	1	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0
Total	0	1	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

This facility did not have any PREA related criminal investigations in the past 12 months.

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

1

a. If 0, explain why you were unable to review any sexual abuse investigation files:

N/A

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

Yes No
 N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

1

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

Yes No
 N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

Yes No
 N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	N/A
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	N/A
<p>Non-certified Support Staff</p>	
<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	N/A
<p>Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Organizational Chart
3. Agency Zero Tolerance Statement
4. BOP PREA Plan
5. EST-5324.12D

6. Inmate Admission and Orientation Handbook
7. Agency Directives
8. Memorandum of Understanding with National PREA Coordinator

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager
3. Interviews with Random and Specialized Staff

Findings (By Provision):

115.11 (a): Agency Directives and Policies address the requirements of this provision. The agency mandates a zero-tolerance directive towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct. The agency has a comprehensive PREA Policy: PS 5324.12 as well numerous other policies and procedures that supplement the PREA Plan. The agency policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, classification, inmate education, posting of signage (PREA posters, etc.), and contract monitoring.

The policies and directives address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening.

The policies and directives address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (PS 3420.11 and PS 5270.09), incident reviews and data collection and analysis. The policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

The Inmate Handbook, PREA Posters, and PREA Brochure address sexual abuse by another inmate, and the Inmate Handbook addresses sanctions for inmates when involved in such conduct. Based on staff interviews and a review of practices, the Auditor noted staff monitor for inmate-on-inmate sexual misconduct in accordance with the PREA program. All allegations are reported and investigated, and inmates are held accountable.

FCI Estill ensures compliance with the national policy and directives.

115.11 (b): Agency Directives and the BOP PREA Plan addresses the position of the agency PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in each facility.

The agency's organizational chart reflects that the agency PREA Coordinator position (referred to as the National PREA Coordinator) is an upper-level position with agency-wide oversight. The PREA Coordinator is a Psychologist under the Psychology Services Branch and reports to the Assistant Director, Reentry Services Division. The PREA Coordinator provides guidance through regional agency PREA Coordinators and facility PREA Compliance Managers. The position is full-time and the PREA Coordinator reported having enough time to manage all the PREA related responsibilities, with the freedom to divert responsibilities to other staff as needed to focus on the audit.

Based on the agency directive, agency's organization chart, and the interview with the designated agency PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

115.11 (c): The Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement EST-5324.12D, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements identified in the standard. The agency has appointed a psychologist assigned to the BOP Reentry Services Division as their National PREA Coordinator. This position reports to an Assistant Director.

The Warden at FCI Estill is responsible for ensuring that all aspects of the program statement are implemented, including maintaining a current Institution Supplement. He/she must assign an Associate Warden to be the Institution PREA Compliance Manager and is responsible for the overall responsibility of the program. The facility has designated the Associate Warden of Operations as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PREA Compliance Manager has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he/she reports directly to the Warden regarding all PREA-related concerns. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility's PREA compliance.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PREA Coordinator as verified through the organizational chart and the facility has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PREA Coordinator and PREA Compliance Manager. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PREA Coordinator and PREA Compliance Manager have sufficient time and authority to accomplish PREA responsibilities for the agency and facility. As such, this standard appears to be compliant.

Corrective Action: None

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a)(b): Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported the agency-wide contract requires the agency to monitor the contractor's compliance with the PREA standards.

The agency reported there were no contracts for the confinement of inmates and 161 Residential Reentry Centers (RRCs) that the agency had entered or renewed with private entities or other government agencies. The agency-wide contract requires the agency to monitor the contractor's compliance with the PREA standards.

A review of the contract reflected the entity's obligation to adopt and comply with the PREA standards. A review of the agency directive and of the contract that the agency had entered or

renewed with private entities or other government agencies reflected all the contracts met the required entity's obligation to adopt and comply with the PREA standards.

The agency's Contract Administrator reported she is required to maintain regular contact with every inmate placed in a contract facility. If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allowed time to make corrective action and address the concerns. Corrective actions are addressed before the facility is reconsidered and notification would also be made to law enforcement. The Contract Administrator annually collects credentialing documentation for each facility including, facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; as well as tours the facility.

The BOP is no longer actively soliciting new contracts with private facilities. The BOP has previously closed the majority of its private facilities, and the remainder were closed as of November 30, 2022.

The Contract Administrator reported PREA compliance results are completed and that the PREA Coordinator has implemented a tracking process for this. A review of the agency directive, agency contract and interview with the contract administrator and PREA Coordinator demonstrated the agency meets the requirements of this provision and this standard appears to be compliant.

Corrective Action: None

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 3000.03
3. PS 5324.12
4. EST-5324.12D
5. Staffing Plan
6. Annual Reviews
7. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials
3. Logs Books

Findings (By Provision):

115.13 (a): PS 3000.03, Human Resource Management Manual addresses the agency's staffing plan development. Agency policy, the facility staffing plan and the Workforce Utilization Committee meeting minutes address the requirements of the standard. The policy indicates

that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy states that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. Per the policy, the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors.

Memos from the Associate Warden of Operations dated September 9, 2022 and January 25, 2023 state that as the PREA Compliance Manager, he has assessed and determined that the institution's staffing plan provides adequate staff resources to protect inmates from sexual abuse. These assessments were conducted as part of the Salary/Workforce Utilization Committee.

The PAQ indicated that the current staffing is predicated on 1,024 inmates. The facility currently employs 184 staff. Custody staff mainly make up three shifts: first shift is 8:00am-4:00pm, second shift is 4:00pm-12:00am, and third shift works is 12:00am-8:00am. The facility operates on a unit management concept.

FCI Estill is currently under modified operation as a result on significant tornado damage in April, 2020. The average daily population for the last year is 73. The population on day one of the on-site audit was 99. The population at FCI Estill is primarily functioning as a work cadre and has been for the entirety of the audit period. Interviews with the Warden and the PREA Compliance Manager confirmed that the facility has a staffing plan that provides adequate staffing levels, particularly given the current population and modified operation and that they comply with the plan on a regular basis.

Staff reported they follow the agency directives and PREA standards, taking into consideration the composition of the inmate population and their needs, scheduled programming, and staff placement.

Interviews with the Warden, PREA Compliance Manager and Supervisory Staff indicate the facility monitors staffing throughout the shifts and thoroughly review all serious incident reports. Per the PREA Compliance Manager, the Captain provides weekly camera updates to ensure all video equipment is working properly. As assessment of the video monitoring capabilities was reviewed by the PREA Compliance Manager and found to be adequate. During the on-site audit, a review of the agency directive, staff interviews, and the facility's staffing plan indicated all the elements are addressed.

115.13 (b): The facility indicated in the PAQ that no deviations from the staffing plan had occurred during the previous twelve months. Deviations would not occur as policy does not allow for correctional service rosters to be unmanned. The PREA Compliance Manager and Warden stated that the facility continually evaluates the staffing plan to eliminate any blind spots, to place staff in high traffic areas and areas that have special populations. The PREA Compliance Manager indicated that staff review the population to include aggressors and victims and determine any areas of weakness at the facility or areas that need closer supervision for these individuals. The Warden indicated that, if needed, required staffing levels would be maintained through voluntary or mandated overtime, and/or augmentation using non-custody staff. However, this has not been an issue at FCI Estill due to the limited operation of the facility.

115.13 (c): The Salary/Workforce Utilization Committee Meeting Minutes, including a review of the staffing plan, are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1. A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee annual meeting minutes confirm that PREA issues were considered when filling positions and developing work rosters/assignments. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. Interviews with the Warden and PREA Compliance Manager confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. The auditor reviewed documentation verifying this. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. The agency reported no deviations with the staffing plan in place.

115.13 (d)(e): PS 5324.12 indicates each facility shall implement a policy and practice having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The practice is implemented for the night shifts as well as day shifts. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcements are related to the legitimate operational functions of the facility. The Institution Duty Officer (IDO) is required to make weekly unannounced rounds across morning, day and evening watch shifts at FCI Estill. These rounds are documented as part of the IDO report and forwarded to the PREA Compliance Manager for retention. Additionally, EST-5324.12D indicates that unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week.

A review of supplemental documentation indicated that rounds are being conducted weekly by the IDO in all locations at the facility. The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level staff conduct and document such visits throughout the institution, including nights and weekends. Logbooks are used to document unannounced rounds, which are the responsibility of the posted officer to maintain.

Interviews with supervisory staff indicate that they vary their route, deviating their times and locations when making rounds, not following a consistent pattern in order to prohibit staff from alerting other staff about the rounds. Interviews with inmates and housing unit officers confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends.

Based on a review of the PAQ, PS 3000.03, PS 5324.12, EST-5324.12D, the staffing plan, staffing plan reviews, documentation of unannounced rounds, observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units and Rosters – None under the age of 18

115.14 (a)(b)(c): FCI Estill does not house youthful inmates. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PREA Compliance Manager confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden and PREA Compliance Manager, this standard appears to be not applicable and as such, compliant.

Corrective Action: None

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5521.06
3. Memorandum from Warden regarding searches dated 9-23-2022
4. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
5. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates, if available

Site Review Observations:

1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
2. Observation of Absence of Female Inmates
3. Observation of Opposite Gender Announcements

Findings (By Provision):

115.15 (a): PS 5324.12 and PS 5521.06 address the requirements of the standard. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity search (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. FCI Estill does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There was no cross-gender visual body cavity or strip searches conducted at the facility during the audit period. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. In such a case, this exception would be documented in the inmate's central file. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite gender except in exigent circumstances.

Random staff interviews confirmed that male and female officers had been trained to conduct cross-gender pat searches. As confirmed by observations during the on-site review of inmate housing units, inmates are permitted to shower, perform bodily functions, and change clothing privately. The agency and facilities require staff of the opposite gender to announce their

presence or otherwise notify the inmates when entering an inmate housing unit. Inmate interviews confirmed that staff members of the opposite gender announce their presence when entering housing units. The auditor observed this practice during the on-site review of the facility. Staff would not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with inmates confirmed that officers were professional and respectful when performing pat searches. Interviews with staff/inmates, auditor observations and an examination of policy/supporting documentation confirm compliance with this standard.

The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. This was confirmed through staff interviews and a review of search logs.

115.15 (b): Agency Directives and BOP PREA Plan address this provision. Agency policy requires strip searches be conducted by staff of the same gender as the inmate. There have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. Staff interviews revealed staff are aware they are prohibited from conducting cross-gender strip searches, but are trained to conduct cross-gender pat-down searches.

FCI Estill currently houses only male offenders.

Staff indicated staffing levels are sufficient to ensure cross-gender strip searches do not occur. Staff reported they had not conducted a cross-gender strip search or knew of one taking place. Inmates stated they are searched by same-gender staff. A review of the agency directive and staff interviews indicates no cross-gender strip searches have been conducted. Inmate interviews confirmed no cross-gender strip searches are conducted.

115.15 (c): Agency Directives and BOP PREA Plan address this provision. Agency directive requires strip searches are conducted by staff of the same gender as the inmate. PS 5521.06 discusses visual searches and body cavity searches. Visual searches are to be conducted by staff of the same gender as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Agency policy states that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The facility does not house female inmates and as such, no cross-gender pat searches of female inmates would be conducted or documented. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months. Female inmates are not housed at the facility.

115.15 (d): Agency Directives and BOP PREA Plan address this provision. PS 5324.12, states the he facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of

the opposite gender to announce their presence when entering an inmate housing unit. During the on-site review, the Auditor observed that inmates have sufficient privacy to perform bodily functions. There is no opportunity for staff of the opposite gender to view inmates performing bodily functions.

The Auditor noted that staff of the opposite gender would announce themselves accordingly when entering a housing unit. Staff interviews revealed staff are aware of the requirement to announce themselves when entering a housing unit with inmates of the opposite gender. There is information posted about this in the housing areas and an announcement is routinely made over the loud speaker. Inmates interviewed reported staff of the opposite gender do announce themselves upon entering the housing unit and that they would never be in a state of undress in front of opposite gender staff. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes.

A Memorandum from the Warden indicated that the facility refers to PS 5324.12 for policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

The auditor observed during the site review that the toilets and shower areas are adequately private.

115.15 (e): Agency Directives and BOP PREA Plan address this provision. PS 5324.12, states the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews indicate staff are aware of the prohibition of searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff stated the determination of the inmate's genital status would be made by medical staff. There were no inmates identified as transgender housed at the facility during the onsite review.

A Memorandum from the Warden indicated that a staff member at FCI Estill shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months.

115.15 (f): PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program states that all custody staff shall receive training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Training documentation reviewed by the auditor reflected staff attended and participated in "Cross-Gender and Transgender Pat Searches" training during onboarding, and refresher training is available online. The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of transgender

and intersex inmates in a professional and respectful manner on the first day of the annual training.

A review of the agency directive, training documentation, and staff interviews indicate staff are prohibited from conducting cross-gender strip searches or visual body cavity searches, however, all staff are trained on how to conduct cross-gender pat-down searches if exigent circumstances exist which exceeds the requirements of this provision.

A review of the training curriculum confirms that the training covers cross-gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 99% of the 184 staff had received this training. The Auditor reviewed training records, which indicated facility staff had received this training. Interviews with a random sample of staff indicated that they all had received this training during the previous year and that this training is completed annually.

Based on a review of the PAQ, PS 5521.06, the Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum, Memorandum from the Warden, staff training records, observations made during the tour including physical layout and the opposite gender announcement, as well as information from interviews with random staff and random inmates indicates this standard appears to be compliant.

Corrective Action: None

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. EST-5324.12D
4. LanguageLine Solutions Contract
5. Memorandum from Warden
6. PREA Posters
7. Inmate Admission and Orientation Handbook

Interviews:

1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): PS 5324.12 and the Admission and Orientation (A&O) Handbook address the requirements of the standard. Through agency policy and practice, the facility ensures that inmates with all disabilities as listed in the standard have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The PREA Compliance Manager is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. Additionally, the Warden provided a Memorandum indicating that FCI Estill shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

All written PREA-related information, including postings, brochures and handouts are available in English, Spanish, and other languages. Staff will also read information to inmates when necessary. Translation services are available through LanguageLine Solutions, a contracted language service for inmates who are not English proficient, and the facility has staff who are proficient in languages other than English. FCI Estill also provides Video Relay System conferencing, telephone access, and electronic message access. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistance in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with staff

confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interview with a non-English proficient inmate confirmed the availability and use of the staff and telephonic interpretive services. Interviews with staff, inmates and an examination of policy/supporting documentation also confirm compliance with the provisions of this standard.

The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. The PREA Compliance Manager confirmed these practices. The Auditor observed PREA signage to be in large text and in bright colors. Interviews with two disabled inmates revealed they are aware of the PREA program and their rights.

115.16 (b): Agency directive, BOP PREA Plan and a review of posters, inmate handbooks, and training certificates, address this provision. PS 5324.12 and EST-5324.12D establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). Per agency policy, the PREA Compliance Manager is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The facility has staff that are bilingual and assist in translation when needed. The agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a telephonic service the facility can utilize that will translate information between the staff member and LEP inmate.

The auditor interviewed two Limited English Proficient (LEP) inmates. The inmates reported getting the written PREA-related information in Spanish and received PREA information in a format that they can understand.

A review of PREA posters, the inmate handbook, PREA directives and inmate distributed information confirmed that information is available in both English and Spanish. A review of the files for the two LEP inmates interviewed indicated that they received PREA information and they understood the information. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): Agency directive, BOP PREA Plan and review of posters, inmate handbooks, and training certificates address this provision. PS 5324.12 and EST-5324.12D prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The facility has identified staff that can translate in Spanish. The two LEP inmates interviewed reported being provided PREA-related information verbally from staff and understanding their rights as it pertained to PREA and had an understanding on how to report an allegation.

The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes. All staff interviewed reported they

would not use inmates to interpret for another inmate for a PREA related matter unless it was an emergency situation.

Interviews with LEP inmates indicated that other inmates are not utilized for translation services. There were two inmates identified as cognitively disabled housed at FCI Estill during the time of the on-site review. Both inmates were interviewed and are aware of PREA and how to report sexual abuse and harassment.

Based on a review of the PAQ, PS 5324.12, EST-5324.12D, the LanguageLine Solutions contract, the memo from the Warden, a review of PREA signage and information, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews with staff, and inmates with a cognitive disability and LEP inmates indicates that this standard appears to be compliant.

Corrective Action: None

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum from BOP Human Resource Management Division dated 2-28-14
8. Email re Request from non-BOP Employers
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a)(e)(h): PS 3000.03 Human Resource Management Manual, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP recruitment document address the requirements of the standard. PS 3000.03 indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). The PAQ and interviews with staff indicated that the agency will not hire or promote anyone who may come in contact with

inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. Additionally, FCI Estill does not hire or promote anyone who has engaged in any type of sexual abuse/harassment. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

All staff at FCI Estill have had a background completed which included their criminal history, credit history and other record inquiries. The background checks are conducted through the Office of Personnel Management and OPM certification. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. Files reviewed (1) for contractors hired within the previous year indicated contractors had a background check completed prior to enlisting their services. Employee backgrounds are re-checked every five years based on their waiver date. Human Resource staff stated that the employee will get an email when it's time for their 5 year check and complete the process online. The PAQ indicates that there have been 4 persons hired in the past 12 months who may have contact with inmates who have had criminal background record checks.

The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency, not the facility, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work. The agency, not the FCI, notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. Human resource staff indicated that this information would be provided when requested. A review of policy, personnel forms, and relevant supporting documentation, including staff interviews, confirm compliance with this standard.

A review of the eligibility questions on the USA Jobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files (4) for staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. The interview with Human Resource staff indicated that the questions are part of the hiring process.

115.17 (b): Agency Directives and BOP PREA Plan address this provision. The Auditor interviewed the Human Resource Staff. Staff reported the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. The form includes a "material omissions" clause.

The General Employment Considerations for Staff indicates that the applicant's character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau's efficiency by jeopardizing the ability to accomplish its mission successfully.

The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff informed the auditor that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Agency Directives and BOP PREA Plan address this provision. The agency directive requires job applicants to have background checks completed and address any issue of prior sexual misconduct. The background checks are completed prior to any inmate contact. All contractor staff are screened using the same process. The Human Resource staff confirmed this process.

Standard Form 85P and the BOP Recruitment Flyer indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references.

The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted, if applicable. A review of personnel files indicated that all staff had a criminal background check completed and all prior institutional employers contacted, if applicable. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff indicated that staff have an affirmative duty to disclose any contact with law enforcement.

115.17 (d): Agency Directive(s) and BOP PREA Plan address(es) the elements of this provision. Agency directive defines staff to include volunteer or contracted program services staff. All staff are subjected to a criminal background check. PS 3000.03 indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC).

The PAQ indicated that there has been one contract staff at the facility within the past twelve months. A review of contractor personnel files indicated that a criminal background check had

been conducted. Human Resource staff confirmed that all contractors have a criminal background check completed prior to enlisting their services.

Background checks are conducted through the Office of Personnel Management and OPM certification.

115.17 (f): Agency Directive(s) and BOP PREA Plan address this provision. The application process includes the "Affirmative Duty to Disclose" form for new hires, volunteers and contractors, and a review of personnel files indicated this process was being implemented. All staff files reviewed indicated the forms had been signed in accordance with directive. Staff interview confirm the practice is in place and meets the requirements of this provision.

The agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USA Jobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. The interview with Human Resource staff confirmed that these questions are required to be answered by all applicants.

115.17 (g): Agency Directives and BOP PREA Plan address this provision. Agency directive defines staff to include volunteer or contracted program services staff. Material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison. An interview with Human resource staff confirms that any false information or omissions would result in an employee or contractor being terminated.

As part of the review for this standard, the auditor interviewed the staff member responsible for the volunteer files, as well as reviewed the files for all 13 volunteers authorized to enter the facility. The auditor found the files to be extremely well-organized, including all pertinent information.

Based on a review of the PAQ, PS 3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Corrective Action: None

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as the interview with the Warden confirmed there have not been any expansions or modifications to the facility since the last PREA Audit. Agency Head and facility Warden noted they would consider how modifications to FCI Estill may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the any enhancements/ upgrades.

Due to an F4 Tornado in April 2020, the facility is operating on a modified schedule. Some cameras were permanently damaged during the tornado. There is a major work order approved to repair/update the camera system. The auditor conducted a surveillance camera review with no cameras in direct view of the showers or restroom areas and no cross-gender viewing from the camera. The auditor observed the security mirrors throughout the facility. The facility had surveillance cameras and security mirrors for the prevention, detection and response to the overall safety of the inmates and employees at the facility.

115.18(b): Policy, PS 5324.12 requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Interviews revealed the Agency Head and facility Warden did consider how additions/updates to monitoring technology may enhance the agency's and the facility's ability to protect inmates from sexual abuse prior to implementing the video enhancements/upgrades.

Under limited operations, all inmates at FCI Estill are currently being housed at the Camp. The facility currently has two different camera systems and have added cameras in the past 12 months. The Warden noted that they have a unique set of circumstances with the approved projects to repair the tornado damage. She indicated there are plans to add additional cameras at the Camp.

Based on a review of the PAQ, and information from the Warden interview, this standard appears to be compliant.

Corrective Action: None

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. PS 6031.04
4. Memorandum related to Forensic Medical Exams
5. Memorandum on Advocacy Services
6. Memorandum of Understanding with Hopeful Horizons
7. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
8. Qualified Staff Advocacy Training Documents
9. Letter from FBI on PREA Compliance

Interviews:

1. Interview with Random Staff

2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse, if available

Findings (By Provision):

115.21 (a): PS 5324.12; EST-5324.12D; the Guide for First Responder/Operations Lieutenant, PREA Investigation Policy Memo, PS 6031.04, Patient Care, and the PREA Checklist & Instructions address the requirements of the standard. Policy requires that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Prison Rape Elimination Act Investigation Policy Memorandum outlines the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence.

Staff interviews indicated staff have a firm understanding of their responsibilities as potential first responders, knowledge of agency directive, and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse.

The agency is responsible for conducting administrative investigations, while the FBI is responsible for conducting criminal investigations, if warranted. Interviews with random staff indicated they are aware of evidence protocol and that they are responsible for preserving evidence.

115.21 (b): Agency Directives and BOP PREA Plan address this provision. FCI Estill offers all inmates a forensic examination if sexually abused. The Prison Rape Elimination Act Investigation Policy Memorandum indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013.”

FCI Estill does not house youthful inmates at the facility.

The facility reported no SAFE/SANE examinations were conducted at a local hospital during the last 12 months. FCI Estill would typically transport inmates to Medical University of South Carolina in Orangeburg. All forensic exams are at no cost to the inmate and are available at any time. Victim advocates are available at the facility, as well as through MOU with the Hopeful Horizons.

A review of the agency directive and supporting documentation indicated the agency coordinates and ensures the protocol implemented is appropriate and in compliance with this provision.

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site, or at an outside facility, without financial cost. PS 6031.04 specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Forensic medical exams are provided at Medical University of South Carolina (MUSC) through the emergency department.

The PAQ indicated that during the previous twelve months, there have been zero forensic exams conducted. During the audit period, there was not an instance where an inmate was provided a forensic medical examination so no documentation was able to be reviewed.

Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving, and securing physical evidence, when sexual abuse is alleged. Staff were aware that the Special Investigative Services (SIS), the Office of Internal Affairs (OIA), Office of the Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conduct investigations relative to sexual abuse/harassment allegations. Victims of sexual assault are referred to health services for initial examination and treatment.

Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner (SANE). The practice was confirmed through interview with medical staff. All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. Facility staff members (psychology staff) have also been trained as victim advocates.

Administrative investigations are conducted by trained investigators who are full-time employees of the facility. The Warden generates the referral to the outside agency (OIG or FBI), if applicable. A review of facility training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and harassment in confinement settings. An examination of policy/supporting documentation also confirm compliance with this standard. There were no forensic exams performed at a local hospital within the last year.

115.21 (d): Agency Directives and BOP PREA Plan address this provision. Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner. All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up

care are provided without cost to the victim. This practice was confirmed by medical staff. Facility staff members (Psychology staff) have also been trained as victim advocates. A review of the agency directive and staff interviews indicate an established collaborative effort to ensure victim advocacy services are available for the inmates if needed through facility staff or outside resources.

In accordance with policy, FCI Estill attempts to make available to the victim a victim advocate from a rape crisis center, and if a rape crisis center is not available, a qualified staff member from a community-based organization or a qualified agency staff member. The memo from the Warden indicated that the facility has an MOU with Hopeful Horizons to provide advocacy services for inmate victims. Additionally, the facility has available qualified staff members in the psychology department to serve as advocates if necessary. The auditor reviewed the MOU with Hopeful Horizons and this satisfies the provision of the standard. The auditor also verified the availability of services with Hopeful Horizons.

The inmates have access to the victim advocacy information as it is included in the inmate handbook and the pamphlet.

There were no inmates housed at FCI Estill during the onsite review who had reported sexual abuse. There have been no requests for advocacy services during this review period.

115.21 (e): Agency Directives and BOP PREA Plan address this provision. FCI Estill has an agreement with a community-based organization, Hopeful Horizons, for victim advocacy while the inmate is at the hospital.

A review of the agency directive and staff interviews indicate an established collaborative effort to ensure victim advocacy services are available for the inmates, if needed.

If requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Inmates are transported to Medical University of South Carolina (MUSC) for forensic examinations. Additionally, the facility has an MOU with the Hopeful Horizons that indicates that an advocate will provide victim support services during the forensic medical exam and during investigatory interviews. The psychology staff will inform inmate victims about the availability of these services and coordinate the services, if requested. The facility also has available qualified staff members to serve as advocates, if needed. All Psychology staff are trained as victim advocates.

The interview with Psychology staff indicated that the facility has an MOU with the Hopeful Horizons to provide these services. The Auditor confirmed the availability of these services. The Hopeful Horizons staff indicated that they would respond to the hospital to accompany the inmate during a forensic exam.

There were no forensic exams conducted for inmates at FCI Estill during the audit period. There were no inmates housed at FCI Estill during the onsite review who had reported sexual abuse. There have been no requests for advocacy services during this review period.

115.21 (f)(g): The agency is responsible for conducting administrative investigations, while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (h): The qualified agency staff member is one of the Psychologists at the facility. They have received training titled: Forensic Medical Exams: An Overview for Victim Advocates.

Based on a review of the PAQ, The PREA Investigation Policy Memo, PS 6031.04, the memo related to forensic exams and advocacy, the MOU with Hopeful Horizons, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager indicates this standard appears to be compliant.

Corrective Action: None

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. PS 5508.02
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Incident Reports
8. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Investigative Staff
4. Interview with PREA Compliance Manager

Findings (By Provision):

115.22 (a): PS 5324.12 addresses the requirement of the standard and outlines the administrative and criminal investigative process. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. The AG Memo

and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as PS 5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. Administrative investigations are routinely assigned for completion by the Special Investigative Services Lieutenant. If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the OIG and then to the FBI for criminal investigation. The SIS Lieutenant was interviewed and is aware of their responsibilities in the investigative process.

The FBI would conduct criminal investigations for FCI Estill involving inmate-on-inmate sexual abuse and the OIG would investigate staff-on-inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency.

A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and an examination of policy/supporting documentation confirm compliance with this standard.

There were 2 total allegations reported within the previous twelve months, and none that resulted in a criminal investigation. An administrative investigation was completed for both allegations. A review of investigative files and documentation indicated there was one inmate-on inmate allegation of sexual abuse and one staff-on-inmate allegation of sexual harassment reported in the previous twelve months. Interviews with the agency head, Warden and PREA Compliance Manager indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

115.22 (b)(c): The agency's directive is posted on the agency's website in accordance with this provision. PS 5324.12 outlines the administrative and criminal investigative process and requires the facility to have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as PS 5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that PS 5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>.

An interview with the SIS Lieutenant, PREA Compliance Manager and Warden confirm these practices at FCI Estill.

115.22 (d)(e): This provision is not applicable as the agency is not required to respond to this provision.

Based on a review of the PAQ, PS 5324.12, PS 5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, the agency's website and information obtained via interviews with staff, this standard appears to be compliant.

Corrective Action: None

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. EST-5324.12D
4. Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum
5. Sample of Staff Training Records (Acknowledgement Form)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): Agency Directives and BOP PREA Plan address this provision. PS 5324.12, as well as EST-5324.12D indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization, and yearly thereafter as part of the annual refresher training. A review of the agency directive, training curriculum, various training documents, and staff interviews demonstrate PREA-related training is being conducted as required. A review of the Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. The agency directive and curriculum address all the required topics.

The Auditor interviewed a total of 12 randomly selected staff. Staff interviewed acknowledged attending and participating in the PREA training within the past year, and confirmed the required topics were covered during the training. Interviews revealed the staff have PREA training annually with their annual employee training, and they are given PREA refresher training periodically throughout the year. Employees are also given a PREA response card for reference.

A review of staff training records indicated that FCI Estill employees had received PREA training within the last 12 months. Interviews with random staff confirmed that they had received PREA training during annual training and that they receive information through supplemental BLU (Bureau Learning University) Trainings.

115.31 (b): Agency Directives and BOP PREA Plan address this provision. PS 5324.12 states that such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. Transferring staff members receive gender-appropriate training as needed. All agency employees, contractors, and volunteers are trained to meet the PREA standards. According to the PAQ, in the past 12 months, all facility staff were trained or retrained. FCI Estill only holds male offenders.

The agency has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster and PREA Acknowledgement that indicates the trainees understand the training presented.

Interviews with staff indicated that employees understood the materials presented. Refresher information is available in the employee handbook, through BLU trainings, and in-shift briefings. Staff reported all staff get the exact same training, regardless of working with male or female inmates in the agency.

PS 5324.12 indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. A review of the training curriculum confirmed that the annual training includes information on male and female inmates.

115.31 (c): Agency Directives and BOP PREA Plan address this provision. Agency directive requires staff receive PREA-related training during orientation and on an annual basis. PS 5324.12 states that for new employees, a discussion of the Sexually Abusive Behavior Prevention and Intervention Program must be a part of Introduction to Correctional Techniques Phase I and Phase II. Specific staff responsibilities included in policy are outlined. For current employees information about the PREA program is included yearly as part of annual training. The warden designates a staff member to conduct this training from the areas responsible for policy implementation. The PREA training at FCI Estill is conducted by the PREA Compliance Manager or Psychologist.

The Auditor reviewed employee/contractor/volunteer training documents. A review of the selected training documents indicated all had participated and completed the required PREA training. Training documentation supported the participation of all correctional staff, including participation by management and administrative support staff, in the PREA training.

The PAQ indicated that 184 (100%) staff have been trained in PREA requirements and that they receive PREA training annually. PS 5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all staff received PREA training and that all hired prior to the previous twelve months had received annual refresher training.

115.31 (d): Agency Directives and BOP PREA Plan address this provision. The agency maintains the signed acknowledgement forms which affirm the trainees understand the training they have received. Through staff interviews, it was evident to the Auditor that the staff understood the PREA training.

All staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states "I have received and understand the training conducted regarding the agency's sexual abuse and sexual harassment policies and procedures." A review of staff training records indicated that staff have signed the acknowledgment form. The facility conducts annual training, as well as BLU trainings.

Based on a review of the PAQ, PS 5324.12, EST-5324.12D, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of staff training records, as well as interviews with random staff it appears the standard is compliant.

Corrective Action: None

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records
6. Training Documentation

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

2. Human Resources

Findings (By Provision):

115.32(a): Agency Directives and BOP PREA Plan address volunteer and contractor training. PS 5324.12 states all volunteers and contractors who have contact with inmates shall be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. All contractors who have contact with inmates at this facility have been trained to understand the requirements of PREA and the zero-tolerance directive. All contract staff were trained in and acknowledge they understand PREA. There are 13 volunteers and 1 contractor who have contact with inmates who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

There were no volunteers at the facility during the on-site review.

The Auditor reviewed training documentation and the signatures that documented that they understood the training presented. An interview with contract staff verified that they understood the PREA requirements associated with being a contractor.

115.32(b): Agency Directive and BOP PREA Plan address volunteer and contractor training. Per PS 5324.12, the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency's PREA training addresses the zero-tolerance directive. Training documentation reflected training specifically for contract staff and volunteers. The Auditor interviewed a contract staff member. The contracted staff interviewed reported being trained on the agency's zero-tolerance directive regarding sexual abuse and sexual harassment, and of the reporting requirements, including the duty to report.

115.32(c): Agency Directive and BOP PREA Plan address volunteer and contractor training. The acknowledgment forms contained the proper affirmation statement. It was clear through interviews with contract staff that they understood the PREA training they had received.

Based on a review of the PAQ, the PREA Training for Level I Volunteers, a review of a sample of contractor and volunteer training records, as well as interviews with contractor staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. PS 5290.14
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Review of Inmate Files
3. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33(a): Agency Directives and BOP PREA Plan address this provision. The intake staff reported the orientation packet contains all the PREA-related information which is provided to all the inmates during the intake process. Staff reported the information may be provided to the inmate in Spanish or it could be read out loud to the inmates to ensure they understand it.

The intake staff stated that program staff meet with the inmates prior to leaving intake and that inmates are asked if they have any questions before they are assigned a housing location.

Staff indicate that information on the zero-tolerance directive and how to report allegations are also contained on posters, which are posted throughout the facility, and that the PREA information is presented on the inmate tablets. The Auditor verified this information during the site review.

Per the PAQ, there were 102 inmates admitted during past 12 months who were given this information at intake. There were 102 inmates (100%) received during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

115.33(b)(d): Agency Directive and BOP PREA Plan address this provision. In accordance with agency policy, within 30 days of intake, FCI Estill provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. In the past 12 months, 102 inmates were admitted to FCI Estill and were trained on PREA.

FCI Estill, provides inmates with written (English and Spanish) education in the form of the Admission and Orientation Handbook SABPIP Pamphlet, verbal education during Admission and Orientation, visual information in the form of posters and signage displayed in all areas of the facility, verbal (English and Spanish) announcements regarding staff of the opposite gender working in inmate housing areas, and contracted interpretive services for additional needs.

Provisions are made by staff to assist those inmates with disabilities, or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, and other resources are readily available to the inmate population and are available in English and Spanish. Inmates also have regular access to TRULINCS, a computer system which also provides PREA information, as well as reporting mechanisms. Inmate telephones also provide a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English or are otherwise unable to communicate due to a disability or limitation (deaf, blind, mentally impaired, etc.).

115.33(c): Agency Directive and BOP PREA Plan address this provision. A review of case files for randomly selected inmates reflected that all inmates had been provided the required PREA-related information and education. Staff interviewed reported the information is provided during intake.

115.33(e): A review of case files for randomly selected inmates reflected all inmates had been provided the required PREA-related information and education. The completed and signed Acknowledgement Statement is used to document when inmates are provided the PREA information at intake. Inmates that participate in the subsequent PREA education have their participation entered into the inmate's central record. The auditor reviewed the Institution Admission and Orientation Program Checklist for all inmates interviewed during the onsite portion of the audit.

115.33(f): Agency Directives and BOP PREA Plan address this provision. PREA educational and informational materials, including PREA posters are continuously available in each respective housing unit, as well as multiple other locations in the facility. The Inmate Handbook is provided to the inmates during the intake process and will be made available upon request any time.

Based on a review of the PAQ, PS 5324.12, PS 5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the orientation handbook, a review of inmate records, observations made during the tour, to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

Corrective Action: None

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. DOJ/OIG PREA Training
4. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34(a)(b): PS 5324.12, the SIS/SIA Training Lesson Plan, Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. The facility investigators, OIA, OIG and FBI investigators have received PREA specialized training through the Department of Justice. The Auditor reviewed the training plan and this training includes all requirements under 115.34.

The auditor reviewed specialized training documentation to include, the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full-time employees of FCI Estill. No agency investigators were available to be interviewed at the time of the on-site review.

Per the PAQ, there are 3 investigators currently employed at FCI Estill who have completed the required training.

When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or Office of the Inspector General. Interviews with staff, an SIS investigator, the SIA, and a review of policy and supporting documentation confirm compliance with this standard.

115.34(c): Agency Directives and BOP PREA Plan address this provision. A review of the specialized training documents reflects all FCI Estill investigators had completed the required training. Training documentation provided to the Auditor reflected the investigators listed in the investigative files audited were trained on the specialized investigator training.

An interview with a facility investigator indicated that he has completed the required training and was able to articulate understanding of the training and requirements for facility investigators.

115.34(d): This provision is not applicable as the agency is not required to respond to this provision.

Based on a review of the PAQ, PS 5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, a review of investigator training records as well as interviews with investigative staff, indicate that this standard appears to be compliant.

Corrective Action: None

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. PS 6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Memorandum Regarding Forensic Medical Examinations
7. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.35(a): Agency policies PS 5324.12 and EST-5324.12D address the requirements of this standard. The Auditor reviewed training documentation, which indicated medical and mental health staff participated in the specialized medical and mental health PREA training.

Per the PAQ, there are 15 medical and mental health care practitioners who work regularly at FCI Estill and have received the training required by agency policy.

115.35(b): The agency reported the facility's medical staff do not conduct forensic exams; therefore, this provision is not applicable. This was confirmed through interviews with medical and mental health staff.

115.35(c): Agency Directives and BOP PREA Plan address this provision. A review of training records for medical and mental health personnel by the auditor confirmed that these employees (part-time, full-time and contractors) receive the same general PREA training as all other correctional staff and have a duty to report when they have knowledge of sexual abuse/harassment, even when disclosed during a healthcare encounter.

In addition, all mental health and medical staff have also received specialized training on victim identification, interviewing, evidence preservation, reporting and required clinical interventions. This was confirmed by the auditor through further review of training records and interview with the HSA.

All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners are always available.

Interviews with medical and mental health staff confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/harassment. A review of the training documentation and policy also confirm compliance to this standard.

115.35(d): Training documentation reviewed reflected medical and mental health staff, including contract staff, participated in the general PREA training.

Based on a review of the PAQ, PS 5324.12, PS 6031.04, the memo regarding forensic examinations, the two training curriculums, a review of medical and mental health care staff training records, as well as interviews with medical and mental health care staff this standard appears to be compliant.

Corrective Action: None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Re-Assessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interview with Inmates
6. Interview with Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Location(s) of Inmate Files

Findings (By Provision):

115.41(a)(f)(g)(h): PS 5324.12 addresses the requirement of the standard. Upon arrival to FCI Estill, all inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the Receiving and Discharge (R&D) area, in accordance with the requirements listed in 115.41 d and e. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. Staff confirmed inmates are not disciplined for refusal to answer screening questions. If/when transferred to another facility, the inmate would receive an entirely new screening upon arrival.

A member of the inmate's housing unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the day of arrival.

A review of screening documents by the auditor confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and received further assessment. Unit team staff also conduct screenings by reviewing records or other information from other facilities, new referrals, or for any other relevant reason. A unit team member reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 28 days of his arrival. Staff meet with the inmate and this review is documented. These practices were confirmed by the auditor through interviews with Intake Staff, Unit Team Staff, Mental Health Staff and a review of screenings and related documentation.

In addition, inmates complete a Psychology Intake Questionnaire upon arrival, which is reviewed by Psychology staff. Psychology staff also meet with each inmate to review the questionnaire and ask questions to help determine any risk of abusiveness or victimization.

115.41(b): The objective screening instrument is completed within the first 72 hours of arrival, typically within hours of arrival at FCI Estill. The screening document does ask questions to determine if any inmate might have any prior history as a sexual abuser and the responses are documented. Based on a review of the inmate record and responses to the screening, a decision is made regarding where to properly house the inmate. Intake staff conduct the screening, and the information is secured.

Per the PAQ, there were 102 inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

115.41(c): The agency's PREA Risk Screening Instrument reflects all the required elements in this provision. Staff interviews confirm they use the agency's screening tool during intake. Staff interviewed were able to articulate the required elements of the provision that inmates are screened for during the risk screening process.

Unit Team staff refer inmates determined at elevated risk for sexual abuse to Psychology Services for additional screening based on the results of the Objective Intake Screening. Psychology Services prepares a Risk of Sexual Abusiveness and/or Risk of Sexual Victimization note, which is in turn shared with the Captain's Office and Unit Team to inform assignments to housing, programs, work, etc. Psychology Services completes additional Risk of Sexual Abusiveness and/or Risk of Sexual Victimization assessments in response to new/additional risk information/data, which is in turn shared with the Captain's Office and Unit Team.

115.41(d): Interviews with staff confirmed that information for the risk screening is ascertained through inmate interviews, as well as from information collected through the PREA Screening tool, intake medical screening, and a review of case file records.

The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. FCI Estill does not hold inmates detained solely for civil immigration purposes.

An interview with staff responsible for completing the screenings confirm compliance with the provisions of the standard.

115.41(e): Intake staff reported they do not have access to the inmate's medical or mental health information. The inmate's medical information is retained and only available to medical staff. Any medical related information is released on an as needed basis, based upon the treatment modality and a relevant need for the information.

Based on a review of the PAQ, PS 5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from staff interviews this standard appears to be compliant.

Corrective Action: None

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement

would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. EST-5324.12D
4. PREA At Risk List
5. Sample of Housing Determination Documents
6. Sample of Transgender/Intersex Reassessments, if available
7. Inmate Housing Assignments/Logs

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with LGBTI Inmates, if available
5. Interview with Inmates Who Reported Previous Victimization
6. Interview with Medical and Mental Health

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates, if available
3. Shower Area in Housing Units

Findings (By Provision):

115.42(a): PS 5324.12 addresses the requirement of the standard. FCI Estill uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates' safety. This information is used to make decisions to place each inmate in appropriate housing, work, and program assignments. The placement decisions are made by a classification committee. If an inmate is determined to be at high risk for sexual victimization, safeguards are put in place to ensure the inmate's safety with respect to housing, programming and work, with input from the inmate. Staff reported information secured through

the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors.

The Unit Manager is responsible for reviewing classification options, which may include changes in housing units, cells assignments, work assignments, and/or education assignments. Based upon the psychology intake questionnaire, psychology staff will make recommendations to ensure inmates' safety if they determine an inmate to be at high risk for abusiveness or victimization.

An interview with Unit Management staff and Psychology staff confirm these practices. The auditor reviewed the inmate files for all inmates interviewed during the onsite review.

115.42(b): Agency Directive and BOP PREA Plan address this provision. Staff reported segregated housing is used as a last resort and staff look for other options, such as housing unit changes. There was no indication during the site review that segregated housing is used on a regular basis due to PREA risk factors. Currently FCI Estill is not operating a Special Management or Special Housing Unit due to limited operations.

Staff interviews reveal their understanding of and commitment to keeping inmates safe and free from sexual abuse and harassment. Medical and mental health staff reported they would conduct daily visits for any inmates placed in segregated housing for PREA risk factors.

115.42(c)(d)(e)(f)(g): Agency Directives and BOP PREA Plan address this provision. Agency policy requires that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

In accordance with agency policy, FCI Estill does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff reported the facility does not have specific housing units designated for lesbian, gay, bisexual, transgender, or intersex inmates. All housing, program and work assignments are made on a case-by-case basis.

Agency policy requires placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate and that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Policy dictates that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The auditor interviewed the PREA Compliance Manager, Psychology staff and reviewed the inmate rosters. At the time of the onsite review there were no inmates identified as gay, intersex, transgender, or being at high risk of victimization.

Based on a review of the PAQ, PS 5324.12, EST-5324.12D, the PREA at Risk list, a review of inmate housing assignments, a review of transgender and intersex inmate assessments and information from interviews this standard appears to be compliant.

Corrective Action: None

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Facility Memo from Warden
4. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form
5. Weekly Special Housing Unit Review Meeting Form

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Special Housing Unit

Findings (By Provision):

115.43(a)-1: PS 5324.12 addresses the requirement of the standard. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. The inmates would be reassessed every 7 days after entering segregated housing. If protection is necessary for an inmate, they may be transferred to another housing unit. When operational, FCI Estill Special Housing Unit (SHU) houses both administrative (protective custody) and disciplinary cases.

Due to the current status and limited operation of FCI Estill due to tornado damage, there are no inmates being held at the main facility. At the time of the onsite review, all inmates were housed at the camp and are functioning primarily as a work cadre.

There were no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.

When operational, interviews with staff confirmed, that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to inmates placed in the SHU for the purposes of protective custody for being at high risk of sexual victimization, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Staff indicated that there are normally other housing options and inmates would not be kept in SHU strictly for being at high risk of victimization. Mental health and unit staff meet with each inmate in segregated housing status at least once each week. Interviews with staff, an examination of SHU operations and a review of policy/supporting documentation confirm compliance with this standard.

115.43 (a)-2: Agency Directives and BOP PREA Plan address this provision. SHU staff reported an inmate's health and safety are taken into consideration during placement and programming assignments. FCI Estill reported zero inmates were held in segregated housing in the past 12 months for the purpose of protecting a possible sexual abuse victim. Agency directives require review every 30 days for any inmate in segregated housing.

115.43(c): Agency Directives and BOP PREA Plan address this provision. FCI Estill reported zero inmates were held in segregated housing in the past 12 months for longer than 30 days awaiting alternative placement.

115.43 (d)(e): Agency Directives and BOP PREA Plan address this provision. The agency reported there have been no PREA-related incidents involving the involuntary assignment of any inmate to SHU in the past 12 months. FCI Estill, consistent with national Special Housing Units policy (PS 5270.11), affords all inmates placed in involuntary segregated housing a review every 30 days to determine whether there is a continuing need for separation from the general population. The inmate's status is reviewed during weekly special housing unit meetings.

FCI Estill reported zero inmates were involuntarily held in segregated housing in the past 12 months awaiting alternative placement. Therefore, there were no case files to review specific to this provision.

Based on a review of the PAQ, PS 5324.12, BP-A1002, observations from the onsite review related to SHU, as well as information from staff interviews, this standard appears to be compliant.

Corrective Action: None

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. PS 3420.11
4. Memo from Facility Warden
5. Sexually Abusive Behavior Prevention and Intervention
6. PREA Posters

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units
2. Observation of Computer Reporting Methods

Findings (By Provision):

115.51(a): PS 5324.12; EST-5324.12D; the Admission and Orientation (A&O) Handbook and PREA postings address the requirements of the standard. A review of facility operations and documentation revealed that there are multiple ways (including verbally, in writing, privately, from a third-party and anonymously) for inmates and staff to report sexual abuse or sexual harassment. The Auditor noted the availability and prevalence of PREA Posters and information. PREA reporting hotline information is posted and grievance forms are accessible to the inmates in each housing unit and in common areas.

Inmates are informed about the reporting methods through the A&O Handbook, postings in the housing units and common areas and as part of the initial orientation process. Inmates also have access to TRULINCS, a computer system which provides PREA information and a reporting outlet, both internal to staff and external to OIG. Through TRULINCS, the inmate can contact Office of the Inspector General anonymously and the email is untraceable at the institution level. Inmates have access to telephones in each unit that can be used as a reporting outlet. There were numerous posters on display explaining the reporting procedures. Staff members accept reports made verbally, in writing, anonymously and from third parties and promptly document and refer any form of reporting. Staff members are required to immediately document any allegation. Family and friends of inmates may report sexual abuse/harassment by using the BOP website, making a phone call to the OIG or by contacting facility staff. All inmates interviewed confirmed that they were aware of the multiple methods of reporting sexual abuse/harassment allegations and feel like staff would take any such report seriously. Staff interviews verified that they would accept reports from any source and immediately act on them.

No inmates at the facility are detained solely for civil immigration purposes. Interviews with staff, inmates, observations of posters and other reporting methods and an examination of policy/supporting documentation confirm compliance with this standard.

115.51(b): Agency Directives and BOP PREA Plan address this provision. FCI Estill has established procedures for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. FCI Estill provides inmate addresses and telephone numbers for Hopeful Horizons and the National Sexual Assault Hotline, which are displayed throughout the facility for the inmate population. The Office of the Inspector General (OIG) can take reports of sexual abuse and harassment from the inmate population. Staff reported inmates could make anonymous reports to anyone. Inmates reported they could call a family member, write to the Rape Crisis Center, or contact OIG if they needed to contact someone outside of the facility. Inmate interviews revealed they are aware of the various reporting methods and the ability to make reports anonymously.

115.51(c): Agency Directives and BOP PREA Plan address this provision and require staff to document verbal reports. Staff reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately and referred to Operations. Inmates reported they could make reports anonymously, in writing, file grievance, verbally, through a family member, or staff member.

115.51(d): Agency Directives and BOP PREA Plan address this provision. FCI Estill staff are provided multiple ways to privately report sexual abuse and sexual harassment of inmates to include the Regional PREA coordinators, National PREA Coordinator, Office of Internal Affairs and Office of the Inspector General. Staff are informed of how to report privately any sexual abuse or harassment during the initial facility training upon hire. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirements with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

Based on a review of the PAQ, PS 5324.12, PS 3420.11, the Sexually Abusive Behavior Prevention and Intervention Program, Memo from the Warden, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with random inmates and staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 1330.18
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Grievance Log and Sample Grievances
5. Inmate Handbook

Interviews:

1. Inmates Who Reported Abuse

Findings (By Provision):

115.52(a): PS 1330.18, Administrative Remedy Program, addresses the requirements of the standard. In accordance with agency directive, the inmate grievance process meets the requirements of PREA. The process allows the inmate to file an oral or written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden or designee for response if necessary. Inmates reported they would go normally directly to a staff member to report allegations of sexual abuse or harassment.

115.52(b)(f): Agency Directive and BOP PREA Plan address this provision. BOP Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment and does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment. Allegations of abuse by staff are referred to the Office of Internal Affairs (OIA), in accordance with procedures established for such referrals.

Policy addresses the filing of emergency administrative remedy requests. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. If an inmate files the emergency grievance with the institution and believes they are under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, the inmate may submit the grievance directly to the appropriate Regional Office.

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

The inmate handbook provides the information on reporting sexual abuse and sexual harassment in both English and Spanish.

There were zero emergency grievances alleging imminent sexual abuse/harassment filed at FCI Estill within the last 12 months.

115.52(c): Agency Directive and BOP PREA Plan address this provision. Agency policy requires allowing an inmate to submit grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. All staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately and referred.

By agency directive, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. Inmate interviews revealed they are aware they can report to any staff member at the facility. This is stated in the FCI Estill inmate handbook and is available in both English and Spanish.

115.52(d)(e): Agency Directives and BOP PREA Plan address this provision. In accordance with policy, FCI Estill notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. In the past 12 months, the PAQ indicates there have been no grievances filed that alleged sexual abuse/harassment. Therefore, there is no documentation of written notifications of extensions to review for this standard. Agency directive allows third-party assistance to inmates in the grievance process. FCI Estill procedures permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. If the inmate declines assistance of a third-party, that decision to decline assistance would be documented. No assistance has been requested during the audit period.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed.

Agency directive requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within five calendar days. Agency directive allows discipline for an inmate for filing a grievance related to alleged sexual abuse, only where the agency demonstrates that the inmate filed the grievance in bad faith.

115.52(g): PS 1330.18, Administrative Remedy Program, addresses the requirements of the standard. The agency may discipline an inmate for filing a grievance alleging sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. According to the PAQ, in the past 12 months, there were zero grievances filed concerning sexual abuse that was found to be in bad faith and resulted in disciplinary action.

Based on a review of the PAQ, PS 1330.18, the Sexually Abusive Behavior Prevention and Intervention Program education, the grievance log and sample grievances, this standard appears to be compliant.

Corrective Action: None

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. EST-5324.12D
4. Sexually Abusive Behavior Prevention and Intervention Program
5. Memorandum of Understanding with Hopeful Horizons

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse, if available

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53(a): Agency Directives and BOP PREA Plan address this provision. FCI Estill provides confidential access to outside victim advocates by providing addresses and phone numbers for Hopeful Horizons and the National Sexual Assault Hotline, and provides reasonable communication between inmates and this organization in as confidential a manner as possible. FCI Estill, does not confine inmates detained solely for civil immigration purposes.

This information is in the inmate handbook, as well as on informational signage posted throughout the facility.

The victim advocate services include in-person support services to the victim through the forensic medical exam process, as well as the investigatory interview process and at no charge to the inmate. This is coordinated through Psychology upon request by the inmate.

115.53(b): Agency Directive and BOP PREA Plan address this provision. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Communications are monitored in a manner consistent with agency security practices. Inmates reported that they had not needed to request support services from outside agencies. Most were aware of the availability of such services. The facility advocate informs the inmates of limits to confidentiality prior to receiving services.

115.53(c): PS 5324.12 addresses the requirement of the standard. The facility maintains a memorandum of understanding with Hopeful Horizons and with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The auditor was provided a copy of, and reviewed the agreement between FCI Estill and Hopeful Horizons. The auditor also verified the availability of these services with Hopeful Horizons.

All facility psychology staff have been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls, except legal calls, are subject to monitoring and recording and that all mail, except for legal mail, is subject to search and monitoring as well. Inmates are informed that emails to Office of the Inspector General through TRULINCS are not monitored by FCI Estill or BOP. Postings in the housing units and common areas, the PREA pamphlet issued upon the inmate's arrival and the A&O Handbook provide the address to the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to this entity. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

Based on a review of the PAQ, PS 5324.12, EST-5324.12D, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with the Hopeful Horizons, observations from the onsite review related to PREA signage and posted information and interviews with staff and inmates, this standard appears to be compliant.

Corrective Action: None

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Random Staff
2. Random Inmates

Findings (By Provision)

115.54(a): The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention Program—An Overview for Offenders," the Admission and Orientation Handbook, PREA posters throughout the facility, the posted Office of the Inspector General address, and the BOP website (www.bop.gov) addresses the requirements of the standard. FCI Estill publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates through the national public website. The BOP website and posted OIG address, observed by the auditor, assist third-party reporters on how to report allegations of sexual abuse/harassment. The PREA information was posted in both English and Spanish throughout the facility. Interviews with staff and inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available.

Corrective Action: None

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Incident Reports
4. Investigative Reports

Interviews:

1. Interview with Random Staff

2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Compliance Manager

Findings (By Provision):

115.61(a): Agency Directives and BOP PREA Plan address this provision. FCI Estill requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All staff interviewed reported they would immediately report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment. Staff are required to report incidents of sexual abuse or sexual harassment to the Operations Lieutenant for investigation. Staff were clear that they have a duty to report this information. Staff also reported they would report any retaliation against staff or inmates who reported an incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61(b)(c)(d)(e): Agency Directives and BOP PREA Plan address this provision. Medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Staff reported that all staff, including medical and mental health staff are required to report all sexual abuse allegations, including anonymous and third-party reports. Medical/Mental Health staff inform the inmate of their duty to report when discussing limits of confidentiality. The facility reports all allegations to OIA after being reviewed by the facility's investigators, as applicable. All staff are informed of the importance of confidentiality being maintained in the reporting process. No inmate is under the age of 18 at FCI Estill.

Agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews revealed the staff are aware of the requirement and necessity of confidentiality for PREA investigations.

Based on a review of the PAQ, PS 5324.12, investigative reports and interviews with staff this standard appears to be compliant.

Corrective Action: None

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62(a): PS 5324.12 addresses the requirements of the standard. Staff reported immediate action would be taken if they were to become aware of any inmate being at substantial risk of imminent sexual abuse. Staff reported any allegation would be taken seriously, regardless of the source of the allegation, and due diligence would be followed to ensure staff respond to inmates immediately.

FCI Estill, has not identified any inmates determined to be at a substantial risk of imminent sexual abuse in the past 12 months.

The Warden reported that the staff do a great job of handling issues and the staff take all allegations seriously. Randomly selected staff reported the immediate steps they would take to respond to any allegation of an inmate reporting they are at a substantial risk of imminent sexual abuse.

Based on a review of the PAQ, PS 5324.12 and interviews with staff this standard appears to be compliant.

Corrective Action: None

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Notification Letters
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.63(a): PS 5324.12 addresses the requirement of the standard. The agency has a directive that requires notification to another facility when they learn of an inmate that had been sexually abused at that other facility. Upon receiving an allegation that an inmate was sexually

abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, the facility reported one allegation of sexual abuse from an inmate that occurred at another facility. The auditor reviewed documentation of Warden-to-Warden notifications. An interview with the Warden and PREA Compliance Manager confirmed this practice.

115.63(b)(c): Agency Directive and BOP PREA Plan address this provision. Policy requires the reporting of any PREA-related allegation by an inmate that occurred at another facility to the Warden (or equivalent person) of the facility where the incident is alleged to have occurred, by the Warden of the facility in which the inmate is currently housed.

When the inmate reports sexual abuse/harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers, the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. The notification is documented, typically via email. Policy also requires that an investigation be initiated.

115.63(d): Agency Directives and BOP PREA Plan address this provision. Staff reported they would initiate an investigation just like any other, regardless of the source of the information. Inmates making allegations at the audited facility regarding incidents from another facility were being investigated through cooperation from both facilities. The same would occur if the inmate made an allegation at a new facility after leaving the audited facility regarding an alleged incident that happened prior to leaving. The facilities would work together to conduct the investigation to include interviews, statements, and evidence collection. All information and evidence would be provided to the facility responsible for completing the investigation, which is the facility that received the complaint. Documentation reviewed from past cases showed this process was followed as written in the policies and directives.

In the past 12 months, FCI Estill received one allegation of sexual abuse received from another facility. The allegation was investigated by staff at FCI Estill and forwarded to the facility where the inmate making the allegation was being held.

Based on a review of the PAQ, PS 5324.12, notification letters, a review of investigations and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Investigative Reports

Interviews:

1. Interview with First Responders

Findings (By Provision):

115.64(a): PS 5324.12 and EST-5324.12D address the requirements of the standard. FCI Estill policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) 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. Interviews with staff confirm the practices dictated in this directive. All facility staff are provided training on the first responder actions required in the event of a sexual abuse. This would include any correctional officer that might be a first responder.

Agency directive also address the actions required if the responder is not a correctional officer. The non-correctional staff would ensure that the alleged victim not take any action that might destroy physical evidence, and then notify a correctional officer.

Staff interviewed outlined the response taken in response to an allegation. The agency protocol, which meets the standard requirements, was followed. All staff were clear in their duties and responsibilities related to this standard.

115.64(b): Agency Directives and BOP PREA Plan address this provision. In the past 12 months, there were 2 allegations of sexual abuse or sexual harassment from inmates. All staff are trained in the proper evidence collection protocols.

There was 1 allegation of inmate-on-inmate sexual abuse during the previous 12 months. This allegation was reported at another BOP facility and did not require the collection of any evidence. During the onsite review, there were no inmates housed who had previously reported sexual abuse.

Based on a review of the PAQ, PS 5324.12, EST-5324.12D, a review of investigations and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. EST-5324.12D

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.65(a): Agency Directives and BOP PREA Plan address this provision. Agency directive required a coordinated response by correctional staff, supervisory/management staff, medical/mental health staff, investigators, and SANE/SAFE services. FCI Estill coordinated response document clearly outlines the institutional plan to coordinate actions taken in response to an incident. This document was reviewed and signed by the Warden on 2/1/2023. Staff interviewed reiterated the protocols outlined in the agency's institutional plan and are aware of their specific duties and responsibilities related to this standard.

Based on a review of the PAQ, PS 5324.12, EST-5324.12D and interviews with Staff, this standard appears to be compliant.

Corrective Action: None

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Federal Bureau of Prisons and Council of Prison Locals – American Federation of Government Employees Master Agreement

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

115.66 (a)(b): The Collective Bargaining Agreement (CBA) examined by the auditor, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017 (with an amendment to extend to May 2026), complies with this standard. The agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Per memo and interview with the Warden, FCI Estill, is in compliance with the national Master Agreement and national policy.

Based on a review of the PAQ, the Master Agreement and the interview with the Agency Head, this standard appears to be compliant.

Corrective Action: None

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Investigative Reports
4. Monitoring Documents

Interviews:

1. Interview with the Agency Head

2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse, if available

Findings (By Provision):

115.67(a): PS 5324.12 addresses the requirement of this standard. Agency directive requires the protection of inmates and staff who report sexual abuse/harassment from retaliation. Senior management is assigned to supervise the monitoring and prevention of retaliation. All efforts regarding this provision are documented. The auditor conducted an interview with staff assigned to monitor inmates and staff for retaliation. There have been no incidents that required retaliation monitoring in the last 12 months.

115.67(b): Agency Directives and BOP PREA Plan address this provision. FCI Estill employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Staff reported when an investigation is initiated, the individual making the report is told what the expected process will be and if anyone threatens or otherwise makes them feel uncomfortable, they are told how to address this and provided with the name of the person to notify.

Staff and inmates are informed that any retaliation will be taken seriously and acted upon. Staff are able to articulate the process followed and strategies used when monitoring for potential retaliation against both inmates and staff.

There were no inmates in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse) or inmates who reported a sexual abuse assigned to the facility at the time of the onsite review.

115.67(c): Agency Directives and BOP PREA Plan address this provision. FCI Estill monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff for a period of at least 90 days. The facility acts promptly to remedy any such retaliation. FCI Estill continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Staff reported in detail what they look for when monitoring for retaliation for both inmates and staff, and the duration of the monitoring, which meet the requirements of the standard.

There were no incidents of retaliation reported during the last 12 months.

115.67(d): Agency Directives and BOP PREA Plan address this provision. All required monitoring will be promptly conducted for a minimum of 90 days or longer if needed. The facility would employ a variety of methods such as housing change, removal of abuser, or

other means to protect the inmate victim. This directive would also protect anyone who assisted in the investigation. The Directives also require periodic status checks designed to protect an individual from retaliation. All efforts regarding this standard are documented and filed with the investigative reports.

115.67(e): Agency Directive(s) and BOP PREA Plan address this provision. If any other individual who cooperates with an investigation expresses a fear of retaliation, FCI Estill shall take appropriate measures to protect that individual against retaliation. Staff reported any type of retaliation is treated seriously and any allegations made would be reviewed and investigated. If an allegation were to be found true, the appropriate necessary actions would be taken. Interviews with the Warden and PREA Compliance Manager confirm compliance with the provisions of the standard.

115.67(f): This provision is not applicable as the agency is not required to respond to this provision.

Based on a review of the PAQ, PS 5324.12, investigative reports, monitoring documents and interviews with staff, this standard appears to be compliant.

Corrective Action: None

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

Interviews:

- 1. Interview with the Warden
- 2. Interview with Staff who Supervise Inmates in Segregated Housing
- 3. Interview with Inmates in Segregated Housing, if available

Site Review Observations:

- 1. Observations of the Special Housing Unit

Findings (By Provision):

Agency Directive and BOP PREA Plan address this provision. FCI Estill policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

Staff reported protective custody/segregated housing would be used only as a true last resort and efforts would be made to find alternatives during segregated housing assignment. At the time of the on-site audit, there were no inmates in segregation for risk of sexual victimization/who alleged to have suffered sexual abuse, therefore no inmate was interviewed specific to this provision.

No inmates are placed in segregated housing involuntary without an assessment of all available alternatives. Staff reported that they had not known this to have ever happened.

The facility reported zero inmates who reported sexual abuse were held in involuntary segregated housing in the past 12 months. Directives also dictate if an involuntary segregated housing assignment is made, the facility affords each inmate a review every 30 days and the inmate programs would continue to the best extent possible.

Based on a review of the PAQ, PS 5324.12 and interviews with staff, this standard appears to be compliant.

Corrective Action: None

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse, if available
3. Interview with the Warden

4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71(a): Agency Directives and BOP PREA Plan address this provision. A review of 2 investigative files for the previous 12 months reflected investigations were conducted promptly, thoroughly, and objectively.

Staff interviews revealed investigations are initiated immediately and that third-party and anonymous reports are also considered, documented and the information included in the final report.

115.71(b): Agency Directives and BOP PREA Plan address this provision. A review of the investigative staff training documents indicated all investigative staff are trained in the required specialized investigative staff training. Staff interviewed reported receiving the required training and were able to articulate aspects of the training.

115.71(c): Agency Directives and BOP PREA Plan address this provision. A review of the investigative files reflected the required supporting documentation was maintained in the files. Per agency policy, investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Staff reported, in detail, the steps to follow in an investigation, information to be collected and documented during an investigation and retained in the files in accordance with the standard.

115.71(d): Agency Directives and BOP PREA Plan address this provision. Staff reported investigations are not terminated solely because the victim recants the allegation, and they would move forward with the investigation.

115.71(e)(h): PS 5324.12 addresses the requirement of the standard. The facility investigator (SIS) may conduct administrative investigations within the facility and was interviewed by the auditor. Staff-on-inmate administrative investigations are conducted by the facility Special Investigative Agent (SIA). The SIS was interviewed by the auditor.

When an allegation appears to be criminal in nature, the SIS, in conjunction with the BOP's Office of Internal Affairs and the facility Warden, will refer the incident to the FBI for a criminal investigation, if the investigation involves an inmate-on-inmate allegation.

Staff-on-inmate criminal investigations are conducted by Office of the Inspector General. The FBI or the OIG investigator consults with the Assistant U.S. Attorney when necessary.

If the FBI or the OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. Staff reported that each case is looked at on its own merits and credibility is assessed based on the allegation's specific circumstances.

FCI Estill, in accordance with agency policy does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. The review of case files of inmates alleging sexual abuse/harassment revealed that the investigations were completed promptly, thoroughly and in compliance with BOP policies and the PREA standards.

There were no criminal investigations at FCI Estill during the review period.

115.71(f): Agency Directives and BOP PREA Plan address this provision. Administrative investigations: (1) Shall include an effort to determine whether staff actions or failure to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted an interview with the Investigative Staff (SIS) and reviewed the two administrative investigation reports during the onsite portion of the audit. Staff reported all information would be considered, documented, and assessed as part of the investigation. Staff also reported a polygraph is not part of the investigative process.

115.71(g): Agency Directives and BOP PREA Plan address this provision. Staff interviewed reported everything is considered in the course of the investigation, including whether staff actions or failure to act contributed to the abuse. A review of the 2 investigative files for the previous 12 months indicated the investigations were thorough. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were no criminal investigations at FCI Estill during the review period.

115.71(i): Agency Directives and BOP PREA Plan address this provision. Agency Directives require written reports be developed and retained per PREA standards, for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per local/state retention requirements. Should a victim or abuser (staff or inmate) resign or be transferred to another facility, the case will continue to be investigated.

115.71(j): Agency Directive(s) and BOP PREA Plan address(es) this provision and requires investigation reports will be kept in perpetuity. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. A review of the investigative files shows compliance with this provision. Investigative staff report that investigations are completed regardless of the status of staff employment.

115.71(k): Staff interviewed reported an investigation would continue regardless of whether the alleged abuser or alleged victim left the facility. Investigative files reflect compliance with this provision.

115.71(l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall attempt to remain informed about the progress of the investigation. By law and policy, the FBI has authority to investigate criminal activity within the BOP, and they are a separate entity/component of DOJ. Per agency policy and the MOU, the FBI and BOP work collaboratively.

Based on a review of the PAQ, PS 5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with staff and inmates, this standard appears to be compliant.

Corrective Action: None

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72(a): Agency Directives and BOP PREA Plan address this provision. A review of 2 investigative files indicated the proper standard was used in determining whether the allegations were founded/substantiated or not. FCI Estill imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with SIS investigative staff confirmed the standard of evidence used to substantiate allegations is the preponderance of the evidence.

Based on a review of the PAQ, PS 5324.12, investigative reports and information from the interviews with investigative staff this standard appears to be compliant.

Corrective Action: None

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse, if available

Findings (By Provision):

Investigation Review: The facility had 1 allegation reported of inmate-on-inmate sexual abuse through a Warden to Warden notification. This allegation was determined to be unfounded. The facility had one allegation of staff on inmate sexual harassment which was determined to be unfounded. The auditor reviewed the two investigations conducted during the audit period for the following standards 115.71, 115.72, 115.73, and 115.86.

115.73(a): Agency Directives and BOP PREA Plan address this provision and requires notification for both sexual abuse and sexual harassment investigations. FCI Estill requires that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Staff interviewed reported the inmate would be notified in writing. There were two allegations of sexual abuse or harassment during the review period. One allegation occurred in March 2023, subsequent to the submission of the PAQ. The auditor reviewed the investigative file and found that notification was made as required by the standard. The other allegation was a Warden to Warden notification from an inmate residing at another facility. The information was collected and forwarded to that facility for notification to be made to the inmate.

The agency directive requirements to notify the inmate on the outcome of sexual abuse and sexual harassment investigations meets the standard requirements. Documentation reviewed support compliance with the standard.

115.73(b): The agency contacts FBI or OIG to conduct criminal investigations on PREA-related allegations. There were no investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency during the review period.

115.73(c): Agency Directive PS 5324.12 was reviewed, and case files are thoroughly investigated in accordance with PREA protocols and proper action was completed. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has been one allegation against staff during the review period, which was determined to be unfounded.

115.73(d): Agency Directive and BOP PREA Plan address this provision. Agency directive requires that the inmate be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the inmate has filed. Following an inmate's allegation that

he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

There were no inmates at FCI Estill during the on-site review who had made an allegation of inmate on inmate sexual abuse or harassment.

For complaints directed towards staff, the inmate would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

115.73(e): Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the investigative directives reflected FBI investigators conduct all criminal investigations.

Based on a review of the PAQ, PS 5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, review of investigative files and information from interviews with staff and inmates, this standard appears to be compliant.

Corrective Action: None

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 3420.11
3. PS 5324.12
4. Memorandum Related to Staff Discipline
5. Interviews with Investigator, PREA Compliance Manager and Warden

Findings (By Provision):

115.76(a): Agency Directives and BOP PREA Plan address this provision. FCI Estill has disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment policies. The staff are aware of these provisions and that termination is the presumptive sanction for violation of these provisions.

The facility reported zero cases where an employee was terminated for sexual abuse of an inmate or violating sexual abuse or harassment Directives.

115.76(b)(c)(d): Agency Directives and BOP PREA Plan address this provision. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Interviews with the Warden, PREA Compliance Manager and Investigator conform FCI Estill's compliance with the provisions of the standard. The Investigator stated that if an allegation were to involve an employee, information would be generated for a referral for investigation.

The facility reported that no staff have violated agency sexual abuse or sexual harassment directives in the past 12 months.

Based on a review of the PAQ, PS 3420.11, PS 5324.12 and the memo related to staff discipline, this standard appears to be compliant.

Corrective Action: None

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 3420.11
3. PS 5324.12
4. Memorandum Related to Contractor/Volunteer Discipline

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff

Findings (By Provision):

115.77(a): Agency Directives and BOP PREA Plan address this provision. Per memo from the Warden, the facility reported there had been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months, therefore there was no documentation to review specific to this provision.

115.77(b): Agency Directives and BOP PREA Plan address this provision. Per memo from the Warden, the facility reported there had been zero contractors or volunteers reported for engaging in sexual abuse of inmates in the past 12 months, therefore there was no documentation to review specific to this provision. Staff interviewed reported any allegations of sexual abuse of inmates by contractors or volunteers would be treated the same as if they were regular staff.

An interview with the Warden and Investigative staff confirmed FCI Estill's adherence to the provisions of the standard.

FCI Estill management staff with the need-to-know would be notified, who would then contact the contractor's point of contact and cease the contract with the contractor. Both volunteers and contractors would be prohibited from having further contact with inmates in substantiated cases.

Based on a review of the PAQ, PS 3420.11, PS 5324.12, the memo from the Warden and information from the interview with the Warden, this standard appears to be compliant.

Corrective Action: None

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. PS 5270.09
4. PS 5510.13 - Posted Picture File
5. Memo Related to Inmate Discipline

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78(a)(b)(c): PS 5270.09, Inmate Discipline Program and PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of the standard. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse, but will be addressed in accordance with disciplinary procedures. There have been no administrative or criminal findings of inmate on inmate sexual abuse during this review period.

Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program.

FCI Estill does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigative staff confirmed compliance with this standard. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, FCI Estill considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, in consultation with mental health staff. Psychology staff confirmed these practices. Due to the current population being primarily work cadre, staff indicated that there are not currently any inmates with significant mental health issues housed at FCI Estill.

115.78(d): Agency Directives and BOP PREA Plan address this provision. Staff reported the offending inmate is offered therapy, counseling, or other intervention services, but would not require the inmate's participation as a condition of access to any rewards-based behavior management system or programming or education.

115.78(e)(f): Agency Directives and BOP PREA Plan address this provision. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did

not consent to such contact. The facility reported there were no incidents of staff-on-inmate sexual contact for which the inmate received disciplinary action in the previous 12 months.

115.78(g): Agency Directives and BOP PREA Plan address this provision. An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. There were no disciplinary reports related to this provision of the standard during the review period.

Based on a review of the PAQ, PS 5324.12, the memo, and information from interviews with the staff, this standard appears to be compliant.

Corrective Action: None

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Memo Related to Informed Consent
4. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81(a): PS 5324.12 addresses the requirement of the standard. FCI Estill reported that 100% of the inmates that disclosed prior victimization during screening were offered a follow-up meeting with medical or a mental health practitioner. Interviews with staff and documentation reviewed confirm compliance with this provision. A review of the forms used by the agency demonstrate how the intake screening staff, medical and mental health staff document the follow-up services to inmates with prior sexual victimization disclosed during the screening process.

Per memo from the Warden and confirmation by the Psychology staff, The Psychology Services department maintains the Psychology Services Inmate Questionnaire (intake screening) forms for all inmates who arrive at the institution which documents reports of sexual

victimization history. Additionally, the Psychology Services department maintains electronic mental health notes (Risk of Sexual Victimization), in the Bureau Electronic Medical Record database, on those inmates who reported a history of sexual victimization which shows this was completed within 14 days of initially reporting this information. The Health Services department maintains both the Health Screening (intake screening) and Clinical Encounter (14-day follow-up) electronic records in the Bureau Electronic Medical Record database.

Staff interviewed reported they work with the medical and mental health professionals by notifying them immediately, which generates a referral. Inmates reported being referred to medical and mental health staff for follow-up. A review of the inmate files reflected the inmates did receive a follow-up meeting with medical and mental health practitioners as required within the timeframe. Psychology staff confirmed that they review all Psychology Services Inmate Questionnaires and inmates who disclose prior victimization during screening are seen within 14 days.

115.81(b): Agency Directives and BOP PREA Plan address this provision. If a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Staff reported inmates are referred to mental health staff for follow-up. A review of randomly selected inmate files reflected the inmates did receive a follow-up meeting with a mental health practitioner as required by the standard.

115.81(c)(d)(e): Agency Directive and BOP PREA Plan address this provision. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Staff interviewed reported they use the consent form for inmates over 18 years of age. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. During the on-site review, the Auditor noted medical and mental health staff have designated space where they can privately meet with inmates. Medical and Mental Health records are maintained separately and shared according to agency directives. Psychology staff stated that information related to victimization or abusiveness is kept confidential and only released to designated staff on an as-needed basis.

Based on a review of the PAQ, PS 5324.12, the memo from the Warden, medical and mental health documents and information from interviews with staff and inmates, this standard appears to be compliant.

Corrective Action: None

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse, if available
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82(a): PS 5324.12; EST-5324.12D and PS 6031.04 address the requirements of the standard. FCI Estill Medical and Psychology Services would be notified as part of the PREA response protocol and provide intervention and education to the inmate sexual abuse victim. This is documented in the Bureau Electronic Medical Record database as PREA Injury Assessment (Health Services) and Sexual Abuse Intervention (Psychology Services) notes, respectively. There were no Inmates assigned to the facility at the time of the on-site review who reported sexual abuse. Staff reported inmates would be provided emergency medical treatment immediately and that the nature and scope of the services are determined according to their professional judgment. No actions would be taken that would destroy any physical evidence unless emergent, life-saving measures needed to be taken.

115.82(b): Agency Directives and BOP PREA Plan require staff to notify mental health staff if they believe an inmate is actively experiencing a mental health crisis. Staff who were interviewed reported protective measures would be taken for the alleged victim, and the victim would be referred for counseling. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim notify the appropriate medical and mental health practitioners. Interviews with custody and non-custody staff reveal they are aware their responsibilities with respect to the provisions of the standard.

115.82(c)(d): Agency Directives and BOP PREA Plan address this provision. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Staff interviewed reported the required information and services would be provided immediately and unimpeded, without financial cost to the victim, regardless whether the victim names the alleged abuser or cooperates with any investigation.

Based on a review of the PAQ, PS 5324.12, a review of medical and mental health documents and information from interviews with staff, this standard appears to be compliant.

Corrective Action: None

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse, if available

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83(a): PS 5324.12 addresses the requirement of the standard. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Medical services are currently available 7 days a week, ten hours a day at the facility, or at the nearest available hospital (Orangeburg), if needed and required services are outside the scope of facility staff. A mid-level provider is on-call 24 hours a day, seven days a week. Mental health counselors provide treatment and counseling to inmates. The HSA stated that staffing is adequate given the current population.

115.83(b): Agency Directives and BOP PREA Plan address this provision. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Staff interviewed reported follow-up services would be matched with appropriate intervention services. Interviews with medical and mental health staff confirm FCI Estill's adherence to agency policy. There were no inmates that had reported sexual abuse at the facility during the on-site review.

115.83(c): Agency Directives and BOP PREA Plan address this provision. Medical and mental health staff interviewed reported the services provided meet the community level of care, and in most cases, exceed it.

115.83(d)(e): Agency Directives confirm that all female inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from the conduct described in paragraph §115.83(d), all victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

This provision is not applicable for FCI Estill as this is currently an all-male facility.

115.83(f): Agency Directives and BOP PREA Plan address this provision. At the time of the on-site audit, there were no inmates who reported a sexual abuse allegation at this facility who required medical services, therefore no inmate was interviewed specific to this provision. All appropriate medical care would be provided at no cost to the inmate.

115.83(h): Agency Directives and BOP PREA Plan address this provision. FCI Estill attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Mental health staff interviewed reported the inmate would be referred, and the treatment provider would respond immediately.

Based on a review of the PAQ, PS 5324.12, a review of medical and mental health documents and information from interviews with inmates and medical and mental health care staff, this standard appears to be compliant.

Corrective Action: None

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Sexual Abuse Incident Reviews

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86(a): Agency Directives and BOP PREA Plan address this provision. A review of all investigative files from the previous 12 month reflected that the facility had completed a sexual abuse incident review at the end of each investigation, excluding investigations that were unfounded. The auditor reviewed 2 investigative files from the previous 12 months, one of which was a staff on inmate sexual harassment (unfounded), which does not require an incident review. The other allegation was an inmate-on-inmate sexual abuse, reported at another facility. This allegation was unfounded due to no information provided by the alleged victim and the facility was unable to investigate this matter. This allegation did not require an incident review due to being unfounded.

115.86(b): Agency Directive and BOP PREA Plan address this provision. A review of the investigative files reflected the facility had completed a sexual abuse incident review on all sexual abuse/sexual harassment allegations, as required.

115.86(c): The Incident Review Team consists of the Warden, Institution PREA Compliance Manager, the Chief Psychologist, the Captain, and other administrative staff. Based on interviews with members of the Incident Review Team, a review is conducted within 30 days of the conclusion of the investigation and consideration is given to all required elements of the standard, including whether the incident was motivated by race, ethnicity, gender identity, physical barriers and status or gang affiliation. The team also reviews and recommends whether additional monitoring technology or staffing/monitoring procedures should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. All required reviews by the team were completed within 30 days of the conclusion of all investigations and are thoroughly documented.

An interview with the Warden confirmed these practices at FCI Estill.

115.86(d)(e): Agency Directives and BOP PREA Plan address this provision. Staff interviewed referenced all the elements needing to be considered, examined, and assessed. The Incident Review Team members provided detailed information of all the elements addressed by the team. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in

that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. Staff interviewed acknowledged a report is completed by the PREA Compliance Manager, forwarded to the Warden, and includes any recommendations for improvement.

The Warden confirmed that any recommendations for improvement would be implemented.

Based on a review of the PAQ, PS 5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PREA Compliance Manager and a member of the sexual abuse incident review team, this standard appears to be compliant.

Corrective Action: None

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Aggregated Data

Findings (By Provision):

115.87(a and c): PS 5324.12 addresses the requirement of the standard. As confirmed by a review of documents, FCI Estill collects accurate, uniform data for every allegation of sexual abuse/ harassment by using a standardized instrument. The BOP tracks information concerning sexual abuse using data from the SIS department, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice.

The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

115.87(b): Agency Directives and BOP PREA Plan address this provision. A review of FCI Estill's tracking system and information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.

115.87(d)(e)(f): Agency Directive and BOP PREA Plan address this provision. A review of the agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations.

An interview with the PREA Compliance Manager confirms FCI Estill's adherence to agency policy.

Based on a review of the PAQ, PS 5324.12 and a review of the aggregated data, this standard appears to be compliant.

Corrective Action: None

Standard 115.88: Data review for corrective action

15.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Annual PREA Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): Agency Directives and BOP PREA Plan address this provision. PS 5324.12 indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. A review of the annual report reflects all the elements required by this provision. Staff reported the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.

115.88 (b): PS 5324.12 addresses the requirement of the standard. PS 5324.12 indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

The Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: www.bop.gov.

115.88 (c): Agency Directive and BOP PREA Plan address this provision. PS 5324.12 indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. Staff interviewed reported all personal identifying information and personal health information is removed. The reports would reflect only basic demographic

information. A review of the agency website confirmed that the current annual report is available to the public online.

115.88 (d): Agency Directive and BOP PREA Plan address this provision. PS 5324.12 indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information.

An interview with the PREA Compliance Manager confirms FCI Estill's adherence to agency policy.

Based on a review of the PAQ, the annual report, the website and information obtained from interviews, this standard appears to be compliant.

Corrective Action: None

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. PS 5324.12
3. Annual Reports

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.89 (a): Policy 5324.12 addresses the requirement of the standard and describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The National PREA Coordinator reviews data compiled by each BOP facility, as well as from SENTRY, each Regional PREA Coordinator, the Information, Policy, and Public Affairs Division of the BOP and from the Office of Internal Affairs. The PREA Coordinator issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

An interview with the PREA Compliance Manager confirmed that FCI Estill securely maintains any data collected pursuant to 115.87.

115.89 (b): Agency Directive and BOP PREA Plan address this provision. PS 5324.12 describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. The data posted on the agency website, which includes aggregated data, is available to the public online.

115.89 (c): Agency Directives and BOP PREA Plan address this provision. PS 5324.12 indicates that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): Agency Directives and BOP PREA Plan address this provision. PS 5324.12 indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The data and records collected are to be retained in accordance with agency retention requirements.

Based on a review of the PAQ, PS 5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

Corrective Action: None

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a): The facility is part of the Federal Bureau of Prisons. The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once in the previous three-year audit cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year audit cycle, with one third being audited in each year. This is the Agency's first year of the fourth cycle, and at least two thirds have been audited in the second year. The agency is following their audit cycle and planned future audits.

115.401 (h) – (n): The auditor had full, unimpeded access to all areas of the facility. The Auditor reviewed areas of this facility in person, by photographs and/or via security cameras during the on-site review. The auditor was permitted to receive and copy any relevant policies, procedure or other requested documents needed for the audit. The auditor was permitted to conduct private interviews with both staff and inmates. The staff were very helpful and efficient in ensuring the auditor completed the interviews in a timely manner. Inmates had access to and were permitted to send confidential information or correspondence to the Auditor. The Auditor did not receive any confidential communication from an inmate prior to or during the on-site review at FCI-Estill. The auditor was able to communicate with community-based or victim advocates and any relevant parties who may have insight into conditions in the facility.

The auditor shall retain and preserve all documentation (including interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

Corrective Action: None

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

Findings:

115.403 (a) The facility was previously audited on March 9-11, 2021. BOP has published on its agency website all Final Audit Reports within 90 days of issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405. The final audit report is publicly available via the website until the current audit report replaces it, but can be obtained via a public records request.

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

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

Lori M. Fadorick
Auditor Signature

May 22, 2023
Date