

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: August 6, 2021

Date of Final Audit Report: November 2, 2021

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: PO Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 713-818-9098	Date of Facility Visit: June 29-July 1, 2021

Agency Information

Name of Agency: Federal Bureau of Prisons			
Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice			
Physical Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
Mailing Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
The Agency Is:	<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: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: M.D. Carvajal	
Email: BOP-RSD-PREACoordinator@BOP.GOV	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth	
Email: BOP-RSD-PREACoordinator@BOP.GOV	Telephone: 202-616-2112
PREA Coordinator Reports to: Sonya Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Federal Detention Center (FDC) Honolulu

Physical Address: 351 Elliott Street

City, State, Zip: Honolulu, HI 96819

Mailing Address (if different from above):
PO Box 30547

City, State, Zip: Honolulu, HI 96820

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

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

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): AAAHC

N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: Estela Derr

Email: HON-PREAComplianceMgr-S@bop.gov

Telephone: 808-838-4200

Facility PREA Compliance Manager

Name: Gordon Castillo

Email: HON-PREAComplianceMgr-S@bop.gov

Telephone: 808-838-4200

Facility Health Service Administrator

Name: Trevor Lidge

Email: HON-PREAComplianceMgr-S@bop.gov

Telephone: 808-838-4200

Facility Characteristics

Designated Facility Capacity:

768

Current Population of Facility:

311

Average daily population for the past 12 months:	398	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	20-68	
Average length of stay or time under supervision:	300 Days	
Facility security levels/inmate custody levels:	Administrative/In, Out & Community	
Number of inmates admitted to facility during the past 12 months:	807	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	655	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	463	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" 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 type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	180	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	19	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	65	

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>	2
<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>	10
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	62
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):
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Investigations

Criminal Investigations

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:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Detention Center (FDC) Honolulu, Federal Bureau of Prisons (BOP) in Honolulu, Hawaii was conducted on June 29-July 1, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

The previous PREA audit was conducted by PREA Auditor William Willingham on March 27-29, 2018. The previous auditor found that the facility met all 45 standards.

Pre-Audit

The auditor received an initial introduction email from the third party entity on April 26, 2021 initiating correspondence between the BOP and the auditor. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through email and a shared folder. The auditor had correspondence via phone and email with the assigned Management Analyst from the External Auditing Branch. The Management Analyst served as the liaison between the facility and the auditor and assisted with pre-audit information and on-site audit logistics. On June 5, 2021 the auditor sent the Management Analyst questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). Additionally, the auditor provided the Management Analyst with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The Management Analyst was very responsive and forwarded the information to the facility staff. The auditor received updated information from the Management Analyst on June 8, 2021. Facility staff ensured the audit announcement was placed throughout the facilities prior to the audit. The auditor received seven photos that were posted on May 17, 2021 of the PREA audit announcement posted across the facility. The auditor did not receive any letters from inmates at FDC Honolulu.

The auditor contacted the Kapi'olani Medical Center for Women and Children related to forensic medical examinations. The staff member confirmed that they provide forensic medical examinations and that exams are conducted by a physician with Sexual Assault Forensic Examination (SAFE) training. The auditor contacted the Sex Abuse Treatment Center (SATC) related to victim advocacy services at FDC Honolulu. The Executive Director (ED) advised that they have a current MOU with FDC Honolulu (signed back in 2018) and that they have recently discussed updating the MOU with the facility. She stated that they provide forensic examination through a SAFE and they also provide a crisis worker/advocate to attend the examination with the inmate for emotional support. She also stated that the facility is provided their hotline number and mailing address for inmates to utilize as well as access to crisis support after an examination, if needed. The ED stated that they have provided services for inmates and that she did not have any concerns related to FDC Honolulu's PREA compliance nor did she have any concerns related to sexual safety at the facility. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at FDC Honolulu.

The auditor conducted a web-based search related to FDC Honolulu. Two news articles (one from 2011 and one from 2016) were located related to staff-on-inmate (female) sexual abuse allegations. The auditor did not find any recent relevant information. The auditor confirmed that both the agency website and the facility website contained PREA information. The agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website had the inmate handbook with PREA information as well as the last PREA audit report.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (311) the PREA auditor handbook indicated that at least 26 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units with the exception of the quarantine units. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. The facility did not have any youthful inmates, inmates with disabilities or inmates in segregated housing for high risk of victimization and as such no interviews were conducted. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	14
Targeted Inmates	14
Total Inmates Interviewed	28
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Physical Disability	0
• Inmates who are LEP	5

• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	1
• Inmates who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	2
• Inmates who Reported Sexual Victimization During Screening	3

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate supervisors were interviewed from all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders
 - Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	16
Total Staff Interviews	28
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	2
• Human Resource Staff	1
• Volunteers and Contractors	1
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. M.D. Carvajal (Agency Head/Director)
- Ms. Estella Derr (Warden)
- Ms. Jill Roth (National PREA Coordinator “PC”)
- Mr. Gordon Castillo (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on June 29, 2021 through July 1, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted

a tour of the facility on June 29, 2021. The tour included housing units, visitation, intake (R&D), laundry, facilities, safety, food service, education, Psychology Services, commissary, Health Services, the warehouse and the powerhouse. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, posted advocacy information, privacy for inmates in housing units and other factors as indicated in the below standard findings.

Interviews were conducted on June 29, 2021 through July 1, 2021. Day watch staff were interviewed on June 29, 2021. Evening watch staff were interviewed on June 30, 2021 and morning watch staff were interviewed on July 1, 2021. All staff and inmate interviews were conducted in a private setting.

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 180 staff assigned. The auditor reviewed a random sample of 29 personnel and training records that included eight individuals hired within the previous twelve months and five individuals hired prior to 2017. The sample included a variety of job functions and post assignments, including supervisors, line staff and non-custody staff. Most of the files that were reviewed were of those staff the auditor selected for interview. Additionally, personnel and training files for six volunteers, two contractors and four medical and mental health care staff were reviewed. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 31 inmate files were reviewed, although, some files were only reviewed for a specific area the auditor was reviewing. Twenty one inmate files were of those that arrived within the previous twelve months, five were LEP inmates, three were transgender inmates and fourteen were inmates who reported prior victimization during the risk screening or had a history of abusiveness. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. There were four allegations of sexual abuse or sexual harassment reported in the previous twelve months. The auditor reviewed the medical and mental health records for the four inmate victims as well as mental health documents for the seven inmates who disclosed victimization during the risk screening and seven inmates identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log for the previous twelve months as well as a sample of three grievances to confirm that no sexual abuse grievances were filed.

Hotline Calls. The agency does not have a hotline for inmate reporting. Reporting is done verbally, in writing, through email, anonymously or through a third party.

Incident Reports. The auditor reviewed the incident reports for the four sexual abuse allegations as well as the incident report log from the previous twelve months and six sample incident reports.

Investigation Files. During the previous twelve months there were four allegations reported at the facility. One of the allegations reported was determined not to meet PREA definitions, as such only three allegations were reported during the previous twelve months. During the on-site portion of the audit two of the allegations were closed. The auditor reviewed the two closed investigations to ensure all components were included from the investigating authority.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	2	0	0	0
Unfounded	0	0	0	0
Ongoing	0	1	0	0
Total Allegations	2	1	0	0

Post-Audit

After the completion of the on-site portion of the audit, the auditor spoke with the Management Analyst and facility staff about recommendations for 115.15 and 115.51. Additionally, the auditor spoke to the Management Analyst and facility staff about corrective action for 115.33, 115.41, 115.42, 115.53 and 115.67.

The auditor determined that 115.53 required corrective action. While the facility had information posted around the facility related to SATC, including their mailing address and telephone number, the other documents including the inmate handbook and Sexually Abusive Behavior Prevention and Intervention Program did not have any information specific to SATC. The poster indicated that the call is confidential, however that was the only information provided related to how to contact the organization, the level at which the communication is monitored and the limitations of confidentiality. Additionally, only twelve of the 27 inmates interviewed were familiar with the outside advocacy information and neither of the two inmates who reported sexual abuse indicated they were provided mailing addresses or telephone numbers to a local, state or national rape crisis center. On July 12, 2021 the auditor received a copy of the updated SATC poster, the inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The inmate handbook and Sexually Abusive Behavior Prevention and Intervention Program was updated and stated that inmates could contact the local rape crisis center: a 24 hour confidential crisis hotline 808-524-7273 or the National Victim Advocate Services 1-800-656-4373. It further stated that a staff member or supervisor can assist with the call and that the call would be unmonitored and confidential. Additionally, the documents included the address for SATC. The SATC poster was updated to include the same information. The facility also provided the auditor with confirmation that the updated documents and information was added to TRULINCS on June 30, 2021. The confirmation illustrated that all inmates were notified of the updated documents as well as had to acknowledge the information prior to utilizing the kiosk or a tablet. As such the auditor determined that based on the updated documentation paired with the notification on TRULINCS, this standard has been corrected during the interim report period.

During documentation review on-site the auditor determined that standard 115.33 required corrective action. A review of 21 inmate files of those that arrived in the previous twelve months indicated that eleven were documented with comprehensive PREA education. Three of the eleven were outside of the 30 day timeframe. An additional review of ten inmate files arrived prior to the last twelve months indicated two had not received comprehensive PREA education. Thus a total of twelve inmates were missing comprehensive PREA education. During the documentation review the auditor determined that the ten

inmates who arrived over the previous twelve month that did not receive comprehensive PREA education were those that were classified as pre-trial, holdover or ICE inmates. All inmates with comprehensive education were designated FDC Honolulu inmates. The facility informed the auditor that certain inmate classifications are not provided institutional A&O, which includes the PREA information. On August 25, 2021 the auditor was provided documentation confirming that the twelve inmates identified to not have received comprehensive PREA education (ten that arrived in the previous twelve months and two that arrived prior to the audit period) had been provided education on June 30, 2021. The facility conducted training with the appropriate staff related to the requirement of comprehensive PREA education for all inmates, regardless of their designation/status. A copy of the training documents, including the sign-in sheet was forwarded to the auditor on September 17, 2021. In addition to the training for facility staff, the agency provided information via email to all PCMs across the BOP related to this requirement. The auditor determined that this is a repeat non-compliant finding across BOP facilities and that direction was needed at the agency level to ensure facility staff were aware of the requirements under standard 115.33. On September 17, 2021 the auditor was provided 29 examples of inmates (pre-trial, holdover and ICE) that arrived in August and September. All 29 inmates were provided comprehensive PREA education within 30 days of arrival.

During documentation review on-site the auditor determined that standard 115.41 required corrective action. A review of 21 inmate files of those that arrived within the previous twelve months indicated that eighteen had a reassessment, however eleven were past the 30 day timeframe. While only two inmates were documented without a reassessment, during the documentation review the auditor determined that inmates classified as pre-trial, holdover or ICE did not always have a team and as such were not reassessed or were reassessed outside of the 30 day timeframe. Additionally, interviews with nineteen inmates that arrived within the previous twelve months indicated that only five remember a reassessment. On August 25, 2021 the facility provided the auditor four inmate reassessments that were noted as not being completed during the on-site portion of the audit (two were within the previous twelve months and two were prior to the previous twelve months). The facility conducted training with the appropriate staff related to the requirement of a reassessment for all inmates, regardless of their designation/status. A copy of the training documents, including the sign-in sheet was forwarded to the auditor on September 17, 2021. In addition to the training for facility staff, the agency provided information via email to all PCMs across the BOP related to this requirement. The auditor determined that this is a repeat non-compliant finding across BOP facilities and that direction was needed at the agency level to ensure facility staff were aware of the requirements under standard 115.41. On September 17, 2021 the auditor was provided 29 examples of reassessments for pre-trial, holdover and ICE inmates that arrived between July and September. All 29 inmates were documented with a reassessment, with only one being past the 30 day timeframe.

During documentation review on-site the auditor determined that standard 115.42 required corrective action. A review of three transgender inmates at FDC Honolulu indicated that none of the three had a TEC male/female housing determination completed. It was confirmed that the TEC reviews inmates upon admission to the BOP, however if an inmate identifies after commitment to BOP, the inmate will only be reviewed by the TEC upon transfer to another facility. The three transgender inmates had identified at FDC Honolulu ranging in 2020 and 2021 and remained at FDC Honolulu. As such, none were reviewed by the TEC. On September 17, 2021 the facility provided the auditor with documentation related to agency directive that was sent out to all BOP facilities as well as the facility training related to transgender housing determinations. The Transgender Offender Manual was sent to along with an email indicating that facility staff are required to review all transgender inmate's housing determination. The facility provided the auditor with documentation indicating that they reviewed the three transgender inmate's housing assignments and recommend that they remain at a male institution. Based on the facility training, the agency directive and the review of housing for the three transgender inmate at FDC Honolulu it appears this standard has been corrected and as such is compliant.

During documentation review on-site the auditor determined that standard 115.67 required corrective action. A review of investigative reports indicated that three allegations required monitoring, although one had just been reported and would not have monitoring documented yet. A review of monitoring documentation indicated that the two inmates had met with mental health during the monitoring period, however there was nothing documented related to required checks under this standard. One inmate was not monitored for the full 90 days and one inmate was only seen by mental health because he submitted requests to speak to them. On August 24, 2021 the facility provided the auditor with two sexual abuse investigations that required monitoring for retaliation. One was reported on March 11, 2021 and involved the 90 day monitoring for retaliation. The monitoring form was utilized and documented all the required checks, including housing, program, work and disciplinary. Additionally, in-person status checks were documented on April 7, 2021, May 7, 2021 and June 4, 2021. The second allegation was reported on May 25, 2021 and included 60 days of monitoring. The inmate was released on August 5, 2021 and as such no further monitor was required after release. The monitoring form was utilized and documented the required checks as well as two in-person status checks on June 24, 2021 and July 20, 2021. A third example was provided to the auditor on October 19, 2021. The allegation was reported on July 25, 2021 and had three in-person status check documented, August 17, 2021, September 13, 2021 and October 8, 2021. Additionally, the monitoring form was utilized and indicated the necessary housing, program and disciplinary checks were completed.

Facility Characteristics

FDC Honolulu is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 351 Elliott Street in Honolulu, Hawaii. The facility is located in Honolulu County, directly adjacent to the Daniel K. Inouye International Airport. The facility opened in August 2001 and encompasses a high rise building within 16,309 square feet. The total capacity for the facility is 768. The average daily population over the previous twelve months was 398. On the first day of the audit the population at the facility was 311. The age range of the facility's population is 20-68 years of age. The facility houses administrative and community custody male and female inmates. The average sentence length for inmates at the FDC Honolulu is 300 days.

The facility employs 180 staff. Custody staff make up three shifts; day watch works from 6:00am-2:00pm, evening watch works from 2:00pm-10:00pm and morning watch works from 10:00pm-6:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include intake, food service, visitation, education, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. The facility employs two contractors and has 65 active volunteers that provide services to inmates (previously had 100, however due to COVID-19 some have been removed).

FDC Honolulu comprises two buildings, a high rise and the warehouse/powerhouse building. The facility is equipped with reflective mirrors and video cameras to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – Numerous staff offices, including the Warden's office.

Commissary – The space has a waiting area, a back storage room and a space that is store style setup with goods. The inmate restroom has a solid door for privacy.

Education – Contains classrooms, the library, the law library and a career resource center. The inmate restroom has a solid door.

Facilities – Consists of enclosed work area for each trade. The inmate restroom is equipped with half wall barriers.

Food Services – The facility does not have a designated dining area as inmates eat in their housing units. The kitchen has a dish area, coolers, freezers, kettles, grills, a food preparation area, ovens, a butcher shop, a tray storage area, dry storage and a tool room. The inmate restroom has a wall barrier side entrance.

Health Services – Includes medical and dental. Dental has chairs and work stations. Medical includes a waiting area, an emergency room, an x-ray room, a pharmacy, an optometry room and exam rooms. All exam room doors have windows with blinds. The inmate restroom has a door with a security window. Medical also has two direct observation cells. The cells have a bed and there is a separate area with a shower, toilet and sink. The door to this area is solid with a security window. All inmate medical records are electronic.

Intake (R&D) – Open bay area for buses, three holding cells, strip search rooms and offices. The holding cells contain half wall barriers for the toilets and the strip search rooms have a door with a security window

and magnetic strip covers. The initial risk screening is conducted in the offices and the inmate restroom has a door with a security window with magnetic strip covers.

Laundry – Has a storage space, folding tables, washers and dryers. The inmate restroom has a door with a security window and a magnetic strip.

Powerhouse – Area with pipes and equipment. The inmate restroom has a door with a security window.

Psychology Services – Contains offices as well as a multipurpose room that is utilized as a chapel.

Safety – Contains offices and a small storage space for chemicals.

Visitation – Open area with tables, chairs and legal rooms. The strip search area and inmate restroom have a solid door as well as wall barriers.

Warehouse – Large warehouse with stored goods, coolers and freezers. The inmate restroom has a door with a security window.

All the general population housing units have identical physical plants. Each floor has two units. Units are two tiered with a dayroom on the first tier with tables, stools, telephones and computers. Each unit has a food storage area and a serving line, a program room, a chapel and a multipurpose room. Units also all have their own recreation area with cardio equipment. Inmate cells are double bunked with lockers, chairs, a sink and a toilet. Cell doors are solid with a security window. Showers are single person and are fully enclosed. Showers also have a curtain inside the doors for additional privacy.

The Segregated Housing Unit (SHU) encompasses two identical units. The two units have a strip search room with a curtain for privacy as well as a multipurpose room and a recreation room. Cells are double bunked with a desk, stool, toilet, sink and shower. The shower has a curtain for privacy and cell doors are solid with a security window.

Unit	Capacity	Style	Inmate Population
3A	128	Double Occupancy	General Population - Females
3B	128	Double Occupancy	General Population - Vacant
4A	128	Double Occupancy	General Population
4B	128	Double Occupancy	General Population
5A	128	Double Occupancy	General Population
5B	128	Double Occupancy	General Population - Quarantine
6A	128	Double Occupancy	General Population - Vacant
6B	128	Double Occupancy	General Population - Vacant
7A	62	Double Occupancy	Special Housing Unit
7B	62	Double Occupancy	Special Housing Unit

Summary of Audit Findings

Standards Exceeded

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

Standards Met

Number of Standards Met: 45

Standards Not Met

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

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*)

Instructions for Overall Compliance Determination Narrative

Documents:

1. Pre-Audit Questionnaire
2. P5324.12

3. P3420.11
4. P5270.09
5. HON 5324.12B
6. Inmate Admission and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention Program
8. Agency Organizational Chart
9. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, HON 5324.12B, the Inmate Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and on page 68 of the inmate handbook. The 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 PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies 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 (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and is agency-wide. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 Compliance Managers. The PC was interviewed and she reported that her position is full time and that she has enough time to manage all of her PREA related responsibilities.

115.11 (c): The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM 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 reports directly to the Warden. The interview with the PREA Compliance Manager confirmed he has sufficient time to coordinate the facility's PREA compliance. He stated that he coordinates the facility's PREA compliance through educating staff, educating inmates, conducting audits, walking around the facility and providing staff with PREA cards.

Based on a review of the PAQ, P5324.12, P3420.11, P5270.09, HON 5324.12B, the inmate handbook, the Sexually Abusive Behavior Prevention and Intervention Program and information from interviews with the PC and PCM, this standard appears to be compliant.

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): The agency currently has six contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency

Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

115.12 (b): The agency currently has six contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: "The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115". Additionally, a review of three RRC contracts confirmed the following language was present: "Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero-tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities". The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor's policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP's Quality Assurance Program conducts a review of each of the contractor's PREA allegations to determine compliance.

Based on the review of the PAQ, the language within the six sample agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

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
- 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. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Staffing Plan Reviews
6. 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

Findings (By Provision):

115.13 (a): P3000.03 addresses the agency's staffing plan development. Specifically, on pages 9-10 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 indicates 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. The policy also indicates on page 11 that 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. The PAQ indicated that the current staffing plan is based off of 397 inmates. The facility employs 180 staff. Custody staff make up three shifts; day watch works from 6:00am-2:00pm, evening watch works from 2:00pm-10:00pm and morning watch works from 10:00pm-6:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include intake, food service, visitation, education, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. During the tour the auditor observed that there was at least one staff member in each housing unit as well as adequate staffing throughout other locations within the facility. There were numerous cameras and reflective mirrors strategically placed throughout the facility to assist with monitoring. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate levels to protect inmates from sexual abuse and that they comply with the plan on a regular basis. They both indicated the required components are considered when reviewing the staffing plan. The Warden stated that video monitoring is included in the staffing plan and that the staffing plan is documented in the Business Office and Facilities. The Warden stated that they identify areas from assessments, review work orders, follow appropriate guidelines, review physical plant relative to cameras and they look at cause and effect. She stated that more staff is include on shifts with more inmate movement and that most of the staffing is based off of the inmates low custody level. She further stated that program staffing has increased due to the First Step Act. The Warden indicated that the staffing plan is reviewed semiannually and that Human Resources goes over it biweekly. The PCM stated that the staffing is reviewed quarterly and that staffing is based on BOP guidelines and staffing requirements as outlined by inmate custody levels. The staffing plan considers the number of staff necessary for safety and to run programs across the facility. He further stated that the structure of the institution and the level of inmate movement is considered in the plan.

115.13 (b): The facility indicated in the PAQ that there are never deviations from the staffing plan. The interview with the Warden confirmed that the facility never deviates from the staffing plan and that they will reassign staff or utilize over time.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. The staffing plan was most recently reviewed on October 15, 2020. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. 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. A review of documentation indicated the prior staffing plans were reviewed October 24, 2018, January 23, 2019, June 20, 2019 and August 16, 2019. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

115.13 (d): P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. A review of 20 PAQ supplemental documentation IDO rounds indicated that announced rounds are being conducted weekly by the IDO in all locations at the facility. Additionally, P5324.12 prohibits staff from alerting other staff

members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. An additional review of Operations Lieutenant rounds for four selected days from January to May indicated that unannounced rounds were conducted on all three shifts. The interviews with the intermediate-level or higher-level staff confirm that they make unannounced rounds and that the rounds are documented in TRUSCOPE. The staff stated that they ensure staff don't notify one another about the rounds by varying times and locations and not conducting rounds in a pattern.

Based on a review of the PAQ, P3000.03, P5324.12, the staffing plan, annual staffing plan reviews, documentation of unannounced rounds, observations made during the tour and interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to be compliant.

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 Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FDC Honolulu. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at FDC Honolulu. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at FDC Honolulu. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM 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, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such, compliant.

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. P5521.06
3. P5324.12
4. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
5. Staff Training Records

Interviews:

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

Site Review Observations:

1. Observations of Privacy Barriers

Findings (By Provision):

115.15 (a): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are 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. Page 5 indicates 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 PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. P5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat-search female inmates, unless exigent circumstances exist. Interviews with three female inmates indicated that none had ever been restricted access from programs or privileges due to not having a female to conduct a pat-search. The PAQ indicated that there were zero pat-searches of female inmates by male staff in the previous twelve months.

115.15 (c): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances are such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate's central file. Page 5 indicates 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 PAQ indicated that no cross-gender searches have been conducted in the previous twelve months.

115.15 (d): P5324.12, page 17 states that the 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, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Page 18 states the four ways inmates are notified of the presence of opposite gender staff, including through a posted notice on the bulletin board, through an announcement at the beginning of primary shifts, notices of the hours of work for male staff with offices in the housing units and by notifying inmates during intake of the requirement to remain clothes and the presence of opposite gender staff generally. The PAQ indicated that the facility has implemented 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. Interviews with twelve random staff indicated that all twelve stated that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all twelve stated that opposite gender staff announce their presence when entering an inmate housing unit. All 27 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender and 20 stated that staff of the opposite gender announce when they enter inmate housing units. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. The auditor observed that all housing units provide privacy through shower curtains, public style fully enclosed doors, solid doors and doors with security windows.

115.15 (e): P5324.12, page 19 states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with twelve random staff indicate that five are aware of an agency policy that prohibits staff from searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with three transgender inmates confirmed that none felt they were ever searched for the sole purpose of determining their genital status.

115.15 (f): The Sexually Abusive Behavior Prevention and Intervention Program 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 training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 100% of staff had received this training. Interviews with twelve random staff indicated that six had received training on how to conduct a cross-gender search and a search of a transgender or intersex inmate. A review of sixteen staff training records indicated that all sixteen had received the search training during the annual refresher training (ART).

Based on a review of the PAQ, P5521.06, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program curriculum, a random sample of staff training records, observations made during the tour to include shower curtains, public style fully enclosed doors, solid doors and doors with security windows, the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates indicates this standard appears to be compliant.

Recommendation

While the facility complies with this standard, random staff interviews indicated that less than half of the staff were aware of the policy prohibiting transgender and intersex inmates from being searched for the sole purpose of determining their genital status. Additionally, while the staff were documented with the training, six did not recall receiving training on cross-gender pat searches and searches of transgender inmates. The auditor highly recommends that staff be retrained on these topics.

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. P5324.12
3. LanguageLine Solutions Contract
4. PREA Posters
5. Inmate Admission and Orientation Handbook
6. Braille PREA Information

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

Findings (By Provision):

115.16 (a): P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is provided in large font and bright colors. Additionally, the facility has the PREA information available in Braille for blind inmates. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with five LEP inmates indicated that all five had received information in a format that they could understand. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): P5324.12, page 20 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). It states that the PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is available in both English and Spanish. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with five LEP inmates indicated that all five had received information in a format that they could understand. The auditor utilized LanguageLine Solutions to translate during inmate interviews. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): P5324.12, page 20 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 PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with twelve staff indicated that eight were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. Interviews with five LEP inmates indicated that one had another inmate utilized as a translator, interpreter or reader, but it was during the comprehensive PREA education, not during an allegation.

Based on a review of the PAQ, P5324.12, the LanguageLine Solutions contract, PREA posters, the inmate handbook, the Braille materials, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff and LEP inmates indicate that this standard appears to be compliant.

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. P3000.03
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 for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): P3000.03, page 28, indicates that eligible external applicants must meet all application criteria and conditions of employment. Standard Form 85P and the BOP Recruitment Flyer, indicate 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 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. A review of the eligibility questions on the USAJobs application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for eight staff who were hired in the previous twelve months indicated that all eight had a criminal background check completed. Additionally, the two contractors reviewed both had a criminal background check completed.

115.17 (b): The General Employment Considerations for Staff indicates on page 2 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 confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Standard Form 85P and the BOP Recruitment Flyer, indicate 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. A review of eight personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and none required prior institutional employers to be contacted. Human Resource staff confirmed that a criminal background check is completed for all applicants.

115.17 (d): P3000.03, pages 42 and 44, 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 have been two contracts at the facility within the past twelve months. A review of the two contractor personnel files indicated that a criminal background check had been conducted for both. Human Resource staff confirmed that a criminal background investigation is completed for all contractors.

115.17 (e): The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for

otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau (NBIB). All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, the Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the NBIB. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. A review of five staff hired prior to the five years indicated that all five had a criminal background completed by the five year mark. The interview with Human Resource staff confirmed that an NCIC check is completed first and then staff are fingerprinted. She stated that they complete the questionnaire and then SBIS conducts a full background investigation. The staff member confirmed that SBIS conducts a five year background check on all employees and contractors.

115.17 (f): The PAQ indicates that 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 USAJobs application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for eight staff who were hired in the previous twelve months indicated that all eight had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a criminal background completed which included their criminal history, credit history and other record inquiries. The interview with Human Resource staff confirmed that these questions are asked to each applicant on the employment application on USAJobs.

115.17 (g): The PAQ indicates that 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. The interview with the Human Resource staff confirmed that staff have a continuing duty to disclose any previous misconduct.

115.17 (h): 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. Human Resource staff indicated that the facility/agency would provide this information if requested.

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, the Memorandum for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, 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.

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

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 PAQ indicated there have not been any modifications to the facility since the last PREA audit. The interview with the Warden confirmed that there have been no modification or construction at FDC Honolulu since the last PREA audit. The facility has not designed, acquired or planned any expansion or modification of the existing facility; however the agency has had modifications across other facilities. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PAQ indicated that the facility has installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden stated that the facility IDOs make weekly rounds to ensure cameras are operational and that they identify any potential blind spots to install any cameras. She confirmed that when they install or update video monitoring technology they consider how such installation can protect inmates from sexual abuse. During the tour, the auditor observed video monitoring technology throughout the facility.

Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.

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. P6031.04
4. Memorandum of Understanding with Kapiolani Medical Center for Women and Children Sex Abuse Treatment Center (SATC)
5. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
6. Letter from FBI on PREA Compliance

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline 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. The PAQ indicated that the agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with twelve random staff indicated all twelve were aware of and understood the protocol for obtaining usable physical evidence. Additionally, nine of the twelve staff indicated that SIS would be responsible for conducting the sexual abuse investigation. One staff member stated the PCM would conduct an investigation and another indicated the Operations Lieutenant would conduct the investigation.

115.21 (b): The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ 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".

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, 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. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. The PAQ indicated that during the previous twelve months there have been zero forensic examinations conducted. A review of investigations indicated that one inmate was offered a forensic medical examination but refused.

115.21 (d): The PAQ indicated that the agency 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 MOU with SATC confirms that advocates are provided during forensic medical examinations. Specifically on page 3 the MOU states that SATC will provide at least one staff member to serve as a volunteer at the BOP to provide support services related to sexual violence including hospital accompaniment for a victim during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the offender-victim. The interview with the PCM indicated that the facility makes available a victim advocate from a rape crisis center for inmate victims of sexual assault during forensic medical examinations. He stated that the facility has an MOU with the local rape crisis center and they would contact the rape crisis center and advise them that an inmate was being transported to the local hospital for a forensic examination. He further indicated that they would respond to the hospital and everything would remain confidential. The interviews with the inmates who reported sexual abuse indicated that neither were able to contact anyone after their allegation. Both inmates indicated that their allegation did not involve penetration and as such did not involve a forensic medical examination.

115.21 (e): The PAQ indicated that as 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. The MOU with SATC confirms that advocates are provided during forensic medical examinations. Specifically on page 3 the MOU states that SATC will provide at least one staff member to serve as a volunteer at the BOP to provide support services related to sexual violence including hospital accompaniment for a victim during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the offender-victim. The interview with the PCM indicated that the facility has an MOU with the local rape crisis center to provide accompaniment during forensic medical examinations. The interviews with the inmates who reported sexual abuse indicated that neither were able to contact anyone after their allegation. Both inmates indicated that their allegation did not involve penetration and as such did not involve a forensic medical examination.

115.21 (f): 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 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the MOU with SATC the MOU with the FBI, the letter from the FBI, and information from interviews with the PREA Compliance Manager, random inmates and inmates who reported sexual abuse indicate that this standard appears to be compliant.

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. P5324.12
3. P5508.02
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. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that 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 P5508.02 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. The PAQ indicated that there were two allegations reported within the previous twelve months, both of which resulted in an administrative investigation. A review of documentation indicated there were four allegations reported in the previous twelve months, however one did not rise to the level of PREA. All four allegations (including the one that did not rise to the level of PREA) had an investigation initiated and one was still open during the on-site portion of the audit. The interview with the Agency Head 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): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that 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 P5508.02 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 P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>. The interview with the investigator confirmed that all allegations are referred to an investigating agency with the legal authority to conduct criminal investigations.

115.22 (c): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that 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 P5508.02 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 P5508.02 which describes the FBI's authority to conduct criminal investigations is available at <https://www.bop.gov/PublicInfo/execute/policysearch?todo=query>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, P5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, investigative reports, the agency's website and information obtained via interviews with the Agency Head and the investigator indicate that this standard appears to be compliant.

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. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): P5324.12, pages 24-25 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 Sexually Abusive Behavior Prevention and Intervention Program 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. A review of twelve staff

training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve had received PREA training. Staff indicated they receive PREA training each year during their annual refresher training. Staff stated the training discusses what to do if someone is sexually abused, steps to take, the different types of sexual abuse and sexual harassment, pat searches, zero-tolerance and first responder duties. All twelve staff confirmed all required topics under this standard were covered in the training.

115.31 (b): P5324.12, page 25, indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender inmates are given additional training. Additionally, staff receive training when assigned to a female facility for handling female offenders. A review of sixteen staff training records indicated that all sixteen staff had the supplemental female offender training.

115.31 (c): The PAQ indicated that 180 or 100% of the staff have been trained in PREA requirements and that staff receive PREA training annually. P5324.12 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 thirteen of the sixteen staff had received PREA training annually over the last two years. Three staff were new hires and had only received the training in their current employment year.

115.31 (d): The PAQ as well as P5324.12, page 26, indicates that 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 a sample of sixteen staff training records indicated that all sixteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility meets this standard.

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

Interviews:

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

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that 100 volunteers and contractors had received PREA training. Further discussion with the facility indicated that 100% of volunteers and contractors have received the training. He indicated that the volunteer numbers had dropped due to COVID-19 and that the agency has not allowed volunteers since early 2020. A review of a sample of training documents for the two contractors and six volunteers indicated that all eight had received PREA training. Additionally, the interview with the contractor confirmed that he had received training on the agency's sexual abuse and sexual harassment policies through a PowerPoint presentation. He stated the training discussed the zero-tolerance policy and that he should immediately contact staff about the information.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of training documents for the two contractors and six volunteers indicated that all eight had received PREA training. Additionally, the interview with the contractor confirmed that he had received training on the agency's sexual abuse and sexual harassment policies through a PowerPoint presentation. He stated the training discussed the zero-tolerance policy and that he should immediately contact staff about the information.

115.32 (c): The PAQ and a review of eight training documents for contractors and volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that reads “I am aware and understand the Federal Bureau of Prisons zero-tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment”.

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 the interview with the contractor indicate that this standard appears to be compliant.

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. P5324.12
3. P5290.14
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention Program
5. Zero-Tolerance Policy Poster
6. Sexually Abusive Behavior Prevention and Intervention Program
7. Inmate Admission and Orientation Handbook
8. Inmate Education Records

Interviews:

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

Site Review Observations:

1. Observations of Intake Area

2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention Program. The PAQ indicated that 807 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who arrived in the previous twelve months. A review of the pamphlet, poster and inmate handbook confirmed that they include information on the zero-tolerance policy and reporting methods. A review of 21 inmate files of those received in the previous twelve months indicated that all 21 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook as well as the pamphlet and are asked the risk screening questions. The interview with intake staff confirmed inmates are provided information on the zero-tolerance policy and how to report sexual abuse during the intake process. The staff member stated that inmates are provided the flyer and the handbook and that facility staff talk to the inmates about the information.

115.33 (b): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 463 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those that arrived and stayed for 30 days or more. A review of 21 inmate files of those that arrived in the previous twelve months indicated that eleven were documented with comprehensive PREA education. Three of the eleven were outside of the 30 day timeframe. During the documentation review the auditor determined that the ten inmates who arrived over the previous twelve month that did not receive comprehensive PREA education were those that were classified as pre-trial, holdover or ICE inmates. All inmates with comprehensive education were designated FDC Honolulu inmates. The facility informed the auditor that certain inmate classifications are not provided institutional A&O, which includes the PREA information. The interview with intake staff indicated that the PREA video is shown weekly and they go over the information when they do a reassessment. The staff member further stated that the inmate handbook also has the information. The staff stated inmates receive comprehensive education within a week of arrival. Interviews with 27 inmates indicated that 21 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. The inmates interviews indicated that information was provided at different times, some inmates indicated it was provided immediately, some indicated it was provided during quarantine and some stated it was provided a few days ago prior to the audit.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. P5324.12, page 27, indicates that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. A review of 31 inmate files indicated that twelve were not documented with comprehensive PREA education. During the documentation review the

auditor determined that the ten inmates that did not receive comprehensive PREA education were those that were classified as pre-trial, holdover or ICE inmates. All inmates with comprehensive education were designated FDC Honolulu inmates. The interview with intake staff confirmed inmates are provided information on the zero-tolerance policy and how to report sexual abuse during the intake process. The staff member stated that inmates are provided the flyer and the handbook and that facility staff talk to the inmates about the information. The staff indicated that the PREA video is shown weekly and they go over the information when they do a reassessment. The staff member further stated inmates receive the comprehensive education within a week of arrival. Interviews with 27 inmates indicated that 21 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. P5324.12, page 20 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). It states that the PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. A review of PREA posters, the inmate handbook and inmate distributed information confirmed that information is provided in large font, bright colors and Spanish. The facility also has the PREA information available in Braille for blind inmates. Additionally, the facility has numerous staff that are bilingual and assist in translation when needed and a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. A review of five LEP inmates files confirmed that all five had signed that they received and understood PREA information.

115.33 (e): P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmate's central file. Additionally, the education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of 31 inmate files indicated that 31 signed that they received information at intake. Only nineteen of the 31 received comprehensive PREA education, but all nineteen had signed that they received the education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility has PREA information available via the inmate handbook, the A&O pamphlet, the Sexually Abusive Behavior and Intervention Program and through PREA signage. During the tour, the auditor observed the PREA posters in each housing unit and in common areas.

Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, observations made during the tour to include the availability of PREA information as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. A review of 21 inmate files of those that arrived in the previous twelve months indicated that eleven were documented with comprehensive PREA education. Three of the eleven were outside of the 30 day timeframe. An additional review of ten inmate files arrived prior to the last twelve months indicated two

had not received comprehensive PREA education. Thus a total of twelve inmates were missing comprehensive PREA education. During the documentation review the auditor determined that the ten inmates that did not receive comprehensive PREA education were those that were classified as pre-trial, holdover or ICE inmates. All inmates with comprehensive education were designated FDC Honolulu inmates. The facility informed the auditor that certain inmate classifications are not provided institutional A&O, which includes the PREA information.

Corrective Action

The facility will need to develop a process to ensure all inmates, regardless of classification, are provided the comprehensive PREA education. Once a process is developed, the facility will need to provide the auditor with a memo detailing the process as well as staff training documents corresponding to their training on the process. All current inmates at the FDC will need to be provided the education. The facility will need to provide an assurance memo indicating all inmates have received the education, as well as the education documents for the twelve inmates identified during the on-site portion of the audit that did not have the education. Additionally, the facility will need to provide documentation over the corrective action period confirming all inmates entering the facility receive comprehensive PREA education within 30 days. The auditor will need to receive documentation showing date of arrival for the inmates as well as the signed documents confirming comprehensive PREA education. Additionally, because this a reoccurring finding for FDC facilities, the agency will need to provide direction to all facilities under this requirement and provide confirmation to the auditor that the information was disseminated.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process and Staff Training Documentation
2. Agency Direction on Inmate Education
3. Inmate Education Documentation

On August 25, 2021 the auditor was provided documentation confirming that the twelve inmates identified to not have received comprehensive PREA education (ten that arrived in the previous twelve months and two that arrived prior to the audit period) had been provided education on June 30, 2021. The facility conducted training with the appropriate staff related to the requirement of comprehensive PREA education for all inmates, regardless of their designation/status. A copy of the training documents, including the sign-in sheet was forwarded to the auditor on September 17, 2021. In addition to the training for facility staff, the agency provided information via email to all PCMs across the BOP related to this requirement. The auditor determined that this is a repeat non-compliant finding across BOP facilities and that direction was needed at the agency level to ensure facility staff were aware of the requirements under standard 115.33. On September 17, 2021 the auditor was provided 29 examples of inmates (pre-trial, holdover and ICE) that arrived in August and September. All 29 inmates were provided comprehensive PREA education within 30 days of arrival.

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. P5324.12
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): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FDC Honolulu. A review of documentation indicated that a total of 29 facility staff were documented with the NIC specialized investigator training, including SIS. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator confirmed he received specialized training through the online learning system. He stated the training went over how to conduct interviews, signs of sexual abuse and what to look for.

115.34 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FDC Honolulu. A review of documentation indicated that 29 facility staff were documented with the NIC specialized investigator training, including SIS. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator confirmed all required topics were covered as required under this provision.

115.34 (c): The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FDC Honolulu. A review of documentation indicated that 29 facility staff were documented with the NIC specialized investigator training, including SIS. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

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. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has eight medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health staff training records indicated that all four had received the specialized training. Additionally, the facility provided documentation that a total of eighteen facility staff (some non-medical staff) have received the specialized medical and mental health care training. Interviews with medical and mental health staff confirmed that they have received the PREA specialized training. Staff stated that the training went over crime scene procedures, mental health components, victim advocacy, policy, procedure, medical assessment requirements, treatment and the reporting process. Both staff confirmed that the required components under this standard were covered during the training.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility's medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations and that inmates are transported to the local hospital.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents indicated that a total of eighteen facility staff (some non-medical staff) had completed the specialized medical and mental health care training and it was documented by a sign-in sheet and/or in the electronic training system.

115.35 (d): BOP medical and mental health care staff are considered correctional workers. A review of four medical and mental health care staff training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention Program training.

Based on a review of the PAQ, P5324.12, P6031.04, 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 indicate that this standard appears to be compliant.

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. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Reassessment 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

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of where Inmate Files are Located

Findings (By Provision):

115.41 (a): P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in two private offices. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization or abusiveness at intake. Interviews with nineteen inmates that arrived within the previous twelve months confirmed that seventeen remember being asked the risk screening questions.

115.41 (b): P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 655 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. The interview with the risk screening staff confirmed that inmates are screened for risk of sexual victimization or abusiveness within 72 hours of arrival. Interviews with nineteen inmates that arrived within the previous twelve months indicated seventeen remembered being asked the risk screening questions the day they arrived. A review of 21 files of inmates that arrived within the previous twelve months indicated that all 21 were screened within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate's history (which can be found in his file).

115.41 (d): A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. The staff responsible for the risk screening indicated that the risk screening process includes a file review and yes or no questions. The staff member stated that they review documentation for prior sexual victimization and abusiveness, prior criminal history and prior incarcerations. Inmates are asked questions related to any prior sexual victimization,

disabilities, LGBTI preference/gender identity and vulnerability. The screening also takes into consideration characteristics such as age, physical build, etc.

115.41 (e): A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. The staff responsible for the risk screening indicated that the risk screening process includes a file review and yes or no questions. The staff member stated that they review documentation for prior sexual victimization and abusiveness, prior criminal history and prior incarcerations. Inmates are asked questions related to any prior sexual victimization, disabilities, LGBTI preference/gender identity and vulnerability. The screening also takes into consideration characteristics such as age, physical build, etc.

115.41 (f): P5324.12, page 32 indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 463 inmates were reassessed within 30 days. This is equivalent to 100% of those inmates whose length of stay was for 30 days or more. The interview with the staff responsible for the risk screening indicated that inmates are reassessed within 28 days at team. Interviews with nineteen inmates that arrived within the previous twelve months indicated that only five remember a reassessment. A review of 21 inmate files of those that arrived within the previous twelve months indicated that eighteen had a reassessment, however eleven were past the 30 day timeframe. While only two inmates were documented without a reassessment, during the documentation review the auditor determined that inmates classified as pre-trial, holdover or ICE did not always have a team and as such were not reassessed or were reassessed outside of the 30 day timeframe.

115.41 (g): P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. A review of the inmates who alleged sexual abuse indicated that none had a substantiated investigation and as such were not required to be reassessed. The interview with staff responsible for the risk screening confirmed that inmates would be reassessed when warranted due to referral, request, incident or sexual abuse or receipt of additional information. Interviews with nineteen inmates that arrived within the previous twelve months indicated that only five remember a reassessment. A review of 21 inmate files of those that arrived within the previous twelve months indicated that eighteen had a reassessment, however eleven were past the 30 day timeframe. While only two inmates were documented without a reassessment, during the documentation review the auditor determined that inmates classified as pre-trial, holdover or ICE did not always have a team and as such were not reassessed or were reassessed outside of the 30 day timeframe.

115.41 (h): P5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening confirmed that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): P5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Specifically, the policy states that information

is disseminated on a need-to-know basis for staff. The staff responsible for the risk screening stated confirmed that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited. The interview with the PREA Coordinator indicated that the information obtained during the risk screening is limited to staff who have a need to know. The PCM stated that information is limited to Health Services staff and Psychology Services staff.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. A review of 21 inmate files of those that arrived within the previous twelve months indicated that eighteen had a reassessment, however eleven were past the 30 day timeframe. While only two inmates were documented without a reassessment, during the documentation review the auditor determined that inmates classified as pre-trial, holdover or ICE did not always have a team and as such were not reassessed or were reassessed outside of the 30 day timeframe. Additionally, interviews with nineteen inmates that arrived within the previous twelve months indicated that only five remember a reassessment.

Corrective Action

The facility will need to develop a process to ensure all inmates, regardless of classification, are reassessed for their risk of victimization and abusiveness within 30 days of arrival. Once a process is developed, the facility will need to provide the auditor with a memo detailing the process as well as staff training documents corresponding to their training on the process. All current inmates at the FDC will need to be reassessed. The facility will need to provide an assurance memo indicating all inmates have been reassessed, as well as documentation for the two inmates identified during the on-site portion of the audit that did not have a reassessment. Additionally, the facility will need to provide documentation over the corrective action period confirming all inmates entering the facility are reassessed for their risk of victimization and abusiveness within 30 days. The auditor will need to receive documentation showing date of arrival for the inmates as well as documentation confirming the reassessment. Additionally, because this a reoccurring finding for FDC facilities, the agency will need to provide direction to all facilities under this requirement and provide confirmation to the auditor that the information was disseminated.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process and Staff Training Documentation
2. Agency Direction on Inmate Education
3. Inmate Reassessment Documentation

On August 25, 2021 the facility provided the auditor four inmate reassessments that were noted as not being completed during the on-site portion of the audit (two were within the previous twelve months and two were prior to the previous twelve months). The facility conducted training with the appropriate staff related to the requirement of a reassessment for all inmates, regardless of their designation/status. A copy of the training documents, including the sign-in sheet was forwarded to the auditor on September 17, 2021. In addition to the training for facility staff, the agency provided information via email to all PCMs across the BOP related to this requirement. The auditor determined that this is a repeat non-compliant finding across BOP facilities and that direction was needed at the agency level to ensure facility staff were aware of the requirements under standard 115.41. On September 17, 2021 the auditor was provided

29 examples of reassessments for pre-trial, holdover and ICE inmates that arrived between July and September. All 29 inmates were documented with a reassessment, with only one being past the 30 day timeframe.

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

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. P5324.12
3. List of Inmates at Risk of Sexual Victimization or Sexual Abusiveness
4. Sample of Housing Determination Documents
5. Sample of Transgender/Intersex Reassessments
6. 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 Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

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

Findings (By Provision):

115.42 (a): P5324.12, page 33, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The memo from the Warden states if inmates are assessed by Psychology Services to meet a clinically significant number or quality of risk factors for sexual abusiveness, the Captain, Unit Team, and the PCM are notified of the finding and recommendations. Similarly, if the inmate meets a clinically significant number of risk factors for sexual victimization, Unit Team and the PCM are notified of the findings and recommendations. The interview with the PREA Compliance Manager indicated that if prior sexualization is noted, Psychology Services will be notified and they will determine appropriate housing. Psychology Services will determine if an inmate needs to be housed in certain areas and with certain inmates. The interview with the staff responsible for the risk screening indicate that information is mainly utilized for housing and to make sure inmates are housed appropriately. The staff member also stated that if an inmate has prior sexual victimization they try to ensure the inmate feels safe. A review of housing documents confirmed that information from the risk screening is utilized to house inmates appropriately. There were no inmates classified as high risk of victimization or high risk of abusiveness.

115.42 (b): P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicate that information is mainly utilized for housing and to make sure inmates are housed appropriately. The staff member also stated that if an inmate has prior sexual victimization they try to ensure the inmate feels safe.

115.42 (c): The PAQ stated that the agency/facility makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis. P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate's housing determinations indicated that all had a review by the TEC designating a male or female facility. An additional review of three transgender inmates at FDC Honolulu indicated that none of the three had a TEC male/female housing determination completed. It was confirmed that the TEC reviews inmates upon admission to the BOP, however if an inmate identifies after commitment to BOP, the inmate will only be reviewed by the TEC upon transfer to another facility. The three transgender inmates had identified at FDC Honolulu ranging in 2020 and 2021 and remained at FDC Honolulu. As such, none were reviewed by the TEC. The interview with the PCM indicated that normally male/female housing is determined through the designation center but any direct arrests are reviewed via Health Services, Psychology Services and management. He stated they discuss where the inmate should be housed and that decisions are made based on the safety of the inmate and any security or management problems that may exist. The interviews with three transgender inmates indicated that all three have been asked about how they feel about their safety. Additionally, all three stated that they did not feel that LGBTI inmates are placed in one facility, housing unit or wing based on their gender identify and/or sexual preference.

115.42 (d): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FCI Waseca houses 24 inmates who identify as transgender. A review of eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of three transgender inmate files at FDC Honolulu indicated that two had identified in late 2020 and one had identified in 2021. Two had a review in 2020 and 2021 and the one that identified in 2021 had one review. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed every six months.

115.42 (e): P5324.12, page 33, indicates that the transgender or intersex inmate's own views with respect to his or her safety is given serious consideration. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The interviews with three transgender inmates indicated that all three were asked about how they felt about their safety.

115.42 (f): P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering. All showers are single person and have a curtain for privacy and/or a fully enclosed shower. The interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The PCM stated that all showers have separate stalls with doors and curtains. The interviews with three transgender inmates indicated one is afforded the opportunity to shower separately from the rest of the inmate population.

115.42 (g): P5324.12, page 33 states that inmates are not placed in one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific dorm, unit or facility. Interviews with four LGBTI inmates indicated that all four did not feel they were placed in any specific dorm, unit or facility based on their sexual preference and/or gender identity. The facility does not have a tracking mechanism for LGB inmates, as such the auditor reviewed housing assignments for the three transgender inmates and the one identified LGB inmate and confirmed that all inmates were housed across the facility in numerous different units.

Based on a review of the PAQ, P5324.12, a list of inmates at risk of sexual abusiveness and sexual victimization, a review of inmate housing assignments, a review of transgender and intersex inmate housing determinations, transgender inmate biannual reviews and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI inmates, indicates that this standard appears to require corrective action. An review of three transgender inmates at FDC Honolulu indicated that none of the three had a TEC male/female housing determination completed. It was confirmed that the TEC reviews inmates upon admission to the BOP, however if an inmate identifies after commitment to BOP, the inmate will only be reviewed by the TEC upon transfer to another facility. The three transgender inmates had identified at FDC Honolulu ranging in 2020 and 2021 and remained at FDC Honolulu. As such, none were reviewed by the TEC.

Corrective Action

The facility will need to develop a review process for inmates who identify as transgender at FDC Honolulu. The process will need to include the male/female housing determination. Once developed the appropriate staff will need to be trained. The facility will need to provide the auditor with a memo detailing the process as well as the training documents. The three transgender inmates will need to be reviewed and the review should be forwarded to the auditor. The agency will need to ensure there is a process for all facilities as this is a reoccurring finding. The agency will need to provide the auditor with documentation indicating information sent to all the facilities related to this requirement.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Process and Staff Training Documentation
2. Agency Direction on Transgender and Intersex Inmate Housing Determinations
3. Transgender Inmate Housing Determinations

On September 17, 2021 the facility provided the auditor with documentation related to agency directive that was sent out to all BOP facilities as well as the facility training related to transgender housing determinations. The Transgender Offender Manual was sent to along with an email indicating that facility staff are required to review all transgender inmate's housing determination. The facility provided the auditor with documentation indicating that they reviewed the three transgender inmate's housing assignments and recommend that they remain at a male institution. Based on the facility training, the agency directive and the review of housing for the three transgender inmate at FDC Honolulu it appears this standard has been corrected and as such is compliant.

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. P5324.12
3. Inmates at High Risk of Victimization Housing Assignments

Interviews:

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

Site Review Observations:

1. Observation of the Segregated Housing Unit

Findings (By Provision):

115.43 (a): P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden confirmed that inmates at high risk for sexual victimization would not be placed in involuntarily segregated housing unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. The facility did not have any inmates that were deemed at risk of sexual victimization or sexual abusiveness.

115.43 (b): P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education to the extent possible. He stated that work opportunities would be limited. The staff member confirmed that any limitations would be documented. During the tour the auditor did not identify any inmates at risk of victimization that were placed in the segregated housing unit.

115.43 (c): P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate's central file. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated the facility would fill out the safeguarding form indicating the reason for placement. She further stated that typically an inmate would only be involuntarily segregated for less than 24 hours. The interview with the staff who supervise inmates in segregated housing confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. The staff member stated that they try to place the high risk inmate in general population away from any potential perpetrators and that the inmate would not remain in involuntary segregated housing typically more than 30 days. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate's safety and the

reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

115.43 (e): P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interview with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed for continued placement at the three, seven, fourteen, 21, and 30 day marks. There were no inmates identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

Based on a review of the PAQ, P5324.12, high risk inmate housing assignments, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

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. P5324.12
3. P3420.11
4. Sexually Abusive Behavior Prevention and Intervention Program
5. Inmate Admission and Orientation Handbook
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

Findings (By Provision):

115.51 (a): P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook and PREA posters, indicated that there are multiple ways for inmates to report sexual abuse and sexual harassment. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter.

Additionally, inmate can report via third party. The third party can call, write or email. They are also able to voice a concern on the agency website at: <https://www.bop.gov/inmates/concerns.jsp>. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 27 inmates confirmed that all 27 inmates were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a cop-out or to staff. Interviews with twelve random staff confirm that inmates have multiple ways to report sexual abuse and sexual harassment. The staff stated that inmates can report verbally to staff, through the OIG, through email or through a cop-out.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. A review of the Sexually Abusive Behavior Prevention and Intervention Program as well as the PREA posters confirmed that inmates are informed they can write to the OIG via the provided mailing address and it also advises that they (the inmate) can email the OIG. The Sexually Abusive Behavior Prevention and Intervention Program advises the inmates that the email is untraceable and that they (the inmate) can remain anonymous to the BOP, though they must request it in the email. The auditor sent a letter from a BOP facility to the OIG address located on the PREA posters in order to test the outside reporting mechanism. The auditor was forwarded information from the Management Analyst confirming the letter was received by the OIG. All inmates also have access to the computer system. Inmates can send a confidential email directly to the Office of the Inspector General. The auditor had an inmate send an email to the OIG while on-site at a BOP facility to test the second OIG contact method. The auditor was forwarded a copy of the email from the facility investigator after it was forwarded to him from the OIG. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units, including the OIG information. The interview with the PCM confirmed that inmates can report to the OIG via email. He stated that the OIG would then contact the Warden to disseminate the appropriate information for investigation. Interviews with 27 inmates indicated that five were aware of an outside reporting entity and thirteen were aware they could anonymously report. The facility houses ICE inmates and as such is required to provide information on how to contact relevant consular official and officials at the Department of Homeland Security. The inmate handbook, page 9 states that the most recent publication of the Consular Notification and Access directory will be located in the law library and on TRULINCS.

115.51 (c): P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. Interviews with 27 inmates indicate that all 27 knew they could verbally or in writing to a staff member and 26 knew they could report through a third party. Interviews with twelve staff indicate that inmates can report verbally, in writing, anonymously and through a third party. Staff further stated that they would document any verbal reports immediately.

115.51 (d): P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and via P3420.11. Interviews with twelve staff indicate that eleven were aware that they could privately report sexual abuse and sexual harassment of an inmate. Most staff stated they could verbally speak to the Operations Lieutenant or through email.

Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, PREA posters, observations from the facility tour related to

PREA posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

Recommendation

While inmates are informed of the outside reporting mechanism via the inmate handbook, during the Sexually Abusive Prevention and Intervention Program portion of A&O and through signage posted throughout the facility the auditor highly recommends that the information be emphasized during A&O and during program reviews. During inmate interviews, only five inmates indicated they were aware of the outside reporting mechanism and only thirteen knew they could report anonymously.

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. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Grievance Log and Sample Grievances

Interviews:

1. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): P1330.18 is the policy related to inmate grievances/administrative remedies. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention Program indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

115.52 (c): P1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention Program indicated that page 3 discusses administrative remedy procedures.

115.52 (d): P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of three grievances indicated there were no sexual abuse allegations reported via a grievance. The interviews with inmates who reported sexual abuse indicated that neither had reported via a grievance and as such did not apply.

115.52 (e): P1330.18, page 14, section e, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance log and a sample of three grievances indicated there were no sexual abuse allegations reported via a grievance.

115.52 (f): P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and a sample of three grievances indicated there were no sexual abuse allegations reported via a grievance.

115.52 (g): P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention Program, the grievance log, sample grievances and the interviews with inmates who reported sexual abuse, this standard appears to be compliant.

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. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Inmate Admission and Orientation Handbook
5. Zero-Tolerance Policy Poster

6. Memorandum of Understanding with the Kapiolani Medical Center for Women and Children Sex Abuse Treatment Center (SATC)
7. Sex Abuse Treatment Center (SATC) Poster

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): P5324.12, page 36 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The MOU with SATC states that they will provide the BOP with contact information for the inmate population so that inmates may contact SATC if they wish to receive support or advocacy services. The inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological Services. The SATC poster included the 24 hour confidential crisis hotline number as well as the mailing address. The poster also indicated services that SATC provides. During the tour the auditor observed that the SATC information was posted in the housing units. Interviews with 27 inmates indicated that twelve were familiar with outside advocacy information. The interviews with inmates who reported sexual abuse indicated that neither of the two were provided mailing addresses or telephone numbers to a local, state or national rape crisis center. The facility houses ICE inmates and as such is required to provide information on how to contact relevant consular official and officials at the Department of Homeland Security. The inmate handbook, page 9 states that the most recent publication of the Consular Notification and Access directory will be located in the law library and on TRULINCS. On July 12, 2021 the auditor received a copy of the updated SATC poster, the inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The inmate handbook and Sexually Abusive Behavior Prevention and Intervention Program was updated and stated that inmates could contact the local rape crisis center: a 24 hour confidential crisis hotline 808-524-7273 or the National Victim Advocate Services 1-800-656-4373. It further stated that a staff member or supervisor can assist with the call and that the call would be unmonitored and confidential. Additionally, the documents included the address for SATC. The SATC poster was updated to include the same information. The facility also provided the auditor with conformation that the updated documents and information was added to TRULINCS on June 30, 2021. The confirmation illustrated that all inmates were notified of the updated documents as well as had to acknowledge the information prior to utilizing the kiosk or a tablet.

115.53 (b): P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. The MOU with SATC states that they will provide the BOP with contact information for the inmate population so that inmates may contact SATC if they wish to receive support or advocacy services. The inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological Services. The SATC poster included the 24 hour confidential crisis hotline number as well as the mailing address. The poster also indicated services that SATC provides. During the tour the auditor observed that the

SATC information was posted in the housing units. Interviews with 27 inmates indicated that twelve were familiar with outside advocacy information. The interviews with inmates who reported sexual abuse indicated that neither of the two were provided mailing addresses or telephone numbers to a local, state or national rape crisis center. On July 12, 2021 the auditor received a copy of the updated SATC poster, the inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The inmate handbook and Sexually Abusive Behavior Prevention and Intervention Program was updated and stated that inmates could contact the local rape crisis center: a 24 hour confidential crisis hotline 808-524-7273 or the National Victim Advocate Services 1-800-656-4373. It further stated that a staff member or supervisor can assist with the call and that the call would be unmonitored and confidential. Additionally, the documents included the address for SATC. The SATC poster was updated to include the same information. The facility also provided the auditor with conformation that the updated documents and information was added to TRULINCS on June 30, 2021. The confirmation illustrated that all inmates were notified of the updated documents as well as had to acknowledge the information prior to utilizing the kiosk or a tablet.

115.53 (c): The PAQ stated that the agency or facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. A review of documentation confirms that the facility has an MOU with SATC. This organization is the local rape crisis center for the area. The MOU was signed February 2, 2018. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with SATC, the inmate handbook, the SATC poster and interviews with random inmates and inmates who reported sexual abuse this standard requires corrective action. While the facility has information posted around the facility related to SATC, including their mailing address and telephone number, the other documents including the inmate handbook and Sexually Abusive Behavior Prevention and Intervention Program did not have any information specific to SATC. The poster indicated that the call is confidential, however that was the only information provided related to how to contact the organization, the level at which the communication is monitored and the limitations of confidentiality. Additionally, only twelve of the 27 inmates interviewed were familiar with the outside advocacy information and neither of the two inmates who reported sexual abuse indicated they were provided mailing addresses or telephone numbers to a local, state or national rape crisis center. On July 12, 2021 the auditor received a copy of the updated SATC poster, the inmate handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The inmate handbook and Sexually Abusive Behavior Prevention and Intervention Program was updated and stated that inmates could contact the local rape crisis center: a 24 hour confidential crisis hotline 808-524-7273 or the National Victim Advocate Services 1-800-656-4373. It further stated that a staff member or supervisor can assist with the call and that the call would be unmonitored and confidential. Additionally, the documents included the address for SATC. The SATC poster was updated to include the same information. The facility also provided the auditor with conformation that the updated documents and information was added to TRULINCS on June 30, 2021. The confirmation illustrated that all inmates were notified of the updated documents as well as had to acknowledge the information prior to utilizing the kiosk or a tablet. As such the auditor determined that based on the updated documentation paired with the notification on TRULINCS, this standard has been corrected during the interim report period.

Recommendation

The auditor highly recommends this information be emphasized during intake and comprehensive PREA education.

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

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website confirms that third parties can report on behalf of an inmate via the "voice your inmate concern" form located at <https://www.bop.gov/inmates/concerns.jsp>. Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

Based on a review of the PAQ and the agency's website this standard appears to be compliant.

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. P5324.12
3. 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 Coordinator

Findings (By Provision):

115.61 (a): P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up memo to the Lieutenant. The Lieutenant is required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau's intelligence database. The PAQ along with interviews with twelve staff confirm that they take all allegations seriously and that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, retaliation for reporting or any staff neglect.

115.61 (b): P5324.12, page 38, describes that information is on a need to know basis and that information is only utilized for the inmate's welfare and the investigation of the incident. The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, 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 with twelve staff confirm that staff would immediately report the information to their supervisor (Operations Lieutenant).

115.61 (c): P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of their limitations of confidentiality and their duty to report.

115.61 (d): P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated that if this were to occur that they would report to the appropriate state or local agencies under mandatory reporting laws. The Warden stated the facility does not house anyone under eighteen or considered a vulnerable adult.

115.61 (e): P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the facility's designated investigators. The interview with the Warden confirmed that all allegations are reported to the facility investigator through the Associate Warden. A review of investigative reports indicate that all allegations were reported to the facility investigator (SIS).

Based on a review of the PAQ, P5324.12, investigative report and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

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. P5324.12
3. Investigative Report

Interviews:

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

Findings (By Provision):

115.62 (a): P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ indicated that there was one inmate who was determined to be at risk of imminent sexual abuse. A review of documentation indicated that an inmate advised Psychology Services that he was subjected to sexual abuse by inmates on two occasions over a three week period. The staff immediately escorted the inmate to the Operations Lieutenant's office. The inmate was provided a medical assessment and was seen by mental health staff. The inmate was returned to general population away from inmate abusers. The interview with the Agency Head indicated that any inmate at risk would be immediately safeguarded from the potential danger. He stated that actions would vary depending on the severity of the threat. If the possible threat is by another inmate, the inmate may have a change in housing assignment, work assignment, or possibly placement in the SHU. If the possible threat is from a staff member, other options

exist in addition to changing the staff member's work assignment or removal from the facility while the investigation is conducted. The Warden indicated that if an inmate was an imminent risk they would immediately separate the victim from the alleged perpetrator. She stated they try to place the alleged perpetrator in the SHU or move him/her to a different housing unit, but if there are no other alternatives the inmate victim may be placed in the SHU. She further stated the inmate victim would be provided a medical and mental health assessment. All twelve random staff stated if an inmate was an imminent risk of sexual abuse they would get him/her out of the environment and/or keep an eye on them and contact their supervisor.

Based on a review of the PAQ, P5324.12 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

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. P5324.12
3. Notification Letter
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden

Findings (By Provision):

115.63 (a): P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had two inmates report that they were abused while confined at another facility. A review of documentation confirmed there were two allegations reported to have occurred at another facility. Both allegations were documented in a letter that was emailed to the corresponding facility head/Warden.

115.63 (b): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had two inmates report that they were abused while confined at another facility. A review of documentation confirmed there were two allegations reported to have occurred at another facility. Both allegations were documented in a letter that was emailed to the corresponding facility head/Warden. One allegation was made on May 5, 2020 and the notification was sent on May 6, 2020 while the other was reported on May 26, 2020 and the notification was sent on May 27, 2020.

115.63 (c): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that during the previous twelve months, the facility had two inmates report that they were abused while confined at another facility. A review of documentation confirmed there were two allegations reported to have occurred at another facility. Both allegations were documented in a letter that was emailed to the corresponding facility head/Warden.

115.63 (d): P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abuse shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility had not had any allegations reported to them from another facility. A review of investigative reports confirmed all allegations were reported at FDC Honolulu. The interview with the Agency Head confirmed that any allegation received from another facility/agency would be investigated. The Warden stated that any allegation reported from another facility that occurred at FDC Honolulu would be immediately sent to SIS for investigation. She stated that she has not had any notification at the facility from other facilities/agencies but there have been ones that FDC Honolulu had to notify other facilities.

Based on a review of the PAQ, P5324.12, the notification letters, a review of investigations and interviews with the Agency Head and Warden, this standard appears to be compliant.

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. P5324.12
3. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a): P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged

victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there were three allegation of sexual abuse and none involved the immediate separation of inmates nor did any involve evidence collection. A review of investigations indicated there were four allegations, but one did not rise to the level of PREA. None of the three sexual abuse allegations involved the immediate separation of the victim from the alleged abuser, but one involved an immediate housing change. One allegation occurred within a time period to collect physical evidence; however the inmate victim refused a forensic medical examination. The custody first responder indicated that he would separate the inmates, secure the scene, not allow the inmates to eat, drink, shower, etc. and notify the Operations Lieutenant. He further stated he would not let the inmate victim leave his view and notify Health Services, Psychology Services and SIS. The interviews with the two inmates who reported sexual abuse indicated that one inmate was separated from the perpetrator through an immediate housing change and the nothing occurred with the other because he indicated that no one ever spoke to him after he reported via email¹.

115.64 (b): P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there were three allegation of sexual abuse and all three involved a non-security staff member. A review of investigations indicated there were four allegations, but one did not rise to the level of PREA. All three allegations were reported to Psychology Services who immediately reported the allegation to the appropriate custody staff. The custody first responder indicated that he would separate the inmates, secure the scene, not allow the inmates to eat, drink, shower, etc. and notify the Operations Lieutenant. He further stated he would not let the inmate victim leave his view and notify Health Services, Psychology Services and SIS. The non-custody first responder stated that she would separate the inmates and contact the Operations Lieutenant. The interviews with the twelve random staff confirmed that they were aware of their first responder duties and they would separate the inmates and keep an eye on the inmate, secure the scene so evidence is not destroyed and contact the Operations Lieutenant.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with random staff, first responders and inmates who reported sexual abuse, this standard appears to be compliant.

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

¹ The auditor reported this to the facility PCM to ensure the allegation was investigated or gets investigated.

- 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. P5324.12
3. HON 5324.12B

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of HON 5324.12B showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, P5324.12, HON 5324.12B and the interview with the Warden, this standard appears to be compliant.

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. Council of Prison Locals – American Federation of Government Employees Master Agreement

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter. The interview with the Agency Head confirmed that the agency has a collective bargaining agreement, however article 30g of the Master Agreement permits the agency to remove an employee from the institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution.

115.66 (b): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter.

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

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. P5324.12
3. Investigative Reports
4. Monitoring for Retaliation 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

Findings (By Provision):

115.67 (a): P5324.12, pages 42-43, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the Associate Warden/PREA Compliance Manager is responsible for monitoring for retaliation.

115.67 (b): P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden stated that monitoring is done through 30, 60 and 90 day reviews, Psychology Services assessments, staff rounds, housing changes and staff removal. The interview with staff responsible for monitoring indicated there is a committee who follows up with inmates to make sure they are safe through monitoring their housing assignments. He stated that they can take protective measures including moving an inmate's housing unit, transferring an inmate to a different facility and providing victim advocacy services. The staff member confirmed that monitoring includes periodic status checks. He

stated he conducts weekly rounds and he speaks to the inmates then to avoid it being so obvious and causing inmates issues. Interviews with inmates who reported abuse indicated one did not feel protected against retaliation but not because of the PREA allegation. He indicated he has been having trouble with officers at the facility but not because of his allegation. No inmates were identified to be in segregated housing for risk of victimization/reported sexual abuse and as such no interviews were conducted.

115.67 (c): P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The interview with the Warden indicated that in the event of retaliation they would take immediate action and separate the inmate from the other individual and initiate an investigation. The interview with the staff member responsible for monitoring retaliation indicated that he monitors for retaliation for 90 days and the monitoring includes a review of phone calls, emails, cop-outs, Psychology Services notes, disciplinary actions, programming changes and staff post assignment changes. He stated that he would reinstate the 90 day monitoring if he felt it was needed. A review of investigative reports indicated that three allegation required monitoring, although one had just been reported and would not have monitoring documented yet. A review of monitoring documentation indicated that the two inmates had met with mental health during the monitoring period, however there was nothing documented related to required checks under this provision. One inmate was not monitored for the full 90 days and one inmate was only seen by mental health because he submitted requests to speak to them.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. The interview with the staff member responsible for monitoring retaliation confirmed that monitoring includes periodic status checks. He stated he conducts weekly rounds and he speaks to the inmates then to avoid it being so obvious and causing inmates issues. A review of investigative reports indicated that three allegation required monitoring, although one had just been reported and would not have monitoring documented yet. A review of monitoring documentation indicated that the two inmates had met with mental health during the monitoring period, however one inmate was not monitored for the full 90 days and one inmate was only seen by mental health because he submitted requests to speak to them.

115.67 (e): P5324.12, page 43, states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that If an inmate or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. The Warden stated that monitoring is done through 30, 60 and 90 day reviews, Psychology Services assessments, staff rounds, housing changes and staff removal. She stated in the event of retaliation they would take immediate action and separate the inmate from the other individual and initiate an investigation.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents and interviews with the Agency Head, Warden, staff charged with monitoring for retaliation and inmates who reported

sexual abuse, this standard appears to require corrective action. A review of investigative reports indicated that three allegation required monitoring, although one had just been reported and would not have monitoring documented yet. A review of monitoring documentation indicated that the two inmates had met with mental health during the monitoring period, however there was nothing documented related to required checks under this standard. One inmate was not monitored for the full 90 days and one inmate was only seen by mental health because he submitted requests to speak to them.

Corrective Action

The facility will need to ensure that inmates are monitored as required under this standard. Appropriate documentation related to monitoring any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff should be completed. The agency has a form that was created to document these checks and the auditor highly recommends that the staff completing the monitoring utilize the form. Additionally, periodic status checks should be documented related to monitoring for retaliation and retaliation should extend the full 90 days. The facility will need to provide the auditor with sexual abuse allegations reported during the corrective action period along with the monitoring documentation associated with the staff and/or inmates.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Monitoring for Retaliation Documents (Monitoring Form)

On August 24, 2021 the facility provided the auditor with two sexual abuse investigations that required monitoring for retaliation. One was reported on March 11, 2021 and involved the 90 day monitoring for retaliation. The monitoring form was utilized and documented all the required checks, including housing, program, work and disciplinary. Additionally, in-person status checks were documented on April 7, 2021, May 7, 2021 and June 4, 2021. The second allegation was reported on May 25, 2021 and included 60 days of monitoring. The inmate was released on August 5, 2021 and as such no further monitor was required after release. The monitoring form was utilized and documented the required checks as well as two in-person status checks on June 24, 2021 and July 20, 2021. A third example was provided to the auditor on October 19, 2021. The allegation was reported on July 25, 2021 and had three in-person status check documented, August 17, 2021, September 13, 2021 and October 8, 2021. Additionally, the monitoring form was utilized and indicated the necessary housing, program and disciplinary checks were completed.

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. P5324.12
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

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a sexual abuse allegation. A review of housing documents for the three inmate who reported sexual abuse indicated that none were placed in segregated housing due to their reported allegation. One inmate was already in the SHU at the time of the allegation and the other two remained in general population. The interview with the Warden confirmed that inmates who report sexual abuse would not be placed in involuntarily segregated housing unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. She indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She further indicated the facility would fill out the safeguarding form indicating the reason for placement and that typically an inmate would only be involuntarily segregated for less than 24 hours. The interview with the staff who supervise inmates in segregated housing indicate that inmates would have access to programs, privileges, education to the extent possible. He stated that work opportunities would be limited. The staff member confirmed that any limitations would be documented. The staff member stated that inmates in segregated housing would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He further stated that they try to place the high risk inmate in general population away from any potential perpetrators and that the inmate would not remain in involuntary segregated housing typically more than 30 days. The staff who supervise inmates in segregated housing confirmed that inmates would be reviewed for continued placement at the three, seven, fourteen, 21, and 30 day marks.

Based on a review of the PAQ, P5324.12, BP-A1002s and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

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. P5324.12

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

Findings (By Provision):

115.71 (a): P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate, the OIA, OIG and if appropriate, the FBI are contacted. There were four allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, but one did not rise to the level of PREA. Two of the investigations were closed during the on-site portion of the audit. A review of the two investigation confirmed that they were both had an investigation completed within 30 days by SIS. The investigations were thorough and objective and included photos of the victim and alleged perpetrator, interviews/statements of the victim, perpetrator and witnesses, a review of phone calls, emails, cameras and financial transactions as well as a review of prior discipline and allegations for the alleged perpetrators. The interview with the investigator confirmed that an investigation would initiate quickly, but no more than two days after the reported allegation. He confirmed that all investigations, including those reported anonymously and through a third party, would be investigated the same.

115.71 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations, including three facility staff at FDC Honolulu. A review of documentation indicated that a total of 29 facility staff were documented with the NIC specialized investigator training, including SIS. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator confirmed he received specialized training through the online learning system. He stated the training went over how to conduct interviews, signs of sexual abuse and what to look for.

115.71 (c): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were four allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, but one did not rise to the level of PREA. Two of the investigations were closed during the on-site portion of the audit. A review of the two investigation confirmed that they were both had an investigation completed within 30 days by SIS. The investigations were thorough and objective and included photos of the victim and alleged perpetrator, interviews/statements of the victim, perpetrator and witnesses, a

review of phone calls, emails, cameras and financial transactions as well as a review of prior discipline and allegations for the alleged perpetrators. The investigator stated that following an allegation he would gather evidence and submit a fact finding memo to the Warden to determine if it should be referred to OIA. He stated if it was determined to be investigated at the facility level he would get the inmate victim statement, interview the alleged perpetrator, put all the information together in a report and submit the report. He further indicated he would gather evidence including clothing, weapons, video monitoring, emails, phone calls, statements and any other evidence at the scene.

115.71 (d): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. A review of investigative reports confirmed none involved compelled interviews. The investigator stated he would consult with prosecutors prior to conducting compelled interviews to determine his limitations.

115.71 (e): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator indicated he may utilize a polygraph or truth telling device test if the allegation involved a staff member. He stated that credibility is based on facts and where the evidence leads. Both inmates who reported sexual abuse indicated they were not required to take a polygraph or truth telling device test, but it should be noted one inmate was not interviewed as he stated his allegation was not investigated.

115.71 (f): P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. Two administrative investigations were completed in the previous twelve months. A review of the investigations confirmed that they were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations would be documented in written reports and the report would include a summary of the allegation, a list of the individuals involved, interviews/statements, fact, findings and a conclusion. The investigator stated he sticks to the book and makes sure that staff follow policy and procedure through video review, statements and interviews.

115.71 (g): P5324.12, page 45, indicates that criminal investigations shall be 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 had been no criminal sexual abuse investigations completed within the previous twelve months. The interview with investigator confirmed that criminal investigations would be documented in written reports through the FBI or OIG and that their reports would contain similar elements as an administrative report.

115.71 (h): P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. A review of investigative reports indicated there have been no substantiated sexual abuse allegations over the audit period. The interview with the

investigator indicated that an allegation would be referred for prosecution if the severity of the allegation warranted.

115.71 (i): P5324.12, page 45 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): P5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The PREA Coordinator stated that if the OIG is conducting the investigation, they provide updates to the institution; at the conclusion of their investigation, they inform OIA of the outcome. The Warden stated that the outside agency would communicate with SIS and that sometimes the OIG would contact her related to investigations. The PCM confirmed that the facility would be provided a copy of the final report at the end of the investigation. The investigator stated he would help the outside agency in any way they needed during the investigation. He stated he would just assist.

Based on a review of the PAQ, P5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, indicate that this standard appears to be compliant.

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. P5324.12

3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): P5324.12, page 45, indicates that the agency does not impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were four allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months. One of the allegations did not rise to the level of PREA and one investigation was still open during the on-site portion of the audit. A review of the two closed investigation indicated they were completed with findings of unsubstantiated. A review indicated the findings were accurate based on the evidence. The interview with the investigator indicated an investigation would be substantiated when there is enough evidence to determine that the person did it.

Based on a review of the PAQ, P5324.12, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.

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. P5324.12
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

Findings (By Provision):

115.73 (a): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there were two investigations completed within the previous twelve months and both included a notification of the outcome of the investigation. A review of documents confirmed that both inmate victims were notified of the outcome of the investigation. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported abuse indicated that neither knew if they were to be informed of the outcome of the investigation into their allegation. One inmate stated he was not sure if he was ever notified and the second stated that the allegation was never investigated so he wasn't notified.

115.73 (b): P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIG and FBI are responsible for criminal sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of investigations confirmed that both were completed by SIS and as such no outside agency investigation notifications were required.

115.73 (c): P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there have not been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of the investigations confirmed both completed investigations were inmate-on-inmate and as such no notifications were required under this provision. Interviews with inmates who reported sexual abuse indicated one involved a staff member but the inmate was not notified of anything related to the staff member. He stated he did hear from other inmates that she may have been transferred.

115.73 (d): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge

related to sexual abuse within the facility. A review of the investigations indicated there were two closed inmate-on-inmate unsubstantiated cases and as such neither required notifications under this provision. The interviews with the inmates who reported sexual abuse indicated that one involved an inmate but he was not notified of anything related to if anything happened to the inmate.

115.73 (e): P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there was one notification made during the audit period. Upon further review it was determined there were two notifications made related to provision (a). A review of documents confirmed that both inmate victims were notified of the outcome of the investigation within two days of the completion of the investigation.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, investigative files, notification documents and information from interviews with the Warden, the investigator and the inmates who reported sexual abuse, this standard appears to be compliant.

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. P3420.11
3. P5324.12
4. Investigative Reports

Findings (By Provision):

115.76 (a): P3420.11, pages 6-7 and P5324.12, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were no substantiated staff-on-inmate allegations.

115.76 (c): P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff that were disciplined short of termination for violating the sexual abuse and sexual harassment policies.

115.76 (d): P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies. A review of investigative reports confirmed that there were no substantiated staff-on-inmate allegations.

Based on a review of the PAQ, P3420.11, P5324.12 and investigative reports, this standard appears to be compliant.

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. P3420.11
3. P5324.12
4. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies and who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated that there were no sexual abuse or sexual harassment allegations against a contractor or volunteer.

115.77 (b): P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or

sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would, depending on the allegation, involve training or removal. The Warden stated there have been no violations by contractors or volunteers during the audit period.

Based on a review of the PAQ, P3420.11, P5324.12, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

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. P5324.12
3. P5270.09
4. P5510.13
5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.78 (a): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will 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 finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. A review of investigative reports confirmed there have been no substantiated inmate-on-inmate investigations.

115.78 (b): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden confirmed the inmate would be charged with a code violation. She stated that the disciplinary process would include permanent separation, transfer of the perpetrator, administrative sanctions and referral to the FBI. The Warden confirmed that the sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories.

115.78 (c): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ

indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary hearing process.

115.78 (d): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that inmate perpetrators are always offered mental health services and they are offered sex offender treatment programs. The staff stated that inmates are never required to participate in these services as a condition to access other programming and benefits.

115.78 (e): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the 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 is determined the activity is not coerced.

Based on a review of the PAQ, P5324.12, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

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. P5324.12
3. 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
2. Observation of Inmate Medical and Classification Files

Findings (By Provision):

115.81 (a): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 24% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further clarification with the PCM indicated that all inmates who disclosed prior sexual victimization were offered a follow-up with mental health care staff. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for seven inmates who disclosed prior sexual victimization during the risk screening confirmed that all seven were offered a follow-up with mental health care staff, however only five of the seven were within the required fourteen days. The interview with staff responsible for the risk screening indicated that after an inmate discloses prior victimization, she contacts Psychology Services via email or telephone. The staff member stated inmates are seen within 72 hours after disclosure of prior victimization. Interviews with three inmates who disclosed prior victimization during the risk screening indicated that two were offered a follow-up with mental health care staff within a few days.

115.81 (b): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of documentation for seven inmates identified with prior sexual abusiveness indicated that all seven inmates were offered a follow-up with mental health care staff within the fourteen days. The interview with staff responsible for the risk screening indicated that after prior sexual abusiveness is discovered, she contacts Psychology Services via email or telephone. The staff member stated inmates are seen within 72 hours after disclosure of prior victimization.

115.81 (c): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 24% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further clarification with the PCM indicated that all inmates who disclosed prior sexual victimization were offered a follow-up with mental health care staff. The PAQ also indicated that medical and mental health care staff maintain documents related to compliance with these services. A review of medical and mental health files for seven inmates who disclosed prior sexual victimization during the risk screening confirmed that all seven were offered a follow-up with mental health care staff, however only five of the seven were within the required fourteen days. The interview with staff responsible for the risk screening indicated that after an inmate discloses

prior victimization, she contacts Psychology Services via email or telephone. The staff member stated inmates are seen within 72 hours after disclosure of prior victimization. Interviews with three inmates who disclosed prior victimization during the risk screening indicated that two were offered a follow-up with mental health care staff within a few days.

115.81 (d): P5324.12, page 49, states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical files are electronic and inmate classification files are kept behind a locked door with limited staff access. Additionally, the auditor observed that the risk screening is conducted in a private office setting.

15.81 (e): P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. The PAQ stated that 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.. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting and that they do not house inmates under the age of eighteen.

Based on a review of the PAQ, P5324.12, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, the facility appears to meet this standard.

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. P5324.12
3. Medical and Mental Health Documents

Interviews:

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

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health care staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that medical contains a waiting area, an emergency room, an x-ray room, a pharmacy, an optometry room and exam rooms. All exam room doors have windows with blinds to afford privacy. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical and/or mental health services the same day as their allegation. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical staff confirm services are provided within 24 hours and mental health staff stated that they are on-site from 6:00am-11:00pm and they would see the inmate immediately if they were on-site. Staff confirmed that the services they provide are based on their professional judgement and an assessment of the inmates' needs. The interviews with the inmates who reported sexual abuse indicate that one was seen by medical and/or mental health care staff and the other was not seen because no one ever came to speak to him about the allegation after he submitted it through email.

115.82 (b): P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. The custody first responder indicated that he would separate the inmates, secure the scene, not allow the inmates to eat, drink, shower, etc. and notify the Operations Lieutenant. He further stated he would not let the inmate victim leave his view and notify Health Services, Psychology Services and SIS. The non-custody first responder stated that she would separate the inmates and contact the Operations Lieutenant.

115.82 (c): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical and/or mental health services the same day as their allegation. One of the allegations involved penetration and the inmate was documented with medical service refusal initially, but was provided testing and appropriate prophylaxis a month and a half after the allegation. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicate that neither of their allegations involved penetration and as such they were not offered emergency contraception or prophylaxis.

115.82 (d): P5324.12, pages 50-51, describes inmate's access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with medical and mental health care staff, first responders and inmates who reported sexual abuse indicate that this standard appears to be compliant.

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. P5324.12
3. Medical and Mental Health Documents

Interviews:

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

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that medical contains a waiting area, an emergency room, an x-ray room, a pharmacy, an optometry room and exam rooms. All exam room doors have windows with blinds to afford privacy.

115.83 (b): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health staff indicate that they provide follow-up services such as pregnancy testing, HIV and STI testing, forensic medical examinations, psychiatric referrals, referral to outside victim advocates, trauma informed care and other mental health treatment. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical and/or mental health services the same day as their allegation. The interviews with the inmates who reported sexual abuse indicate that one was offered follow-up services with medical and/or mental health care staff and the other was not because no one ever came to speak to him about the allegation after he submitted it through email.

115.83 (c): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have access to medical and mental health care when needed and they provide services consistent with a local doctor's office. Any severe medical treatment is performed at the local hospital. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months, however none were by female inmates and as such this part of the provision was not applicable. The interviews with the inmates who reported sexual abuse were all male inmates and as such this part

of the provision does not apply. Interviews with medical and mental health care staff confirmed that inmate victims of sexual abuse would be provided pregnancy tests.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months, however none were by female inmates and as such this part of the provision was not applicable. The interviews with the inmates who reported sexual abuse were all male inmates and as such this part of the provision does not apply. Interviews with medical and mental health care staff confirmed that inmate victims of sexual abuse would be offered information and access to pregnancy related medical services.

115.83 (f): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A review of documentation indicated that there were three sexual abuse allegations reported in the previous twelve months. The auditor reviewed documentation for the three inmate victims. All three inmates were provided medical and/or mental health services the same day as their allegation. One of the allegations involved penetration and the inmate was documented with medical service refusal initially, but was provided testing and appropriate prophylaxis a month and a half after the allegation. The interviews with the inmates who reported sexual abuse indicate that neither of their allegations involved penetration and as such they were not offered HIV/STI testing.

115.83 (g): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. The interviews with the inmates who reported sexual abuse indicate that one received medical and/or mental health services and was not charged for services and the second inmate was not provided medical and/or mental health service after his allegation.

115.83 (h): P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. There were two inmate-on-inmate sexual abuse allegation reported during the previous twelve months, however neither were substantiated. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered a mental health evaluation within fourteen days.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with the inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

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. P5324.12
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): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated there were two reviews completed within the previous twelve months. A review of documentation confirmed that there were two investigations completed with the previous twelve months and both had a sexual abuse incident review completed.

115.86 (b): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that two reviews were completed within the previous twelve months and one was completed outside of the 30 days. Further review indicated that both reviews were completed within 30 days of the conclusion of the investigation. One investigation was closed on April 2, 2020 and a sexual abuse incident review was completed on April 23, 2020. The second investigation was closed on March 30, 201 and a sexual abuse incident review was completed on April 7, 2021.

115.86 (c): P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. A review of the two reviews indicated that upper management leadership, the investigator and mental health staff were included in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, mental health staff, medical staff, the investigator and the union representative.

115.86 (d): P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for

improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the two sexual abuse incident reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The Warden stated that the information from the reviews is utilized to determine appropriate inmate housing, programming and facility placement. She further stated it is also utilized to recommend any changes to policy, procedure and training. The PCM stated he reviews the reports and has not noticed any trends. He stated that if corrective action was needed that he would ensure it was implemented.

115.86 (e): P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements. A review of the two incident reviews indicated that a section exists for recommendations and corrective action, however no recommendations were noted.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

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. P5324.12
3. Aggregated Data

Findings (By Provision):

115.87 (a): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (b): P5324.12, page 55 and the PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. Policy states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

115.87 (c): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (d): P5324.12, page 55 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (e): P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A

review of the annual report, which includes the aggregated data, indicated that data was reported for all eight privately operated low security facilities.

115.87 (f): P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30th.

Based on a review of the PAQ, P5324.12 and a review of the aggregated data, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
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): P5324.12, page 56 and the PAQ 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. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include allegation 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 interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM stated that facility data is submitted to the agency and they review it to determine demographics, trends and corrective action. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

115.88 (b): P5324.12, page 56 and the PAQ 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 allegation 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.

115.88 (c): P5324.12, page 56 and the PAQ indicated that the agency's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the review of the website https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report is available to the public online.

115.88 (d): P5324.12, page 56 and the PAQ 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. The report did not contain any redacted information.

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

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:

- Pre-Audit Questionnaire
- P5324.12
- Annual Reports

Interviews:

- Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): P5324.12, page 56, 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 PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

115.89 (b): P5324.12, page 56, 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. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): P5324.12, page 56 and the PAQ indicated 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): P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, P5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

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. All BOP facilities were audited 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 cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

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 (By Provision):

115.403 (f): The facility was previously audited on March 27-29, 2018. The final audit report is publicly available via their website.

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.

Kendra Prisk

Auditor Signature

November 2, 2021

Date