

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

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

Interim       Final

Date of Interim Audit Report:       N/A

Date of Final Audit Report:      July 25, 2021

### Auditor Information

Name: Paul Perry	Email: Management@preaauditing.com
Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: June 8-10, 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: <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### 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 D. Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator:  0

## Facility Information

**Name of Facility:** FCI Morgantown

**Physical Address:** 446 Greenbag Road

**City, State, Zip:** Morgantown, WV 26501

**Mailing Address (if different from above):**  
P.O. Box 1000

**City, State, Zip:** Morgantown, WV 26501

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [http://www.bop.gov/inmate\\_programs/sa\\_prevention\\_reporting.jsp](http://www.bop.gov/inmate_programs/sa_prevention_reporting.jsp)

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** F. J. Bowers

**Email:** MRG-PREAComplianceMgr@bop.gov

**Telephone:** 304-296-4416

### Facility PREA Compliance Manager

**Name:** K. Kelly

**Email:** MRG-PREAComplianceMgr@bop.gov

**Telephone:** 304-296-4416

### Facility Health Service Administrator N/A

**Name:** E. Hoffman

**Email:** MRG-PREAComplianceMgr@bop.gov

**Telephone:** 304-296-4416

### Facility Characteristics

**Designated Facility Capacity:**

1302

**Current Population of Facility:**

409

Average daily population for the past 12 months:	469	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20-81	
Average length of stay or time under supervision:	532.8 days	
Facility security levels/inmate custody levels:	Minimum	
Number of inmates admitted to facility during the past 12 months:	363	
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> :	361	
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> :	349	
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 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:	157	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	14	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	20
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	28
<p><b>Number of single cell housing units:</b></p>	0
<p><b>Number of multiple occupancy cell housing units:</b></p>	1
<p><b>Number of open bay/dorm housing units:</b></p>	27
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	31
<p><b>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)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<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

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
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<b>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.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<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

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	253
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<b>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</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<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 auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Federal Bureau of Prisons (FBOP) contracted with PREA Auditors of America, 14506 Lakeside View Way, Cypress, TX, 77429 for Prison Rape Elimination Act audit services of FCI Morgantown. The Auditor has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine FCI Morgantown's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit of the Federal Bureau of Prisons' FCI Morgantown. The facility was last audited in March 2018.

PREA Auditors of America sent a notice to the Federal Bureau of Prisons to post in each housing unit and service area of the FCI Morgantown. The notice contained information and an address, informing offenders how to confidentially contact the Auditor prior to arriving on-site. The notice was written in English and Spanish. The notice informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on February 24, 2021, in all offender housing units by a facility staff member. The Auditor received no correspondence from offenders before arriving at the facility. No offender specifically requested to speak with the Auditor during the on-site visit.

The Auditor received the agency and FCI Morgantown's completed Pre-Audit Questionnaire through information contained in a secure link. The Pre-Audit Questionnaire was completed and submitted to the Auditor on April 16, 2021. Once received, the Auditor began a pre-audit review of the material. The information received included but was not limited to; annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, staffing plan, Memorandums of Understanding, and handbooks.

Once a contract between PREA Auditors of America and the FBOP was signed, the Auditor began communications with the FBOP Management Analyst through email. Prior to arriving on-site, the Auditor participated in a video teleconference with the Management Analyst and key facility personnel. The Auditor maintained communications with the Management Analyst prior to arrival, during the on-site visit and after the on-site portion of the audit. The Management Analyst was responsive to the Auditor's questions, comments, and/or concerns during the audit process.

The Auditor observed the facility sends offenders to the JW Ruby Memorial Hospital for forensic evidence collection. The Auditor contacted a Sexual Assault Nurse Examiner (SANE) with the hospital by telephone. The Auditor discussed the specifics of forensic services offered to offender victims of sexual abuse. The telephone interview provided an understanding of the level and scope of services provided to victims of sexual abuse. Details of the telephone interview are provided in the applicable sections of this report.

The Auditor conducted a review of the Federal Bureau of Prisons website ([https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's Sexually Abusive Behavior Prevention and Intervention Program policy, PREA audit reports, PREA reporting information, and annual reports. The website includes access to the agency's investigative policies. The agency provides the public access to its policy related to the Prison Rape Elimination Act

compliance. The Auditor arrived at FCI Morgantown the morning of June 8, 2021. A meeting with key personnel was held by the Auditor prior to beginning the on-site portion of the audit. The following personnel were in attendance:

- Warden – Freddie Bowers
- Associate Warden of Operations (PREA Compliance Manager) – Kevin Kelly
- Case Management Coordinator – Tim Tompkins
- Captain – Aaron Carpenter
- Associate Warden’s Secretary – Tiffany Dalton
- Joe Muto – Chief, ACA/PREA Audit Section (by Webex)
- Management Analyst – Jason Vaught (by Webex)

The Auditor introduced himself and explained the audit process with key staff. After the briefing, the Auditor was offered a tour of the facility. The Auditor was accompanied by the group on the facility tour. Prior to conducting the facility tour the Auditor informed the group he will not be conducting informal interviews with staff or offenders. The Auditor chose not to conduct such interviews to mitigate the risk of COVID-19. The Auditor did not enter housing units that were being used for COVID-19 quarantine in accordance with BOP COVID-19 safety guidelines. The Auditor was able to view into the quarantine housing unit through entrance door windows. After completion of the tour the Auditor was provided a private area to conduct interviews and review documentation.

Facility staff allowed the Auditor full access to all areas in FCI Morgantown. The tour included visits to the administrative, visitation, intake, classrooms, recreation yards, warehouse, commissary, library, medical, kitchen, receiving and discharge, and all offender housing units. During the tour, the Auditor was observing for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff performing security rounds, interacting with the offender population, commissary operations, foodservice operations, offenders working in various areas and staff making opposite gender announcements. Medical personnel were observed conducting treatments with offenders. The Auditor observed offenders inside and outside of housing units. All offender restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing the offenders fully naked.

The Auditor conducted a review of supportive documentation provided by the Management Analyst and PREA Compliance Manager. Supportive documentation included, but was not limited to, policies and procedures, staffing plan, handbooks, brochures, training records, employee records, medical records, classification records, and logbooks. Supportive documentation was reviewed to determine the facility’s level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review, and reporting.

In addition to the information provided prior to arrival, the Auditor requested additional supportive records from the PREA Compliance Manager. The Auditor requested 13 randomly chosen and 13 targeted offender classification records, all staff, contractor, and volunteer training records, 10 randomly chosen HR records, and 15 contractor/volunteer records. All offender records requested by the Auditor coincided with the offenders chosen for random and targeted interviews. The Auditor requested additional offender records to review offender education, risk screenings, reassessments, and mental health follow ups. The Auditor visited with staff from day and night shifts during the audit.

Formal interviews were conducted with randomly and specifically chosen offenders. The facility provided a private office for the Auditor to conduct interviews. The office did not have audio monitoring capabilities and was located where staff and other offenders were unable to observe or overhear the information exchanged between the Auditor and offenders being interviewed. The auditor randomly chose 22 offenders and



specifically chose five offenders for formal interviews. Offenders specifically chosen for interviews included two offenders who self-identified as gay, one identified as hard of hearing and physically disabled, and two who reported suffering sexual victimization in the community. There were no offenders who filed an allegation, identified as non-English speaking, blind, deaf, cognitively disabled, transgender or intersex at the time of the audit.

During random interviews, the Auditor discovered additional offenders who reported previously suffering sexual victimization. None of those offenders informed staff during their risk screening. The Auditor randomly chose 22 offenders from FCI Morgantown's population housing roster. A relative sample of offenders was chosen from each of the facility's housing units. Due to COVID-19 quarantine safety guidelines some offenders were not able to be selected for interviews. All offender interviews were conducted while following BOP COVID-19 safety precautions and Personal Protective Equipment (PPE) guidelines.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 12 staff members and specialized interviews with 16 staff members. Specialized interviews were conducted with risk screening staff, intake, classification, medical and mental health, investigator, intermediate and higher-level staff, special housing supervisor, retaliation monitor, incident review team, contractors, Human Resources, custody, and non-custody first responders, PREA Compliance Manager and Warden. Formal staff interviews were conducted in a private office. The Auditor concluded the on-site portion of the audit on June 10, 2021, in an exit meeting with the following personnel in attendance:

- Warden – Freddie Bowers
- Associate Warden of Operations (PREA Compliance Manager) – Kevin Kelly
- Management Analyst – Jason Vaught (by Webex)

The Auditor informed the group the on-site portion of the audit was completed. The group was informed the Auditor needed to continue reviewing provided documentation after leaving the facility. Staff were informed the Auditor may request copies of additional documents within the coming weeks. The Auditor informed key personnel that staff and offenders were receptive and respectful to the Auditor while on-site. The offender population appeared well educated and facility staff appeared well trained. The Auditor informed the group there were no immediate findings while on-site. The group was informed facility operations appeared well managed. The group was informed the Auditor received no major complaints from the population that was interviewed.

On the first day of the audit there were 409 adult male offenders incarcerated at FCI Morgantown.

## Facility Characteristics

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

FCI Morgantown is located in Morgantown, WV and is in the Federal Bureau of Prisons' Mid-Atlantic Region. The facility is located in the northern portion of West Virginia close to the West Virginia/Pennsylvania state lines. FCI Morgantown is a campus style facility that opened in 1968. The rated capacity is 1302 male minimum custody offenders. The campus style facility has no towers and no security fencing surrounding the property.

The facility has 20 buildings, seven of which are general population housing units. Buildings are positioned throughout the compound in a campus style setting. The facility's housing units are known as Alexander, Bates, Bennett, Byrd, Carlson, Gerard, and Randolph. Each housing unit has four distinct wings A, B, C and D. Housing units Alexander and Bates are single story units while Bennett, Byrd, Carlson, Gerard, and Randolph have two units on a second floor. Each housing unit has bunked beds. The interior of units Alexander and Bates are similar in design while Bennett, Byrd, Carlson, Gerard, and Randolph are similar. All restroom and showers are adjacent to the wings. Each shower and restroom are single stall and protected with a curtain so staff of the opposite gender cannot observe an offender fully naked. Each housing unit has televisions, microwaves, telephones, email system, tables, and chairs. The Auditor observed each housing unit had readily available PREA materials and posters in each dayroom.

The Segregated Housing Unit (SHU) has 31 single cells in three wings. All cells, excluding one has a toilet and sink inside. The wings are labeled A, B and C. The showers are located at the end of each wing. Each shower is protected from view with a swinging door. Offenders in the SHU have access to individual outdoor recreation areas. A staff member supervises offenders during outdoor recreation. None of the cells in segregated housing have a camera inside. The Segregated Housing Unit has a clothing issue room and a property storage room. There is a visual search room that is blocked from view with a curtain. Offenders can visit in one of two visiting rooms. One of the visiting rooms has a video visiting monitor inside.

Medical services are provided by Federal Bureau of Prisons staff. FCI Morgantown is a care 2 facility. Offenders requiring more intensive care are transferred to a facility capable of treated such offenders. The facility's medical staff operate a comprehensive 24-hour medical section. There is an observation room with a toilet and sink inside in the medical area. The medical area has an urgent care room with two beds with a toilet and sink inside. Offenders in the medical rooms utilize a shower that is protected from view. There are six exam/treatment rooms, x-ray room, records room, utility room, break room, storage room, dental laboratory, and a dental clinic with three chairs.

The Education Department conducts classes in the facility's education building. The Education Department instructs offenders in eight classrooms. The education building has a Career Resource Center, computer classroom and a graphic arts classroom. There is a large multipurpose room where offenders can utilize exercise equipment. The building has a large leisure library and a law library with computers. Offenders have access to a restroom that is protected from view. There is an auditorium and indoor gymnasium in the education building. The facility utilizes the auditorium to conduct admission and orientation (A&O) education.

The Maintenance Department employs one communication, one electronics, two general maintenance, one HVAC, one plumber, one manager, one emergency tech, and one landscape staff. There are 40 to 50 offenders employed by facility's management. There are five shops in the facility's management area. The facility has a communication, electric, HVAC/Refrigeration, metal, and plumbing shop. Offenders working in the area have access to a locking restroom controlled by staff.

The facility's kitchen is operated by eight FBOP personnel, supervised by a Food Service Administrator. There are up to 25 offenders employed to work each shift in the kitchen. The kitchen has a staff dining hall, a large offender dining hall, two tray washing and storage areas, two cold serving bars, two serving lines, cook area, food prep area, pots and pans washing and storage area, dry storage room, common fare room, and meat shop. Offenders have access to a restroom that has a door controlled by staff. There are several walk-in freezers and refrigerators in the kitchen, access to each is controlled by staff. Each walk-in has a large window on the entrance door. The kitchen has an attached warehouse to store supplies, consumables, and dry goods.

The facility's receiving and discharge area has five holding cells. Offenders are searched in the search room. There is a body scanner maintained in the R & D. All offenders entering the facility must clear the body scanner. There is a large group room in the facility's Correctional Services area. The group room is used for Psychology Services programs.

The facility's laundry, commissary and warehouse are attached. The laundry room has an issue room and new product storage room. There are five offenders who work in the laundry room supervised by one staff member. There are two staff who supervise five offenders in the commissary. The warehouse has a receiving and storage area. There is a loading dock to receive shipments for the area.

Offenders have access to a large chapel to practice religious services. The facility employs a full-time Chaplain. The facility contracts with a Priest and Rabbi. Each utilizes volunteers to supplement the religious services programs. There are auxiliary classrooms in the chapel. Offenders have access to a video and book library in the chapel.

The FCI Morgantown has limited cameras within the institution. Supervision of the population is conducted directly and remotely by staff who conduct security rounds throughout the facility. The facility has installed mirrors so staff can observe "blind spots" while supervising the population.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.11

### Standards Met

**Number of Standards Met:** 44

### Standards Not Met

**Number of Standards Not Met:**  
**List of Standards Not Met:**

The Auditor found the Federal Bureau of Prisons has developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. Those policies and procedures have been incorporated into the facility’s training efforts. The Auditor found the facility’s staff are well trained and retained information provided through the agency’s training efforts. The Auditor formally interviewed staff and determined staff understand their responsibilities in the agency’s policies and procedures regarding the prevention, detection, and response towards acts of sexual abuse and sexual harassment. Facility staff, to include contractors, understand their roles as first responders.

The Auditor determined the facility has been successful in developing a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. Most offenders informed the Auditor that staff take incidents of sexual abuse serious in the facility. The Auditor discovered the facility’s command staff support its staff in the prevention, detection, and response efforts. The command staff involve themselves in the day-to-day operations of the facility to keep abreast of current practices, assess current practices and make corrective actions, when required. The command staff appear to have a proactive approach towards compliance with the PREA standards to ensure the offender population, staff, and the facility itself is protected from acts of sexual abuse and sexual harassment. Department Heads and command staff make unannounced rounds throughout all facility areas to deter sexual abuse and sexual harassment.

The Auditor found the facility’s population was educated regarding the agency’s prevention, detection and response efforts towards sexual abuse and sexual harassment. Most offenders interviewed informed the Auditor they were confident in staff’s abilities and felt staff would maintain confidentiality with sexual abuse related information. The Auditor determined the facility is providing written information and effective comprehensive education to each offender upon intake. Most offenders informed the Auditor they had seen the comprehensive educational video. The facility provides readily available information to offenders by posting materials in housing units and other areas of the facility and by providing written information in a pamphlet. The Auditor observed staff’s interactions with the offender population while on-site. All interactions observed by the Auditor were professional and appeared as if staff have developed appropriate working relationships with the population. The overall population interviewed by the Auditor felt safe in the facility.

The Auditor was provided a detailed tour of FCI Morgantown and observed staff and contractors interacting professionally with the population. A review of files and other relevant documents revealed facility personnel are documenting actions in accordance with the FBOP policies and procedures related to sexual abuse and sexual harassment. Formal interviews with offenders revealed most are confident in staff's abilities to respond to and protect them from acts of sexual abuse. Most offenders informed the Auditor facility staff are professional and take incidents and threats of sexual abuse or sexual harassment seriously. Formal interviews with staff revealed they are knowledgeable in the policies and procedures to prevent, detect and respond to incidents of sexual abuse and sexual harassment.

Staff at FCI Morgantown are appropriately screening each offender upon arrival to determine their level of risk for abusiveness or victimization. The risk screening allows the facility's Unit Team to identify such offenders and ensure they are protected from sexual abuse when determining housing, programs, education, and work opportunities. Medical and mental health practitioners screen all new offender upon their arrival. The facility is conducting a reassessment of each offender within 30 days of arrival, after an incident of sexual abuse, referral and/or upon receiving additional information that bears on the offender's level of risk.

The agency has trained its facility investigator to conduct sexual abuse and sexual harassment investigations in confinement settings. The Investigator understands how to conduct appropriate investigations following an allegation of sexual abuse and sexual harassment. The facility's investigator understands the requirement to refer criminal acts of sexual abuse to the Federal Bureau of Investigation or the Office of the Inspector General for criminal investigation. Policy requires investigations be objective and are conducted promptly and thoroughly. Investigators are required to inform offenders of investigative determinations at the conclusion of each investigation. The facility conducts an incident review of all allegations, unless unfounded, within 30 days of the conclusion of the investigation. The incident reviews are conducted to improve any deficiencies discovered during the response and investigative practices following an incident of sexual abuse. Investigators are documenting their actions and findings in appropriately written investigative reports.

The Auditor determined the facility meets all standards and recommended no formal corrective action period required to comply with any provision of the PREA standards. The facility was not required to make corrective actions to comply with any elements of the PREA standards. The Auditor made recommendations for the agency/facility to strengthen compliance. Details of recommendations are included in the applicable sections of this report. The agency has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment.

The Auditor determined the facility exceeds standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator. The agency employs a National PREA Coordinator and Regional PREA Coordinators. Each agency facility appoints a PREA Compliance Manager. The facility has successfully created a zero-tolerance culture within the population and agency staff. The Auditor felt the command and line-level staff make the prevention, detection and response to sexual abuse and sexual harassment a priority within the facility. The population informed the Auditor they have not heard of or witnessed an incident of sexual abuse in the facility.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

### **Auditor Discussion:**

The Federal Bureau of Prisons has an established policy that mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment. The policy strictly prohibits sexual misconduct by staff, contractors, or volunteers with offenders. The Auditor observed the agency has included its approach towards prevention, detection, and response towards incidents of sexual abuse and sexual harassment. The following, but not limited to, prevention, detection and response techniques were observed in the agency's policy:

- Architectural Design
- Custodial Supervision
- Video Monitoring Equipment
- Offender Education
- Offender Risk Screenings
- Housing Considerations
- Separate Showering
- Classification Reassessments
- Staffing Plans
- Reporting Mechanisms
- Mental Health Screenings
- Unannounced Supervisory Rounds
- Opposite Gender Announcements
- Staff Training
- Staff and Applicant Screenings
- Investigations

The agency's policy stipulates the FBOP employs an agency-wide National PREA Coordinator, Regional PREA Coordinators and designates a PREA Compliance Manager at each facility. The agency appointed a psychologist assigned to the FBOP Reentry Services Division as the National PREA Coordinator. The Bureau of Prisons employs Regional PREA Coordinators who work under the supervision of the National PREA Coordinator. Regional PREA Coordinators assist PREA Compliance Managers in compliance efforts with the PREA Standards.

FCI Morgantown appointed the Associate Warden of Operations as the PREA Compliance Manager and the Chief of Psychology Services as the alternate PREA Compliance Manager. The PREA Compliance Manager reports all PREA related information and compliance issues to the Warden and the assigned Regional PREA Coordinator.

FCI Morgantown has created a policy that mandates a zero-tolerance philosophy towards sexually abusive behavior.

### **Evidence Relied Upon:**

Program Statement – 3420.11 pg. 6-7  
Program Statement – 5324.12 pg. 2, 13, 24, 26-28, 49  
Program Statement – 5270.09 pg. 44-49  
Supplement – MRG 5324.12D pgs. 1-3

Sexually Abusive Behavior Prevention and Intervention (An Overview for Offenders) Pamphlet  
Agency Memorandum  
Organizational Chart  
Staff Interviews  
Offender Interviews

### **Analysis/Reasoning:**

The Auditor conducted a review of the Federal Bureau of Prisons policies. The Auditor observed the agency policy includes prevention, detection and response approaches towards sexual abuse and sexual harassment of offenders. The policy includes definitions of sexual abuse, sexual harassment, and voyeurism. The agency's policy includes sanctions for those found to have violated the agency's sexual abuse and sexual harassment policies and procedures. The FBOP has a clear policy that mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment.

The Auditor reviewed the agency's organizational chart. The Reentry Services Division Assistant Director's Office Organizational Chart outlines the position of the National PREA Coordinator. The National PREA Coordinator reports directly to the Assistant Director for the Reentry Services Division. The National PREA Coordinator is responsible for developing, implementing, and overseeing the Federal Bureau of Prisons' compliance with the Prison Rape Elimination Act and monitoring compliance of all contract facilities. The National PREA Coordinator provides oversight to all Regional PREA Coordinators. The Auditor observed the following duties of the National PREA Coordinator listed in a memorandum from the Assistant Director of the Reentry Services Division:

- Serving as the agency's point of contact regarding all PREA related matters,
- Providing consultation and guidance to regional and field staff with respect to PREA implementation and monitoring,
- Providing PREA training oversight,
- Reviewing policy to determine compliance with PREA,
- Reviewing contract language for private/contract facilities relative to PREA,
- Coordinating the development or location of materials required for PREA,
- Maintaining the PREA Coordinator GroupWise mailbox,
- Maintaining and processing allegations of sexual abuse in third-party reporting instances and Office of the Inspector General's forwarded inmate reports of sexual abuse allegations, and
- Preparing an annual report for the agency utilizing each facility's findings and corrective actions.

The memorandum stipulates the National PREA Coordinator is authorized to use up to 20% of on-duty time to perform PREA responsibilities and use additional time in response to PREA allegations of sexual abuse. Agency Management Analysts are responsible for addressing facility PREA related questions, concerns and cooperating with the PREA Compliance Manager (IPCM) to aid in facility compliance. The Management Analyst reports directly to the National PREA Coordinator.

The PREA Compliance Manager at FCI Morgantown reports directly to the facility's Warden. The IPCM coordinates all facility related PREA compliance issues, questions, concerns, etc. to the Regional PREA Coordinator. FCI Morgantown has designated the Associate Warden of Operations as the PREA Compliance Manager. The IPCM is responsible for coordinating the facility's efforts towards the prevention, detection and response to sexual abuse and sexual harassment.

The agency has created an overview pamphlet for offenders. The pamphlet is titled, "Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders." The booklet includes the following



statement: "The Federal Bureau of Prisons has a zero tolerance policy against sexual abuse and sexual harassment." Each offender receives a copy of the pamphlet upon admission.

The Auditor discussed the ability to develop, implement and oversee facility PREA efforts with the PREA Compliance Manager. The Auditor determined the PREA Compliance Manager has sufficient time and authority to oversee facility efforts to ensure compliance at the facility. The PREA Compliance Manager was responsive to the Auditor's questions and requests during the audit. The PREA Compliance Manager is knowledgeable about the facility and requirements of the Prison Rape Elimination Act. The Auditor clearly established the chain of command allows each staff member in a PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses.

The Auditor conducted formal interviews with offenders. Interviews with offenders reveal the population feels confident in staff's ability to respond to allegations of sexual abuse and sexual harassment. The offender population was able to articulate information to the Auditor revealing they have been educated regarding the agency's policies related to sexual abuse and sexual harassment prevention, detection, and response. Most of the population interviewed stated they have seen the PREA video. Each offender had been provided written information upon their arrival. Most offenders informed the Auditor staff are respectful, respond to their concerns professionally and are helpful with their issues and problems. Each offender was asked if they felt safe in the facility. Every offender interviewed by the Auditor stated they do feel safe in the facility. Most offenders feel confident reporting an allegation verbally to staff.

The Auditor conducted formal interviews with randomly selected staff. The Auditor determined the facility's staff were well educated and had retained the information provided through agency training. Each staff member understands the agency's policies and procedures for preventing, detecting, and responding to acts of sexual abuse and sexual harassment. Each staff member has been trained within the previous 12 months. The agency ensures personnel receive training on an annual basis.

The agency's command staff supports subordinate staff efforts and ideas towards compliance with the Prison Rape Elimination Act. The command staff maintains an "open-door" policy. Staff interviewed by the Auditor felt confident they could discuss any issue with the command staff. The agency requires upper-level staff conduct weekly tours throughout the facility.

### **Conclusion:**

The Auditor conducted a thorough review of the agency's Program Statements, Supplement, organizational chart, offender pamphlet, memorandum and conducted interviews with staff and offenders. The Auditor determined the Federal Bureau of Prisons has developed an appropriate zero-tolerance policy that includes its prevention, detection, and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient authority and effort to develop, implement and oversee agency efforts. Though not required, the agency employs several Regional PREA Coordinators to coordinate facility compliance efforts in their assigned region. The Auditor determined the FBOP exceeds the requirements of this standard. The Auditor feels the facility has fostered an effective zero-tolerance culture in the facility.

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

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

### 115.12 (a)

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

### 115.12 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The agency has a policy that requires, "The Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field must include PREA compliance monitoring within their scheduled contract monitoring activity."

### Evidence Relied Upon:

Program Statement – 5324.12 pg. 14  
Solicitation, Offer, and Award  
Award/Contract  
Agency Memorandums

### Analysis/Reasoning:

The Federal Bureau of Prisons contracts for confinement of its offenders with 8 privately owned and operated low security facilities. In addition, the FBOP contracts services with 150 Residential Reentry Centers.

FCI Morgantown does not contract for confinement of its offenders with any private or government owned and operated facility. FCI Morgantown is not required by the agency to maintain or monitor contracts for confinement of offenders.

The Auditor reviewed contracts between the Federal Bureau of Prisons and Corrections Corporation of America, Management & Training Corporation and GEO Group, inc. Each contract included, "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." Federal Bureau of Prisons contracts with confinement facilities include a provision to allow for contract monitoring.

The agency's Privatization Management Branch and Residential Reentry Management Branch field staff conduct compliance monitoring of facilities within their regions.

### Conclusion:

The Auditor reviewed agency Program Statement, Solicitation, Offer and Award, Contract, and agency memorandums. The Auditor determined the Federal Bureau of Prisons meets the requirements of this standard.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

It is the policy of the Federal Bureau of Prisons to make its best efforts to comply with a staffing plan that provides for adequate levels of staffing and video monitoring in an effort to protect offenders from sexual abuse. Agency policy requires the following considerations when determining staffing levels and video monitoring needs:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility’s physical plant (including “blind-spots” or areas where staff or offenders may be isolated);
- The composition of the offender population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

Policy requires, “The Human Resource Management Division and Administration Division, Central Office, must consider PREA factors and safety, in general, when allocating overall staffing resources. At the institution, the Salary/Workforce Utilization Committee Meeting Minutes serves as the staffing

plan.” The annual staffing plan review is conducted by the agency to assess, determine, and document whether adjustments are needed to:

- The facility's established staffing plan;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

The Agency requires the Salary/Workforce Utilization Committee Meeting Minutes with the review of the staffing plan is compiled annually by the Regional PREA Coordinator by May 1<sup>st</sup> and submitted to the National PREA Coordinator by June 1<sup>st</sup>.

When circumstances arise where the staffing plan is not complied with, the agency requires the facility document all deviations from the staffing plan in the remarks section of the Salary/Workforce Utilization Committee Meeting Minutes.

Agency policy requires the Duty Officer (IDO) conduct and document unannounced rounds through the facility. IDOs are required to make such rounds on a weekly basis on all shifts in all facility areas. Policy requires the rounds to identify and deter sexual abuse and sexual harassment. IDOs are required to forward the documented unannounced round to the facility's PREA Compliance Manager.

Agency policy prohibits any staff member from alerting other staff that a supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment. The facility's supplement requires the Duty Officer to conduct unannounced rounds, at least once per shift, throughout all areas of the institution. The IDO is required to document the rounds on the Unannounced Rounds Log.

#### **Evidence Relied Upon:**

Program Statement – 3000.03 pg. 8-12  
Program Statement – 5324.12 pg. 16  
Supplement – MRG 5502.11C pg. 4  
FCI Morgantown Staffing Report  
Annual Staffing Plan Review  
Quarterly Work Programming Report  
Quarterly Work Programming Committee Meeting Minutes  
Salary Workforce Utilization Committee Meeting Memorandum  
PREA Annual Assurance Memo  
Daily Assignment Rosters  
Unannounced Rounds Log  
Interviews with Staff  
Observations

#### **Analysis/Reasoning:**

The Auditor reviewed FCI Morgantown's staffing plan. The staffing plan is developed to ensure appropriate staffing levels are determined. The most recent staffing plan includes 157 full-time staff. The staffing plan ensures there is sufficient staffing to safely manage the offender population. There are 59 custody and 98 non-custody positions for FCI Morgantown. At the time of the audit the facility had no vacant custody and eight vacant non-custody positions. The facility documents vacant positions on a weekly basis in the staffing report. The weekly review includes justifications for vacant positions in the facility. The most common reason for deviations from the staffing plan documented in the review observed by the Auditor was military leave.

The Auditor determined the following staff to offender ratio based on the designed capacity (1302) and total authorized positions (157):

- 1 staff member for every 8.3 offenders

The following denotes the staff to offender ratio utilizing the current number of offenders (409) and current number of staff (149):

- 1 staff member for every 2.7 offenders

The following denotes the custody staff to offender ratio utilizing the current number of custody staff (59) and the current number of offenders (409):

- 1 custody staff member for every 7 offenders

The staffing plan reviewed by the Auditor includes provisions for administrative, support and custody positions on all shifts in each facility area. The facility utilizes overtime through a draft procedure to ensure vacant positions are filled for each shift when needed. The facility's staffing level was maintained at five percent below capacity at the time of the audit. The custody staffing level was maintained at one hundred percent at the time of the audit.

The Operations Lieutenant has the authority to utilize overtime and/or draft staff to fill vacant positions, if needed. Each shift is staffed with male and female staff to ensure appropriate officers are available to assist with transgender and intersex offenders. Female staff are available to search transgender and intersex offenders who have an approved exception designating a female conduct their searches.

The Auditor reviewed a sampling of Daily Assignment Roster. Daily Assignment Rosters are completed by each Operations Lieutenant and reviewed by a Captain. The Auditor observed Operations Lieutenants are documenting daily staff vacancies on each shift and account for the vacancies. The Operations Lieutenant documents staff working overtime to fill vacant positions. The Operations Lieutenant notates the reason for staff vacancies in the appropriate section of the Daily Assignment Roster. The Auditor observed the Daily Assignment Roster includes the following vacancy sections:

- Day Off
- Annual Leave
- Sick Leave
- LWOP-Mil
- LWOP
- IF Class

FCI Morgantown's PREA Compliance Manager submits an annual assurance memorandum to the Warden of his review of staffing. The memorandum includes finding and a statement that video monitoring capabilities were reviewed. The facility has a Quarterly Salary/Workforce Utilization Committee. The committee meets each quarter to discuss the utilization of its staffing. The facility conducts a weekly review of its staffing level. The weekly review includes the number of authorized positions and vacancies.

The Auditor conducted a formal interview with the Warden. The Auditor asked the Warden to explain the considerations when determining appropriate levels of staffing for the facility. The Warden explained the annual staffing plan review in detail. The Warden's responses included the bulleted items

listed above in the "Auditor Discussion" section of this standard. When asked how the facility documents the reason for non-compliance with the staffing plan, the Auditor was informed the daily utilization of staff is documented by the Operations Lieutenant. The Warden explained the facility conducts weekly reviews of the utilization of staff.

The Auditor reviewed a sampling of FCI Morgantown Unannounced Rounds Logs. Duty Officers are required to conduct an unannounced round through all facility areas in a one-week period. Unannounced rounds are documented on the Unannounced Rounds sheet. The sheet includes all facility areas in a column. The IDO is required to include the time of the unannounced round in the appropriate date column. At the conclusion of the week, the IDO signs and dates the Unannounced Rounds sheet. The Auditor observed unannounced rounds are occurring on each shift at various times throughout the shift in all housing and support areas.

While touring the facility the Auditor observed staff making security rounds in housing units and support areas of the facility. Staff were present in all areas toured by the Auditor. custody, medical and contract personnel were observed interacting with the inmate population. The Auditor observed camera placements throughout the facility. Due to the limited number of cameras, the facility strategically installed mirrors to assist in the prevention, detection, and response to incidents of sexual abuse. Custody personnel are required to conduct periodic tours through the housing units and other facility areas. The Auditor observed Department Heads making unannounced rounds throughout various facility areas, to include housing units.

The Auditor conducted formal interviews with staff and Department Heads from various shifts. Staff were asked if Department Heads conduct unannounced rounds throughout the facility. Each staff member stated Department Heads do make unannounced rounds throughout the facility. Department Heads were asked if they were required to make unannounced rounds. The Auditor was informed they do make daily rounds through the facility. Department Heads who perform the duties of the Duty Officer, stated they are required to conduct one unannounced round covering each facility area during a one-week period.

Each Department Head was asked how they prevent staff from alerting other staff when they are making unannounced rounds. Department Heads do not conduct their rounds at the same time and do not take the same route each time. Department Heads stated they do not inform staff when they are conducting an unannounced round. Department Heads stated they do not have a discernable pattern when making rounds throughout the facility. The Auditor was informed the agency's policy prevents staff from alerting other staff when supervisors are making unannounced rounds.

Each Department Head was asked what actions they take if discovering a staff member was caught alerting other staff when Department Heads are conducting unannounced rounds. Department Heads informed the Auditor they would verbally counsel the staff member about the importance of the unannounced round. Each was asked what they would do if they caught the person a second time. Department Heads stated they would recommend formal discipline for the staff member. Each staff member interviewed was aware the FBOP has a policy prohibiting staff from alerting other staff members of supervisory rounds. No Department Head had discovered an employee alerting other employees of unannounced supervisory rounds.

The Auditor conducted formal interviews with offenders. Offenders were asked if Department Heads conduct rounds in housing units. Each offender informed the Auditor Department Heads do conduct rounds in the units. Offenders that work in various facility areas, such as the kitchen, were asked if Department Heads tour work areas. Offenders stated Department Heads do tour work areas.

## **Conclusion:**



The Auditor concluded the facility has an adequate staffing plan to ensure the protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed Program Statements, Supplement, FCI Morgantown Staffing Report, Annual Staffing Plan Review, Quarterly Work Programming Report, Quarterly Work Programming Committee Meeting Minutes, Salary Workforce Utilization Committee Meeting Memorandum, PREA Annual Assurance Memo, Unannounced Rounds Log, conducted interviews with staff and made observations. After a thorough review, the Auditor determined the agency meets the requirements of this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

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

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

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

#### **Auditor Discussion:**

The agency has a policy which requires youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Policy requires direct supervision by facility staff when a youthful offender and an adult offender have sight, sound, or physical contact with one another. Policy stipulates the agency will make its best efforts to avoid placing youthful offenders in isolation to comply with the provision.

Absent exigent circumstances, policy stipulates daily large-muscle exercise and any legally required special education services will not be denied to a youthful offender to comply with this standard. The agency requires youthful offenders have access to other programs and work opportunities to the extent possible.

#### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 16  
Interviews with Staff

#### **Analysis/Reasoning:**

The Auditor conducted formal interviews with staff. Staff informed the Auditor FCI Morgantown does not house youthful offenders. The Auditor interviewed random and specialized staff and discovered no staff had knowledge a youthful offender had been housed at the facility during this audit cycle. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified as an adult. Staff were not aware of any offender housed as such.

The Auditor conducted formal interviews with intake and classification personnel. Staff were asked what steps they would take if they discovered a youthful offender was transported to the facility. The Auditor was informed each offender is screened prior to arrival. The unit team receives a Pre-Sentence Investigative Report for each offender prior to arrival. Any youthful offender would be identified prior to arrival. The facility would not allow the offender to be housed.

The Auditor conducted a formal interview with a staff member who supervises offenders in the segregated housing unit. The staff member was asked if youthful offenders in the Special Housing Unit receive access to programming, education, work, and recreation opportunities while housed in the Special Housing Unit. The Auditor was informed the facility does not house youthful offenders.

#### **Conclusion:**

The Auditor reviewed FBOP Program Statements and conducted interviews with staff to determine the facility meets the requirements of this standard.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons has a policy which prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a qualified medical professional. When body cavity searches are performed by a qualified medical professional the search must be approved by the Warden or Acting Warden and only when the Warden or Acting Warden has reasonable belief that an offender is concealing contraband. Policy prohibits a person of the opposite sex viewing the search. The agency’s policy prohibits cross-gender pat-down searches of female offenders except in exigent circumstances. The definition of exigent circumstances is listed in the agency’s policy as, “any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.”

Policy requires facility staff document all cross-gender strip searches and cross-gender visual body cavity searches and document all cross-gender pat-down searches of female offenders. The FBOP permits female correctional officers to conduct cross-gender pat-down searches of male offenders. Staff are required to conduct cross gender frisk searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible consistent with security needs. Staff are trained to conduct such searches during the Introduction to Correctional Techniques, Annual Refresher Training, a Sallyport video titled, "Inmate Pat Search" and in written policy.

The FBOP requires facilities implement policies and procedures that enable offenders the opportunity to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Facility policies are required to include provisions for staff of the opposite gender to announce their presence when entering an offender housing unit.

Facility staff are prohibited from conducting a cross-gender strip search of a transgender or intersex offender for the sole purpose of determining the offender's genital status. If staff cannot determine an offender's genital status, they are to determine by interviewing the offender, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

#### **Evidence Relied Upon:**

Program Statement – 5521.06 pg. 1-5

Program Statement – 5324.12 pg. 17

PowerPoint Presentation

Training Records

Training Curriculum

Training Records

Shift Duty Rosters

Interviews with Staff

Interviews with Offenders

Observations

#### **Analysis/Reasoning:**

FCI Morgantown houses adult male offenders. The Auditor conducted a review of facility shift rosters. The facility attempts to maintain male and female staff on each shift. The Auditor conducted formal interviews with offenders. Offenders were asked if they had been strip searched by a female correctional officer. Offenders informed the Auditor they had not been strip searched by a female correctional officer. Each offender interviewed was asked if a female correctional officer had been present during a strip search of a male offender. No offender had seen a female correctional officer present during a strip search.

During interviews with offenders the Auditor asked each if they had the ability to take a shower, change clothes and use the restroom without correctional officers of the opposite gender seeing them fully naked. Each offender can perform such without being seen naked. Offenders stated they are reminded that opposite gender staff enter housing units which allows them the opportunity to ensure they are properly dressed. The Auditor conducted formal interviews with male and female staff members. Each staff member was asked if opposite gender announcements were being made in the housing units. Each staff member informed the Auditor opposite gender announcements are being made when entering any opposite gender housing unit.

The Auditor conducted formal interviews with intake personnel. The intake staff member was asked how a transgender offender is strip searched or pat searched when arriving. The staff member stated if the transgender offender has an approved exception that requires a female conduct the strip search, a female staff member is called to the area to conduct the strip search and/or pat search. Policy stipulates offenders are searched in accordance with the gender of the institution or housing assignment unless an exception has been approved. Intake and randomly selected personnel were asked what they would do if they could not determine the genital status of an offender. The Auditor was informed they would ask the offender, review supporting documents, call a supervisor and if need be, call medical personnel to make the determination.

The Auditor asked random staff how facility personnel conduct searches of transgender and intersex offenders. Staff stated all offenders are pat searched by male or female staff. The Auditor was informed male staff conduct strip searches of all offenders unless the offender has been approved for an exception. Transgender and intersex offenders can request an exception to the policy. The exception is authorized by the Warden after consulting with Health Services, Psychology Services, Unit Management, and Correctional Services. The transgender offender, if approved, is provided a personal identifier for the exception. Staff were asked if they had been trained to conduct pat-searches of transgender and intersex offenders. Staff had been provided such training. Staff were asked if they would conduct a strip search of an offender if they could not determine the offender's sex. Each staff member stated they would not conduct a strip-search of any offender for the sole purpose of determining the offender's sex.

The Auditor reviewed the agency's training curriculum and training attendance rosters. The curriculum includes procedures on how to conduct searches of transgender and intersex offenders and how to communicate with those offenders professionally. Training attendance rosters reveal staff had attended an initial training to conduct searches, including cross-gender searches, and attended training annually thereafter. New employees receive training during their initial orientation and in the agency's training academy. The Auditor reviewed the training records of all FCI Morgantown's custody staff members. Each had been provided the training.

The Auditor conducted a detailed tour of the facility and was granted access to all offender housing units and other support areas. The Auditor observed all shower and restroom areas in the facility. Showers in the facility are individual stalls and are protected from view with a shower curtain. Each toilet is protected from view to ensure the offender can be observed using the restroom. Offenders can shower and use the restroom without custody staff of the opposite gender seeing them fully naked unless incidental to a routine security check. While touring the facility, the Auditor observed opposite gender announcements being made throughout the facility.

Each shift maintains female staff to ensure a female is available to conduct pat and strip searches of offenders identified as transgender or intersex who have been authorized to be searched by female staff member. The Auditor reviewed shift assignments and discovered each shift was assigned both male and female staff. The Auditor was informed by Department Heads the facility maintains a balance of male and females on each shift to ensure offenders can be searched by a staff member of the same sex as the offender.

There was no offender who identified as transgender, or intersex housed at the facility at the time of the audit.

The facility reported no incident in which a staff member conducted a cross-gender strip search in the previous 12 months.

## Conclusion:

The Auditor conducted a review of FBOP Program Statements, training curriculum, training attendance rosters, shift duty rosters, interviewed staff, offenders and made observations. The Auditor concluded FCI Morgantown staff had been appropriately trained to conduct cross-gender searches and how to make opposite gender announcements when entering housing units. Offenders can shower, change clothes, and use the restroom with a level of privacy. Staff have been trained to treat transgender and intersex offenders respectfully and professionally in the facility. The Auditor determined FCI Morgantown meets the requirements of this standard.

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

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

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



### **Auditor Discussion:**

The agency has a policy that requires staff take appropriate steps to ensure offenders with disabilities or limited English proficient 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. The policy requires the inclusion of those who are deaf or hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. The appropriate steps outlined in the policy include the following:

- Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and
- Providing written materials in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The agency's policy states it is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Agency policy prohibits utilizing offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of the first-responder duties or the investigation of the offender's allegations.

### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 19-20  
Supplement MRG 5324.12D pg. 1-3  
Agency Memorandum for Telephonic Language Translations  
FCI Morgantown Admission & Orientation Handbook  
Annual Refresher Training Schedule  
Zero Tolerance Poster  
LanguageLine Solutions Quick Reference Guide  
Admission and Orientation Program Checklist  
Training Records  
Interviews with Staff  
Interviews with Offenders  
Observations

### **Analysis/Reasoning:**

The Auditor reviewed the Admission & Orientation Handbook for offenders. Each offender receives a copy upon arrival and during their admission process. The handbook is written in English and Spanish. The facility maintains PREA posters written in English and Spanish. Facility staff will read the PREA information provided during intake to offenders who are blind or have low vision or who cannot otherwise obtain the information. Offenders who are deaf or hard of hearing can read the written information. The facility's PREA video is both verbal and closed captioned for those who are either deaf or blind. The facility maintains the PREA video in English and Spanish. In the event the facility receives an offender with an intellectual or cognitive disability, a staff member conducts an individual session with the offender to ensure the offender receives an understanding of the agency's PREA information and comprehensive education.

The Admission & Orientation Handbook includes the agency's Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders. The Auditor observed the following sections in the overview:

- You Have the Right to be Safe from Sexually Abusive Behavior
- What Can You Do to Prevent Sexually Abusive Behavior
- What Can You Do if You Are Afraid or Feel Threatened
- What Can You Do if You Are Sexually Assaulted
- How Do You Report an Incident of Sexually Abusive Behavior
- Understanding the Investigative Process
- Counseling Programs for Victims of Sexually Abusive Behavior
- Management Program for Inmate Assailants
- Contact Offices

Offenders who are identified as Limited English Proficient (LEP) can benefit from the facility's Sexually Abusive Behavior Prevention and Intervention information through the use of the language line service or by a staff interpreter. The agency maintains a Blanket Purchase Agreement for on-demand telephonic translation services. The translation service is provided by LanguageLine Solutions from 7:00 a.m. to 10:00 p.m. EST, seven days a week, excluding government holidays. If the facility cannot provide a staff interpreter, staff read the information to the telephonic interpreter who translates the information to the offender. Each staff member interviewed was asked if the facility relies on offender interpreters or readers. Staff informed the Auditor they do not rely on offender interpreters or readers.

The facility's comprehensive educational video is maintained on a CD and titled, "PREA: What You Need to Know." The Auditor reviewed the comprehensive educational video. The video is closed captioned for the deaf or hard of hearing. Offenders who are blind or have low vision can hear the information being played through the video. Comprehensive education is provided in-person, coupled with the video. The agency ensures offenders view the video during the admission process. Offenders who cannot otherwise benefit from the comprehensive education attend a one-on-one session with a facility staff member.

Each offender entering the facility is provided a written copy of the Admission & Orientation Handbook and provided the comprehensive education within two weeks of arriving at the facility. Offenders are required to sign receipt of the written information and comprehensive educational session. The information and education are provided during the admission process. Offenders sign an Admission and Orientation Program Checklist form for the information and education. The facility's Unit Team conducts an orientation every two weeks.

The Auditor conducted a formal interview with an offender identified as hard of hearing. The offender was able to communicate with the Auditor. The offender acknowledged receipt of the information and comprehensive education. The offender understands how to report allegations of sexual abuse and is knowledgeable regarding the information and education materials provided by the facility. The offender explained he was provided an opportunity to ask questions related to the materials. The offender was provided and watched the agency's comprehensive educational video. The video included closed captioning.

There were no offenders identified as LEP or blind housed in the facility at the time of the audit. The Auditor verified the facility has a contract for interpretive services to communicate with offenders identified as LEP. The facility provides information and education in a manner LEP and blind offenders understand and benefit. Each offender is provided an opportunity to ask questions regarding the written material and comprehensive education.

There were no offenders identified with a cognitive disability housed in the facility at the time of the audit. A Unit Team member informed the Auditor individual arrangements are made to ensure offenders with a cognitive disability benefit from the facility's educational efforts.

The Auditor reviewed the educational records of 26 offenders. All 26 offenders had signed an Admission and Orientation Program Checklist form denoting their attendance and receipt of the information. During interviews with offenders the Auditor determined offenders have seen the comprehensive educational video during their admission process.

The Auditor conducted an interview with staff responsible for conducting orientations with offenders. The Auditor asked the staff member to explain how blind and deaf offenders benefit from the agency's information and education. The staff member reads the written information to blind offenders. Blind offenders can benefit from the educational video as it is maintained in audio. Deaf offenders can read the closed captioning on the video and information is provided in written format. Staff informed the Auditor illiterate offenders can hear the video and staff read the written information to them. The staff member stated orientation with such offenders are conducted in a one-on-one session.

The Auditor was informed staff use the language line when dealing with non-English speaking offenders and a staff interpreter is unavailable. Each staff member was asked if offender interpreters or readers are utilized by facility staff. Each stated the facility does not rely on offender interpreters or readers.

The Auditor conducted a detailed tour of FCI Morgantown. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each housing unit and service areas. All posters and posted materials were written in English and Spanish. During interviews with offenders the Auditor discovered all offenders were aware of the posted materials. All offenders informed the Auditor they received the PREA material during admission, watched a video, received an Admission & Orientation Handbook and participated in an in-person orientation conducted by a facility staff member. Each was provided an opportunity to ask questions related to the facility's comprehensive educational session.

### **Conclusion:**

The Auditor concluded the agency provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are LEP and those who are disabled. The Auditor conducted a thorough review of agency Program Statements, Supplement, Admission & Orientation Handbook, comprehensive educational video, interpretive services contracts, offender records, training records, conducted interviews with staff, offenders and made observations to determine the agency meets the requirements of this standard.

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

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

#### **115.17 (a)**

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### **Auditor Discussion:**

It is the practice of the Federal Bureau of Prisons to prohibit hiring or promoting anyone or enlisting the services of any contractor, who may have contact with offenders 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);
- 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; and
- Has been civilly or administratively adjudicated to have engaged 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.

The agency considers incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The policy requires a criminal background check be conducted before hiring any new staff member who may have contact with offenders. Policy also requires the agency to make its best efforts to contact prior employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State, and local laws. Criminal background checks are required every five years on employees and contract staff, who may have contact with offenders.

The Agency asks all applicants who may have contact with offenders directly about previous misconduct as bulleted in the list above, in the agency's written employment application. Employees attempting to be promoted complete an application and answer questions regarding previous acts of misconduct as listed above.

The agency has a continuing affirmative duty for staff to disclose any acts of sexual misconduct.

### **Evidence Relied Upon:**

Program Statement – 3000.03 pg. 9, 28, 41-45

Program Statement – 3420.11 pg. 6-9

U.S. Department of Justice, A Blend of Good Talents and a Commitment for Diversity

General Employment Considerations for Staff, pg. 2

Questionnaire for Public Trust Positions – Standard Form 85P

National Background Investigations Bureau – Fingerprint Submissions, pg. 11

Agency Memorandum

Email to All OIA Staff

PREA-Reference Check Background Materials

Employee Records

Contractor Records

Employment Application

Interviews with Staff

### **Analysis/Reasoning:**

The Auditor reviewed the agency's application maintained on USA Jobs website. The application is completed by all personnel prior to employment and/or a promotional opportunity. The application requires the candidate/employee to respond to the following:

- "Please indicate whether you have Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.
- Please indicate whether you have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
- Please indicate whether you have been civilly or administratively adjudicated to have engaged to have engaged in the activities listed in question 12."

The agency has created the "A Blend of Good Talents and a Commitment for Diversity" brochure. The brochure is utilized as a general information resource guide. The brochure includes a section titled, "Background Investigations." This section informs the reader, "Employment with the Federal Bureau of Prisons is subject to satisfactory completion of a background investigation to determine suitability for employment as law enforcement official. Its scope includes law enforcement and criminal record checks, credit checks, inquiries with previous employers and persona references. Suitability determinations are based upon an individual's character or conduct that may affect how the agency accomplishes its duties or responsibilities."

Each candidate is required to complete Standard Form 85P prior to employment. The instructions page includes a section titled, "The Investigative Process." This section states, "Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation, even if you have previously indicated on applications or other forms that you do not want this."

The Auditor conducted an interview with the facility's Human Resource staff member. The Auditor was informed each candidate is required to complete the application prior to hiring and/or promotion. The Auditor asked if the facility considers acts or sexual misconduct prior to enlisting the services of a contractor. Each contractor is asked questions related to sexual misconduct prior to beginning services in the facility. The Human Resource staff member informed the Auditor each contractor is required to undergo a criminal background check prior to performing services in the facility. The Auditor asked if the facility provides information related to sexual abuse investigations and resignations to employers upon request. The Auditor was informed that information is sent to the Office of Internal Affairs (OIA). The OIA provides the information when the former employee completes and signs a release of information or if the request meets the requirements of the law enforcement exception, as identified in section 552a (b)(7) of the Privacy Act. During a candidate's pre-employment investigation, the agency requests information from a candidate's prior employer.

The Auditor conducted a review of employee/contractor background records. The Auditor randomly chose 15 employee and contractor records to review. A review of records reveals the agency performs a criminal background check through the National Crime Information Center (NCIC). Each person is required to enroll, complete and be cleared through the e-QIP (Electronic Questionnaires for Investigations Processing). The e-QIP is managed by the Office of Personnel Management (OPM). OPM tracks and sends current employees/contractor an email to enroll in the e-QIP every five years.

The Auditor conducted formal interviews with staff. Staff were asked if they were aware of the criminal background check process. Each staff was aware the agency conducts a criminal background check at least every five years. Staff were asked when they are asked specific questions related to sexual abuse and sexual harassment. Each staff member informed the Auditor they answer those questions before being hired. Higher level staff stated they were asked those questions prior to their promotion. Staff

were asked if they were aware the agency has a continuing requirement to disclose acts of sexual abuse and sexual harassment. Each was aware of the agency requirement.

The Auditor conducted formal interviews with contractors. Contractors were asked if they were aware the agency conducts a criminal background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they are asked those questions prior to performing services. Each stated they are required to sign a form denoting such information. Each contractor was aware they have a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

**Conclusion:**

The Auditor concluded FCI Morgantown is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's Program Statements, employee records, contractor records, Employment Application, and interviewed staff and contractors to determine the agency meets the requirements of this standard.

The Auditor identified the agency does not have a clear method of documenting the consideration of sexual harassment prior to hiring or promoting an employee. The Auditor recommends the agency consider adding "sexual harassment" to question 11 and 12 of the employment application. Adding language to the application would capture such prior to hiring and prior to a promotion as employees must complete an application prior to a promotional opportunity.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination



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

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

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

#### **Auditor Discussion:**

The Federal Bureau of Prisons policy is to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification to an existing facility. The policy stipulates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance their ability to protect offenders from sexual abuse.

Facility staff reported the Federal Bureau of Prisons has not acquired any new facility or planned any substantial expansion or modification of FCI Morgantown during this audit period.

#### **Evidence Relied Upon:**

Program Statement 5324.12  
Interviews with Staff  
Observations

#### **Analysis/Reasoning:**

The Federal Bureau of Prisons has not designed or acquired any new facility or planned any substantial expansion or modification of FCI Morgantown since its last PREA audit. FCI Morgantown has installed a video monitoring system since its last PREA audit.

The Auditor conducted an interview with the Warden and PREA Compliance Manager. Both are clear on the responsibility to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility. The Auditor was informed the FBOP PREA Coordinator is involved in the design, acquisition, and expansion of facilities. The PREA Coordinator and PREA Compliance Manager are also involved in the process for adding cameras and updating video monitoring systems in the FBOP facilities.

The Auditor observed camera placements throughout the facility while touring. The facility has added 20 additional cameras in the facility. The additional cameras aid the facility in the prevention, detection, and response to acts of sexual abuse. While touring the facility the Auditor observed camera placements.

**Conclusion:**

The Auditor conducted a review of the agency's Program Statement interviewed staff and made observations to determine the agency meets the requirements of this standard.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

### 115.21 (d)

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

### 115.21 (e)

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

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

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

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

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

#### **Auditor Discussion:**

The Federal Bureau of Prisons has a policy that requires all victims of sexual abuse have access to a forensic medical examination provided by a certified Sexual Abuse Nurse Examiner. The examination is provided at no cost to the victim. The agency's policy is to attempt to make available to the victim an advocate from a rape crisis center. The Program Statement states, "If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers." The victim advocate, qualified staff member, or qualified community-based organization member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. The agency requires the qualified staff member or community-based member is an individual who has been screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic examination issues in general.

FCI Morgantown is responsible for conducting administrative investigations. Criminal Investigations are conducted by the Federal Bureau of Investigation or the Office of the Inspector General. The Office of the Inspector General published a policy memorandum in July 2014 that outlines the office's protocol for sexual abuse evidence collection in confinement facilities. The Federal Bureau of Prisons' Program Statement stipulates the agency will follow a uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is required to be developmentally appropriate for youth and is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version.

#### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 22-23  
Program Statement – 6031.04 pg. 42-43  
OIG Policy Memorandum  
Memorandum of Understanding  
Federal Bureau of Investigation Domestic Investigations and Operations Guide  
Federal Bureau of Investigation Letter to Federal Bureau of Prisons Assistant Director  
Emails from Chief of Psychology Services  
Proposed Memorandum of Understanding  
DOJ/OIG PREA Training Curriculum  
Office of the Inspector General Email  
Training PowerPoint Presentation  
Training Lesson Plan  
Training Certificates

Staff Wallet Cards  
Interviews with Staff  
Interview with SANE  
Interview with Victim Advocate

**Analysis/Reasoning:**

The Auditor reviewed the agency's Program Statements. The agency has included the elements of this standard in its Program Statement. The Federal Bureau of Prisons conducts administrative investigations of sexual abuse and sexual harassment. Criminal investigations against an offender are conducted by the Federal Bureau of Investigation while criminal investigations against a staff member are conducted by the Office of the Inspector General. FCI Morgantown personnel are required to preserve any crime scene until the FBI or OIG Investigator arrives to collect or process physical evidence from the scene.

The Auditor reviewed a letter written by the Principal Deputy General Counsel addressed to the Federal Bureau of Prisons' Assistant Director of the Program Review Division. The letter verifies the Federal Bureau of Investigation compliance with standard 115.21 regarding the collection of evidence following a uniformed evidence protocol. The letter states, "I am pleased to confirm that FBI policy, training, and practice comply with the implementing regulations to the extent those regulations apply to the FBI." The Federal Bureau of Investigation has the legal authority to conduct criminal investigations in Federal Bureau of Prisons' facilities as the FBOP is a federal agency and facilities are located on federal property.

The Auditor reviewed emails from the Chief of Psychology Services from FCI Morgantown directed to the Rape and Domestic Violence Information Center in Morgantown, West Virginia. The Chief of Psychology Services sent emails to the center in 2019 and again in 2021 attempting to enter a Memorandum of Understanding for services to victims of sexual abuse. The most recent email included a proposed MOU. To date the facility has been unable to enter a MOU with the Rape Crisis Center.

The Auditor reviewed three training certificates of personnel. The agency has trained two Psychology Services staff and the facility's Chaplain to perform victim advocacy services to sexual abuse victims. Each attended a class titled, "Forensic Medical Exams: An Overview for Victim Advocates." The course was sponsored by the Bureau Learning University and created by the Competency Assessment Psychologist, Psychology Services Branch, Reentry Services Division (National PREA Coordinator). The Auditor reviewed the training curriculum utilized to train OIG Investigators. The curriculum includes evidence collection protocols as required in, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents (April 2013)."

The Auditor conducted a formal interview with one staff member who had been trained to provide victim advocacy services during a forensic examination. The representative confirmed the training provided by the agency. The Auditor asked if a representative has attended a forensic examination for an offender at FCI Morgantown. The advocate stated there has been no incident at FCI Morgantown requiring a forensic examination. The staff trained advocate stated if requested the advocate would also accompany the victim during investigatory interviews. The Auditor asked who contacts the advocate following a sexual abuse incident. The staff member stated either the investigator or Psychology Services make the notification. Emotional support services are provided at the hospital and on-site following an incident.

The Auditor conducted a formal interview with medical practitioners. Practitioners were asked if they conduct forensic examinations at the facility. The Auditor was informed forensic examinations are not

conducted by facility practitioners; victims are sent to the JW Ruby Memorial Hospital following an incident of sexual abuse. The Auditor asked each medical practitioner when the last victim was sent for a forensic examination. No medical practitioner was aware of an incident of sexual abuse occurring at the facility. The Auditor observed the contact information of the SANE at the hospital.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner from the local hospital. The SANE explained forensic examinations are conducted at the hospital. The SANE stated hospital personnel would not conduct an examination at the facility as there is no Memorandum of Understanding to do so. The SANE explained the process of the forensic examination and the services and tests offered at the time of the examination. The Auditor asked the SANE if a victim advocate is allowed to accompany the victim during the forensic examination. The SANE informed an advocate is allowed to accompany the victim if the victim requests the accompaniment. The SANE informed the Auditor no forensic examination has been performed on a victim from FCI Morgantown in the past 12 months.

The Auditor conducted a formal interview with a facility investigator. The Investigator was asked to explain the process when investigating allegations of sexual abuse. The Investigator stated as soon as it is determined an act of sexual abuse requires a forensic examination, arrangements are made to immediately transport the offender to the JW Ruby Memorial Hospital. The Auditor was informed criminal investigations of sexual abuse are conducted by the FBI if the allegation is against another offender. Allegations against a staff member are conducted by the Office of the Inspector General. The Auditor asked how evidence collection occurs at the facility. Investigators explained the Evidence Recovery Team (ERT) responds to scene and collects physical evidence. The ERT is specially trained facility staff. Those members have been trained in the agency's evidence collection process. Facility staff preserve the crime scene until the FBI or OIG Investigator arrives to process DNA and other evidence from the scene.

The Auditor asked the facility Investigator when the last time he investigated an allegation of sexual abuse at the facility. The Investigator stated he has not received an allegation of sexual abuse at the facility. The Auditor was informed by the Investigator all custody staff are issued a wallet card that includes first responder duties. The Auditor reviewed the wallet card. The card reminds staff to protect the crime scene and preserve any evidence when responding to an incident of sexual abuse.

The facility reported receiving no sexual abuse allegations during this audit cycle.

### **Conclusion:**

The Auditor made a recommendation for the facility to continue efforts to achieve a Memorandum of Understanding with a Rape Crisis Center for victim advocacy services and emotional support services for offender sexual abuse victims. The Auditor determined agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes trained victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the FBOP Program Statements, memorandums, letters, training curriculum, training records, and conducted interviews with staff, SANE, and facility trained victim advocate. The Auditor determined the agency meets the requirements of this standard.

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

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

### **Auditor Discussion:**

The Federal Bureau of Prisons policy requires all allegations of sexual abuse and sexual harassment are investigated and/or referred for administrative review or criminal prosecution. Criminal allegations of sexual abuse and sexual harassment are referred to the Office of the Inspector General or the Federal Bureau of Investigation. Each have the legal authority to conduct such investigations on federal property, including Federal Bureau of Prisons facilities.

The Program Statement includes, “The FBI has investigative responsibility for:

All violations of Title 18, (T18), United States Code (U.S.C.), Section 13 (Crimes on Government Reservations) (CGR), including the jurisdiction as defined in Section & (Special maritime and territorial jurisdiction of the United States defined), and

Criminal activities at Bureau facilities, to include hostage situations or similar incidents, under T18, U.S.C., Sections 1791 and 1792 (Irregularities in Federal Penal Institutions), and T18, U.S.C., Section 1203 (Hostage Taking).”

Allegations in the facility are initially investigated by a facility investigator who has received the required specialized training. When the Investigator determines a sexual abuse allegation requires the FBI or OIG to investigate, the Investigator notifies the Warden, FBI and/or OIG. All allegations of sexual abuse must be referred for investigation by the facility investigator, unless the facility investigator definitively determines the allegation is unfounded.

The facility investigator and staff are required to cooperate with the FBI and/or OIG investigator. FBI and OIG investigators are authorized to conduct investigations into criminal activity in Federal Bureau of Prisons facilities. The Federal Bureau of Investigation conducts criminal allegations made against offenders while the Office of the Inspector General investigators conduct criminal allegations made against personnel.

### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 43-45

Program Statement – 5508.02 pg. 2

Agency Memorandum

71 FR 54412 – Federal Register – Reporting Violations to the Office of the Inspector General and the Office of Professional Responsibility; Delegations of Authority

Memorandum of Understanding

Federal Bureau of Investigation Domestic Investigations and Operations Guide

Letter to Federal Bureau of Prisons Assistant Director

DOJ/OIG PREA Training Curriculum

Agency Website

Interviews with Staff

Interviews with Offenders

### **Analysis/Reasoning:**

The Auditor reviewed the Federal Bureau of Prisons' website. The FBOP website includes a link to access the agency's Sexually Abusive Behavior Prevention and Intervention Program policy. The public



can access the agency's policy on the website. The policy includes the agency's conduct of investigating allegations of sexual abuse and sexual harassment. The Office of the Inspector General conducts criminal investigations of sexual abuse against a staff member. The Federal Bureau of Investigation conducts criminal investigations of all sexual abuse, sexual battery, and sexual harassment against offenders.

The Auditor reviewed a Memorandum of Understanding between the Federal Bureau of Prisons and the Federal Bureau of Investigation. The memorandum stipulates, "The FBI shall assume primary investigative responsibility and jurisdiction once it has accepted a criminal matter for investigation." The FBOP is required to immediately notify the designated FBI representative of an alleged incident of sexual abuse. Incidents that are not accepted for investigation by the FBI are administratively investigated by the FBOP.

The Auditor reviewed Attorney General Order No. 2835-2006. The order clarifies the responsibilities of the Office of Professional Responsibility and the Office of the Inspector General. The order provides the legal authority to the Office of the Inspector General to conduct investigations and make arrests. The Office of Professional Responsibility has authority to investigate and refer allegations against employees for appropriate action.

The Auditor conducted a formal interview with a facility Sexual Abuse Investigator. The Auditor asked the Investigator to explain the process once an allegation appears to be criminal in nature. The Investigator stated either the FBI or OIG Investigator is notified immediately to conduct a criminal investigation. The referral to the FBI or OIG is documented by the Investigator. FCI Morgantown has one staff member who has received training to conduct administrative investigations in the facility. The agency has 253 trained investigators to conduct administrative investigations in FBOP facilities. There are no facility staff who have been trained and authorized to conduct criminal investigations in agency facilities.

The investigator explained the FBI and OIG has the legal authority to conduct investigations, arrest, and place criminal charges on staff and offenders at FCI Morgantown. The FBI and OIG reports to the facility when notified by the facility Investigator to conduct a criminal investigation. The FBI or OIG Investigator determines if the act is criminal and prosecutable. The Investigator explained the FBI or OIG consults with prosecutors. The facility Investigator halts all internal investigation efforts once the allegation has been referred to the FBI or OIG.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The Auditor discovered none had made an allegation of sexual abuse or sexual harassment in the facility. None had seen or heard of an incident of sexual abuse or sexual harassment occurring in the facility.

The facility reported no allegations of sexual abuse or sexual harassment were received within the previous 12 months. As such, there were no allegations referred to the FBI or OIG for criminal investigation or any administrative investigations conducted.

## **Conclusion:**

The Auditor concluded FCI Morgantown has procedures in place and staff understands the requirement to refer criminal allegations of sexual abuse to the FBI or OIG who maintains the legal authority to conduct criminal investigations in the facility. Facility staff understand to refer all allegations of sexual harassment to the facility investigator. After reviewing agency Program Statements, website, memorandums, training curriculum, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons policy stipulates employees receive the following training:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- Offenders' right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;

- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Agency policy requires training be tailored to the gender of the offenders at the employee's facility. Employees are provided additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. Policy requires the agency to document through employee signature or electronic verification that employees understand the training they have received.

#### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 13-14, 24-26  
PowerPoint Presentation  
DOJ/OIG PREA Training Curriculum  
Lesson Plan  
Training Records  
Acknowledgement Form  
Interviews with Staff  
Interviews with Offenders

#### **Analysis/Reasoning:**

The Auditor reviewed the agency's training curriculum utilized to train staff. The FBOP curriculum includes all training topics as bulleted above. The FBOP instructor teaches from the lesson plan and utilizes a PowerPoint presentation to train staff. Each new staff member is provided training during their orientation when they are initially hired and during the training academy. The facility provides PREA training to all staff annually. The training provided during the basic academy is not tailored to any gender as the agency houses male and female offenders. FCI Morgantown houses male offenders.

The facility reported there are 157 staff currently employed on the pre-audit questionnaire. The Auditor reviewed FCI Morgantown staff training records. Training records reveal all staff are provided the PREA training. The Auditor reviewed training records for the previous 12-month period. All staff had been provided training and signed an acknowledgement form. The agency's acknowledgement states, "In accordance with Program Statement 5324.XX, Sexually Abusive Behavior Prevention and Intervention Program, on this date, \_\_\_\_\_, I have received and understand the training conducted regarding the agency's sexual abuse and sexual harassment policies and procedures." The acknowledgement requires each staff member print and sign their name.

The Auditor conducted formal interviews with specialized and randomly selected staff. Each was asked about the training provided by the agency. All staff interviewed had been provided the training and informed the Auditor they receive training annually. The Auditor asked each to explain the topics provided by the agency during their annual training. Staff were able to articulate the above listed topics were provided during their trainings. The Auditor determined staff were knowledgeable and retained the information provided during the training.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The offenders interviewed articulated staff respond to incidents, take sexual abuse and sexual harassment seriously and had confidence in staff's abilities. The offenders' collective responses

allowed the Auditor to determine staff respond to the population as they have been appropriately trained to do. Most offenders interviewed stated staff can be trusted to maintain their information confidentially.

**Conclusion:**

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency Program Statements, training curriculum, training rosters, PowerPoint Presentation, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

### **Auditor Discussion:**

The Federal Bureau of Prisons policy requires all volunteers and contractors who have contact with offenders receive training regarding their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers is based on the services they provide and the level of contact they have with offenders. The policy requires all volunteers who have contact with offenders be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The policy requires documentation confirming each volunteer and contractor understands the training they received be maintained by the agency.

### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 26  
Training Curriculum  
PowerPoint Presentation  
Training Records  
Familiarization Final Exam  
Interview with Contractors

### **Analysis/Reasoning:**

The Auditor reviewed the agency's training curriculum utilized for volunteers, contractors, and interns. A PowerPoint Presentation is utilized to provide in-person training to each contractor and volunteer. The PowerPoint Presentation coincides with the training curriculum. The PowerPoint Presentation and trainer outline includes the following components:

- Overview/History of BOP and Institution; Employee Conduct and Responsibility, Code of Conduct, ACA Code of Ethics, Freedom of Information and Privacy Acts
- Sexually Abusive Behavior Prevention and Intervention Program (PREA)
- Correctional Services, Safety and Security Procedures and Drug Interdiction Training
- Information Security and Sensitive Information
- Chaplaincy Services Information and Procedures
- Communicating with Inmates
- Questions/Answers/Comments/Volunteer Evaluation/Closeout/Administrative Paperwork

Following training, contractors, volunteers, and interns are required to pass a written exam. The Auditor reviewed the ten-question exam. The exam includes one question related to sexual contact with offenders. Each contractor, volunteer and intern are required to sign a PREA Training Confirmation form. The form verifies completion of the training. The form requires volunteers, contractors, and interns sign acknowledgement of the following:

- "I have received training on my responsibilities, under the Federal Bureau of Prisons' sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures. I am aware and understand that Federal Bureau of Prisons' zero tolerance policy on sexual abuse and sexual harassment. I have been instructed how to report incidents of sexual abuse and sexual harassment."

The agency's contractor, volunteer, and intern training include the following:

- Prison Rape Elimination Act
- The Bureau's steps to reduce sexual abuse
- Definitions
- Professional Boundaries
- Dynamics of sexual abuse and sexual harassment in confinement
- Effective communications with offenders
- Duty to report

The facility reported six contractors and no volunteers currently authorized to perform services in the facility. The Auditor reviewed the training records of all contractors. The review of records reveals the facility is training contractors prior to enlisting their services. Each contractor had signed the PREA Training Confirmation form after completing the training. Volunteer services have been suspended due to COVID-19 restrictions in the facility. The Auditor reviewed the records of previously trained volunteers. Volunteer training records reveal the facility is training volunteers prior to performing services in the facility.

The Auditor conducted formal interviews with contract personnel. Each contractor interviewed verified they had been provided training related to the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The Auditor asked each specific questions related to the agency's Program Statement for reporting allegations of sexual abuse and sexual harassment. Each contractor understood their requirements for reporting allegations, information and knowledge related to such. Each was asked to explain their responsibilities under the FBOP policies related to sexual abuse. Each contractor provided responses that reveal they understand their rights and responsibilities according to the agency's Program Statement. All contractors were aware the FBOP maintains a zero-tolerance towards acts of sexual abuse and sexual harassment. The Auditor was informed contractors receive PREA training every year by the facility.

#### **Conclusion:**

The Auditor concluded the facility is appropriately training contractors and volunteers and staff ensures documentation of training is maintained. The Auditor determined through a review of agency Program Statements, training curriculum, PREA Training Confirmation form and interviewing contractors, the facility meets the requirements of this standard.

## **Standard 115.33: Inmate education**

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

#### **115.33 (a)**

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

#### **115.33 (b)**

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons policy requires offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Facility personnel are required to educate offenders upon transfer to a different facility to the extent that policies and procedures of the offender's new facility differs from those of the previous facility.

The agency's policy stipulates staff must document the offender has received a copy of the handouts and completed the institution's A & O Program. The A & O completion is documented on the A & O Checklist form and Unit A & O Checklist form. Policy requires the facility document the offender's receipt of orientation on the Intake Screening form.

Each facility is required to make arrangements for offenders that speak languages other than English or Spanish, and with offenders who are deaf, visually impaired, or otherwise disabled, as well as to offenders with limited reading skills, to receive training and materials in a language understood by the offender. The agency's Program Statement requires each offender will receive a comprehensive PREA training within 30 days of arrival. The agency utilizes the Admission and Orientation (A & O) Pamphlet and the PREA: What You Need to Know video to educate offenders. Offenders are required to acknowledge receipt of the training on the Admission and Orientation Program Checklist form.

The agency's Program Statement requires the A&O presentation include the following:

- Definitions of sexually abusive behavior and sexual harassment;
- Prevention strategies the inmate can take to minimize his/her risk of sexual victimization while in BOP custody;
- Methods of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, including reporting procedures directly to Regional Staff, if desired;
- Methods of reporting an incident of sexual harassment against oneself, and for reporting allegations of sexual harassment involving other inmates;
- Treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment;

- Monitoring, discipline, and prosecution of sexual perpetrators; and
- Notice that male and female staff routinely work and visit inmate housing areas.

Any facility that receives an offender from another FBOP facility is required to conduct the comprehensive education for offenders upon their arrival.

### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 26-27

Program Statement – 5290.14 pg. 10

Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders

Admission and Orientation Handbook

Admission and Orientation Program Checklists

Know Your Rights Video

Interviews with Staff

Interviews with Offenders

Observations

### **Analysis/Reasoning:**

The agency has created a Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet that includes sexual abuse and sexual harassment information for offenders. Each offender is provided the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet upon arrival at the facility. Staff ensure each offender watches the video titled, “PREA: What You Need to Know” and provide the initial education in person utilizing the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet during the admission and orientation process. Each offender signs the Admission and Orientation Program Checklists after receiving the information and education. The Auditor conducted a review of the agency’s Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet. The pamphlet includes the following sections:

- Zero-tolerance information
- Prevention methods
- What to do if feeling threatened
- What to do if sexually assaulted
- Reporting sexually abusive behavior
- Understanding the investigative process
- Counseling programs for victims
- Management programs for assailants
- Policy definitions
- Contact information of offices
- Third-party reporting link

The agency maintains the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet in English and Spanish.

The facility’s Unit Team conducts the education with all offenders within 30-days of their arrival. The Unit Team consists of a Unit Manager, Case Manager and Counselors. The team provides each offender the pamphlet and conducts an in-person education with the group of offenders. The team plays the PREA: What You Need to Know video during the education. The facility’s educational video is closed captioned in English and Spanish. Each offender is provided an opportunity to ask questions

during and after the conclusion of the educational session. A one-on-one session is conducted for any offender who cannot otherwise benefit from the information in a group setting. The team ensures each offender is provided information concerning their rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency's policies and procedures for responding to such incidents.

Each offender is provided an Offender Handbook upon arrival at FCI Morgantown. The Auditor reviewed the facility's Admission & Orientation Handbook. The handbook is maintained in English and Spanish. The facility's Admission & Orientation Handbook includes the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet.

Each offender is required to sign the agency's Admission and Orientation Program Checklist. The form is signed at the conclusion of the comprehensive education. The Admission and Orientation Program Checklist requires offenders date and sign the form next to each portion of the admission and orientation process. The form includes the following statement, "I have attended all classes of the A & O Program as listed above." The Sexual Abuse/Assault Prevention and Intervention is listed as an educational component on the checklist.

The Auditor reviewed the records of the offenders chosen for interviews and an additional 30 offender educational records. A review of 56 records revealed each offender signed for receipt of the information and comprehensive education on the Admission and Orientation Program Checklist. The comprehensive education was provided within 30-days of each offender's arrival. The Auditor was able to determine by a review of a relevant sample of offender records the offender population receives a comprehensive education. While interviewing offenders, the Auditor was informed they received the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet during the admission process. Each offender attended an admission and orientation. Each offender informed the Auditor they have seen information posted throughout the facility regarding sexual abuse and sexual harassment.

The Auditor conducted a formal interview with an offender who was identified as hard of hearing. The offender was able to read the written information provided during the admission process. The offender informed the Auditor he watched the video and could read the closed captioning on the video. The offender understood how to report allegations of sexual abuse. He was familiar with the agency's policies and procedures for prevention, detection and response to sexual abuse and sexual harassment. At the time of the audit there were no offenders identified as deaf housed in the facility.

The Auditor conducted a formal interview with a staff member that conducts the education with offenders. The staff member was asked to explain how offenders are educated on the agency's sexual abuse and sexual harassment policies. The staff member stated each offender is provided the pamphlet and an in-person educational session is conducted with the group of offenders within 30 days. The Unit Team conducts an admission and orientation every two weeks to ensure all new arrivals receive the comprehensive education. The comprehensive educational video is played to the group of arrivals during the educational session. The Auditor asked if offenders are provided an opportunity to ask questions. The staff member stated he allows each offender the opportunity to ask questions during and after the educational session.

The Auditor conducted a formal interview with a staff member who conducts the facility's risk screening. The staff member stated she provides each offender an opportunity to ask questions related to the agency's sexual abuse and sexual harassment policies and procedures. The staff member informed the Auditor offenders are provided an opportunity to ask questions related to the information and educational video after the education session. The Auditor asked how the facility ensures offenders

who may be cognitively challenged benefit from the facility's sexual abuse information and education. The Auditor was informed individual arrangements are made to ensure every offender, regardless of their disability understands the agency's policies and procedures related to sexual abuse and sexual harassment. The Auditor was informed translators are used for offenders who do not speak English or Spanish. If a translator is not available, the staff member uses the language line service.

At the time of the audit there were no offenders who were identified with a cognitive disability or as blind. The Auditor was informed PREA information is read to offenders who are visually impaired or blind. Blind and visually impaired offenders can benefit from the educational video through the audio. The Auditor was informed the agency contracts for telephonic language line services to interpret for offenders who do not speak English. The facility also utilizes facility interpreters or interpreters from another agency facility when needed. At the time of the audit there were no offenders identified as Limited English Proficient.

While touring the facility the Auditor observed key information readily available in the form of PREA posters and postings throughout the facility. Each offender is provided written information that is always accessible to the offender. The facility maintains PREA materials written in English and Spanish. During interviews with offenders the Auditor was informed they have seen the posted materials in their housing units and throughout various service areas in the facility.

### **Conclusion:**

The Auditor concluded the offender population at FCI Morgantown has been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed the agency's Program Statements, offender records, handbook, checklist, Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet, interviewed staff and offenders to determine the facility meets the requirements of this standard.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

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

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The agency requires all staff who conduct sexual abuse and sexual harassment investigations receive specialized training to conduct such investigations in confinement facility. Investigators are required to receive the general PREA training provided to all employees. The training required for those who conduct sexual abuse and sexual harassment investigations includes:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- Criteria and evidence required to substantiate a case for administrative action of prosecution referral.

The Chief of Correctional Services (Captain) is required by policy to ensure Special Investigative Supervisor and Special Investigative Agents receive the appropriate training. The same requirements apply to the Chief of the Office of Internal Affairs for personnel in his/her section.

**Evidence Relied Upon:**

Program Statement – 5324.12 pg. 1  
 PowerPoint Presentations  
 SIS/SIA Training Curriculum  
 DOJ/OIG PREA Training Curriculum  
 Form – BP-A0194  
 Federal Bureau of Investigation Domestic Investigations and Operations Guide  
 Letter to Federal Bureau of Prisons Assistant Director  
 Training Certificates  
 Training Records  
 Interviews with Investigator

**Analysis/Reasoning:**

The FBOP ensures all facility Investigators receive specialized training to conduct sexual abuse investigations in confinement settings. FCI Morgantown has one staff member who has received the specialized training. There are 253 agency-wide staff who have been trained to conduct administrative sexual abuse and sexual harassment investigations. The Auditor reviewed the training curriculum utilized to train agency investigators. The training developed for Investigators is titled, "Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting." The training was developed by the Moss Group, Inc. and sponsored by the National Institute of Corrections. Each agency investigator attends the on-line training prior to conducting administrative investigations.

The Auditor reviewed the Office of Internal Affairs training curriculum. The curriculum includes the training topics as bulleted above in this standard. The Auditor reviewed the Federal Bureau of Investigation Domestic Investigations and Operations Guide. The guide includes extensive information related to the bulleted topics above.

The Auditor reviewed the training records of the facility’s Investigator. The investigator had received specialized training for investigators. The facility maintains a training certificate in the Investigator’s training record. In addition, the training records revealed the investigator received the same training offered to all facility staff.

The Auditor conducted a formal interview of the facility’s Investigator. The Auditor asked the Investigator to explain the topics included in the specialized training he received. The Investigator articulated the topics as bulleted above in this standard. The Auditor asked the Investigator to explain the process utilized when conducting investigations. His response indicated the investigator has been appropriately trained to conduct sexual abuse investigations in confinement settings. The Investigator discussed interviewing techniques, Miranda and Garrity warnings, evidence collection and the criteria and evidence to support administrative and prosecutorial referral.

The facility reported there were no allegations of sexual abuse or sexual harassment received during this audit period.

**Conclusion:**

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of Program Statements, training curriculum, PowerPoint Presentations, training records, and conducted interviews with a facility investigator to determine the agency meets the requirements of this standard.

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

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

**115.35 (a)**

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

**115.35 (b)**

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

**115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

FBOP policy requires all full and part-time medical and mental health practitioners who work regularly in institutions receive specialized training in the following:

- 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment.

In addition to the specialized medical training, agency policy requires medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32 depending upon the practitioner's status at the agency.

Policy requires the Health Services Division ensures medical practitioners are appropriately trained and the Reentry Services Division ensures mental health practitioners are appropriately trained.



Medical practitioners at FCI Morgantown do not conduct forensic medical examinations. Forensic examinations occur at the JW Rudy Memorial Hospital.

**Evidence Relied Upon:**

Program Statement – 5324.12 pg. 28-29  
Specialized Training Curriculum  
Training Records  
Training Curriculum  
Interviews with Medical Practitioners  
Interview with Mental Health Practitioner

**Analysis/Reasoning:**

Medical and mental health services at FCI Morgantown are conducted by FBOP and contract personnel. All personnel in the medical and mental health department are required by agency policy to complete specialized training. The Auditor reviewed the training records indicating 34 medical and mental health practitioners have received the specialized training. The facility documents attendance in specialized medical training. In addition to the specialized medical training, the Auditor verified each medical and mental health practitioner working in the facility had been provided the training offered to all staff and/or contract personnel. Medical and mental health practitioners sign a training roster that denotes, “By signing below, I certify that I have watched all 6 mandatory PREA videos and/or read the video transcripts:...”

Each medical and mental health practitioner is required to attend and complete the PREA and Medical and Mental Health Care: Trauma-informed Approach and Why PREA Matters-Understanding Sexual Trauma in Custody. The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is provided the specialized training during their orientation and prior to performing services in the facility.

The Auditor conducted formal interviews with medical and mental health practitioners. Each practitioner informed the Auditor they had received specialized training and the training offered to all FBOP employees or contractors. The Auditor was informed the training was provided during their orientation training. The Auditor questioned each medical and mental health practitioner about the training topics as required by this standard. The Auditor asked medical practitioners to explain how medical staff treat victims while preserving physical evidence. Each explained they treat the victim’s life-threatening injuries while preserving any evidence in the process. Each explained if there are no life-threatening injuries the nurse will obtain vital sign and obtain as much information as possible from the victim while waiting transportation to the hospital. The Auditor verified each medical and mental health practitioner has been educated regarding the requirements of this standard. The Auditor was informed medical and mental health personnel are required to attend regular in-service training on an annual basis. The in-service includes a review of the agency's policies and procedures towards sexual abuse and sexual harassment.

The Auditor was informed by medical and mental health professionals they are required to report all knowledge, suspicions or information related to sexual abuse, unless the abuse occurred in a community setting. Each medical professional informed the Auditor they have been trained how to communicate with victims while treating or assessing the victim. The Auditor asked if they had been trained to recognize the signs and symptoms of sexual abuse when they are treating an offender who

may have been sent to health services for other reasons. Each stated they have been trained and look for signs and symptoms while treating offenders.

Medical practitioners at FCI Morgantown do not conduct forensic examinations. Forensic examinations are performed by a Sexual Abuse Nurse Examiner at the JW Ruby Memorial Hospital.

**Conclusion:**

The Auditor concluded medical and mental health professionals at FCI Morgantown have been appropriately trained on the topics as required by this standard. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all FBOP staff and/or contract personnel. The auditor conducted a review of FBOP Program Statements, training curriculum, training records and interviewed medical and mental health practitioners and determined the facility meets the requirements of this standard.

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

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

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

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

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

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

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

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

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

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

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The agency's policy requires within 72 hours of arrival a classification assessment will be completed for each new offender entering the Federal Bureau of Prisons. Policy requires the assessment be conducted utilizing an objective screening instrument. The classification assessment includes a review of the following factors:

- Whether the offender has a mental, physical, or developmental disability;
- The age of the offender;
- The physical build of the offender;
- Whether the offender has previously been incarcerated;
- Whether the offender's criminal history is exclusively nonviolent;
- Whether the offender has prior convictions for sex offenses against an adult or child;
- Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the offender has previously experienced sexual victimization;
- The offender's own perception of vulnerability; and
- Whether the offender is detained solely for civil immigration purposes.

Policy requires the initial assessment consider prior acts of sexual abuse, prior convictions for violent offenders, and history of prior institutional violence or sexual abuse, as known to the agency when assessing offenders for their risk of being sexually abusive.

Within 30 days of an offender's arrival, staff are required to reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the offender's intake screening. The agency also requires an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The agency prohibits offenders from being disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the classification assessment interview.

The FBOP has a policy to ensure sensitive information is not exploited to the offender's detriment by staff or other offenders. Policy stipulates, "Any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments."

Risk assessments during the intake process are conducted by the Unit Team. The Unit Team consists of Case Managers, Counselors and Unit Managers. The Unit Team attempts to identify offenders who may be at risk of sexual victimization and those who may be at risk for perpetrating sexual abuse. The Unit Team refers offenders identified as such to Psychology Services.

#### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 29-35, 49  
Memorandum for Wardens  
Intake Screening Form  
PREA Intake Objective Screening Instrument Instructions  
Individualized Needs Plan – Initial Classification  
Offender Records  
Interviews with Staff  
Interviews with Offenders

## Analysis/Reasoning:

The agency uses an objective risk assessment titled, "PREA Intake Objective Screening Instrument." The screening instrument includes instructions for the screener to assist in determining the level of risk of victimization and/or abusiveness. The risk screening instrument is utilized in conjunction with the Intake Screening Form. The Auditor observed the following considerations on the agency's PREA Intake Objective Screening Instrument:

- Mental, medical, and developmental disabilities
- Age of the offender
- Physical stature
- Criminal history, including exclusively non-violent history
- Prior convictions for sex offenses against adults or children
- Previous experiences of sexual victimization
- Offender's own perception of vulnerability
- Sexual orientation, including gay, lesbian, bisexual, transgender, and intersex
- Solely housed under civil immigration detention

In addition, the agency's screening tool considers the following:

- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of prior institutional violence or sexual abuse

The Intake Screening Form includes an "Interviewer Comments" section. If the interviewer determines a perception of the offender as being gay, bisexual, lesbian, transgender or intersex, the interviewer includes those perceptions as comments.

Each offender who enters the Federal Bureau of Prisons is screened by a staff member upon admission. The staff member questions the offender utilizing the agency's Intake Screening Form. All answers are documented in paper form and scanned into the offender's record. The risk screening occurs within one hour of arrival at FCI Morgantown. All offenders are classified within 72 hours of arrival at the facility.

The Auditor conducted a formal interview with a staff member responsible for conducting the risk screening. The staff member conducts the risk screening of each offender in a private area. The screening is conducted in a manner so other staff and offenders cannot hear the answers provided by the offender being screened. The Auditor asked the staff member how long after arrival does he conduct the risk screening. The staff member meets with the offender within an hour of arrival. The Auditor asked if any reassessments are conducted of offenders. The staff member informed the Auditor the Unit Team conducts a reassessment within 30 days of the offender's arrival. The staff member explained a reassessment is conducted when in receipt of a referral, request, and after an incident of sexual abuse. The Unit Team documents the reassessment on the Individualized Needs Plan – Initial Classification. The Individualized Needs Plan – Initial Classification includes a section titled, "PREA risk factors have been reassessed." The team documents reassessment finding in this section.

The Auditor asked the staff member to explain what he does if an offender refuses to answer the assessment questions. The staff member stated he uses his professional judgement to make decisions. The Auditor asked the staff member if he disciplines an offender for refusing to answer the questions. The staff member stated he does not discipline offenders for refusal to answer. The Auditor was

informed the FBOP policy prohibits the disciplining of an offender for refusing to answer questions related to the PREA questions.

The Auditor reviewed a memorandum directed to Wardens written by the Assistant Director of Reentry Services Division. The memorandum was written in September 2014 and provides additional guidance for facilities to follow. The memorandum explains staff are to record offenders' responses on the Intake Screening Form that include whether the offender refused to respond, elected not to disclose, or provided any other information in response to the questions. The memorandum reminds Wardens that offenders may not be disciplined for refusing to respond or electing not to disclose information related to the questions.

The Auditor conducted a review of 26 offender risk screenings and reassessments. Each offender's record included a completed Intake Screening Form and Individualized Needs Plan – Initial Classification. Each offender had been appropriately screened within 72 hours of their arrival at FCI Morgantown. Each offender had been reassessed for their level of risk of victimization and abusiveness within 30 days of arrival at the facility. A review of records revealed offenders who identified as gay, reported a disability, and offenders who reported previously suffering sexual victimization.

Further review revealed each offender that reported suffering sexual victimization was offered a follow-up meeting with a mental health practitioner within 14 days of arrival. The Psychology Services personnel screen all new arrivals at the facility. The Intake Screening Form requires the staff member notate the notification for Psychology Services. The form requires the offender not be released to general population until seen by Psychology Services.

The Auditor conducted formal interviews with randomly selected staff. Staff were asked if they had access to the information obtained from the risk screening conducted during the intake process. All randomly selected staff informed the Auditor their access to offender information is limited by position. General staff are unable to see the offender's answers on the Intake Screening Form. The Auditor was informed each staff member is provided a unique username and password. The agency limits staff access based upon their position in the agency. Information obtained from the Intake Screening Form is limited to those who inform housing, bed, work, education, and programming decisions.

The Auditor conducted formal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the intake process. Offenders stated they had been asked such questions during the intake process. The Auditor asked each offender if anyone at the facility had asked them the same questions after being booked into the facility. Some offenders stated they were asked the same questions during while meeting with Psychology Services. The Auditor was informed the questions were asked in a private setting.

At the time of the Audit there were no offenders detained solely for immigration purposes.

### **Conclusion:**

The agency's staff is attempting to discover the level of risk of sexual victimization or sexual abusiveness of offenders during the intake process and within 30 days of an offender's arrival based upon additional information, incidents, and referrals. The Auditor reviewed the agency's Program Statements, offender records, screening instrument, and interviewed staff and offenders to determine the facility meets the requirements of this standard.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)



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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Auditor Discussion:**

The policy of the FBOP is to use information from the offender's risk assessment to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility's Unit Management is required to review classification options of each offender identified at risk of sexual victimization and sexual abusiveness to ensure those offenders identified at risk of being sexually victimized are separated from those at risk of being sexually abusive. Classification options available by agency policy include:

- Transfer to a special treatment program
- Transfer to a greater or lesser security facility
- Application of a PSF
- Changes in housing units
- Cell assignments
- Work assignments
- Education assignments

Agency staff are required to make individualized determinations about how to ensure the safety of each offender. Policy requires the agency consider on a case-by-case basis whether an assignment of a transgender or intersex offender to a facility for males or females would ensure the offender's health and safety, and whether the assignment would present management or security problems. The decision to assign a transgender or intersex offender to a male or female facility is accomplished at the Designation and Sentence Computation Center and are reviewed by the Transgender Executive Council.

Agency staff are required to seriously consider a transgender and intersex offender's own view with respect to their safety. Facility placement and programming assignments are reviewed at least twice each year for any threats to safety experienced by transgender and intersex offenders. Policy requires each transgender and intersex offender is provided the opportunity to shower separately from other offenders in FBOP facilities. The agency prohibits placing lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, housing units, or wings solely on the basis of such identification or status.

### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 24, 26, 33  
CIM Clearance and Separatee Data  
Offender Records  
Interviews with Staff  
Interviews with Offenders

### **Analysis/Reasoning:**

The agency uses a Transgender Executive Council (TEC). The TEC reviews the initial designations and transfers of transgender and intersex offenders. The review is documented in the CIM Clearance and Separatee Data information. The TEC reviews each transgender and intersex offender's placement on a case-by-case basis. The TEC reviews the offender's record to ensure the offender's health and safety are not jeopardized and management or security problems would not be present when making a facility housing determination.

The Auditor reviewed offender classification records. Of the records reviewed there were two offenders who identified as gay, none perceived by staff to be gay, lesbian, bisexual, transgender, or intersex, and none who identified as transgender or intersex. The classification records reveal facility staff made individualized considerations when determining their housing, bed, work, and other assignments to ensure each offender is maintained safely in the facility. The assessment form considers an offender's own views of safety when determining assignments. A review of records identified no offender reported feeling vulnerable to sexual victimization. The Auditor observed staff is utilizing information obtained from the risk screening to assign facility housing, bed, and work assignments to ensure those offenders are protected from sexual abuse. The Unit Team ensures offenders identified at risk of victimization are not placed in a program, education, or work assignment with those identified as potential abusers.

The Auditor reviewed agency CIM Clearance and Separatee Data. Data reveals each transgender and intersex offender is referred to the Transgender Executive Council for consideration. The data reveals the Transgender Executive Council approved offenders for their assigned male/female facility. The TEC individually considers each transgender and intersex offender's classification assignments.

Staff considers an offenders own perceptions of their safety before making housing, programming, education, and work assignments. The Intake Screening Form includes a comment section where the interviewer documents his/her own perceptions of the offender. The Auditor conducted a formal interview with offenders who identified as gay. Each were asked if they had been housed in a unit that is designated for gay offenders. Each offender informed the Auditor they were not housed in a dedicated housing unit.

The Auditor formally interviewed a facility Unit Manager. The Unit Manager was asked to discuss the classification process with transgender and intersex offenders. The Auditor asked if the Unit Manager considers a transgender/intersex offenders own perception regarding their safety in the facility. The Unit Manager informed the Auditor the screening form requires the offender be asked about their own perception regarding safety. The Auditor asked the Unit Manager how often transgender and intersex offenders housing and placement assignments are reviewed. The Auditor was informed the reviews are conducted at least every six months to discuss their placement status. The reviews are documented in the offender's record.

The Auditor observed housing units in the facility during a detailed tour. While touring, the Auditor observed all shower and restroom areas. Transgender and intersex offenders have the opportunity to shower separately from other offenders. All offenders have the ability to shower, change clothes and use the restroom without staff of the opposite gender seeing them fully naked. Each housing unit has individual shower stalls.

At the time of the audit there were no offenders housed at FCI Morgantown who identified as transgender or intersex. The facility reported no offender has self-identified as transgender or intersex during this audit period.

At the time of the audit FCI Morgantown was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders.

## Conclusion:

The Auditor concluded staff are making individualized determinations when assigning housing, bed, work, programming, and education assignments to offenders. The agency has appropriate policies, procedures, and practices in place to protect those identified at high risk of victimization. Transgender and intersex offenders can shower separately from other offenders. The Auditor conducted a thorough review of Program Statements, offender records, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

### 115.43 (c)

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

### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons prohibits placing offenders 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, and a determination has been made that there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. The facility's Warden is responsible for ensuring all options are considered by completing, signing, and dating the Safeguarding of Inmates Alleging Sexual

Abuse/Assault Allegation form and evaluating the least restrictive methods for separation of the alleged victim and alleged perpetrator.

Agency policy requires programs, privileges, education, and work opportunities, to the extent possible, for offenders placed in involuntary special housing for the protection from sexual abuse. If opportunities of such are limited, the Chief of Correctional Services (Captain) is required to ensure documentation exists reflecting the limitation, duration, and rationale for limitation.

Personnel may place offenders in involuntary special housing only until an alternative means of separation from likely abuse can be arranged. The agency stipulates the assignment will not ordinarily exceed 30 days.

The agency has appropriate controls of the information obtained in the risk assessment. Policy states, "The completed BP-A1002 is stamped "FOI EXEMPT" and placed in the Privacy Section of the Inmate Central File to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates."

### **Evidence Relied Upon:**

Program Statement – 5324.12 pg. 33-34  
Offender Records  
Interviews with Staff  
Interviews with Offenders

### **Analysis/Reasoning:**

The facility reported no offender was placed in involuntary segregated housing for protection as a result of being identified as high risk of sexual victimization. The Auditor reviewed housing and classification records and discovered no evidence an offender had been identified at high risk of sexual victimization and placed in involuntary segregated housing as a result of such identification.

The Auditor conducted formal interviews with a facility Unit Manager and Department Heads. The Auditor discussed the process of placing an offender identified at high risk of sexual victimization in involuntary segregated housing. Staff informed the Auditor the facility does not place offenders identified at high risk of sexual victimization in segregated housing unless there are no other alternatives available. Facility staff reported they utilize other housing options to safely house those offenders. The Auditor questioned staff to gain an understanding of the policies in the event involuntary segregated housing is utilized for such purpose. The Auditor was informed an immediate assessment is conducted to view available housing alternatives prior to placing the offender in segregated housing.

When an offender is involuntarily placed in the Segregated Housing Unit for protection from sexual abuse, facility staff are required to complete an immediate assessment and document the assessment. The assessment is made to determine if other available housing measures can be taken while ensuring the protection of the offender. Staff are required to document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged when an offender is involuntarily placed in the Segregated Housing Unit.

The Auditor conducted formal interviews with Department Heads and Unit Managers. Each was asked how they avoid placing an offender at high risk of sexual victimization in the Segregated Housing Unit. The Auditor was informed the facility has multiple housing units available for their placement. The Auditor asked what happens when the offender cannot be housed in any other housing unit. Any offender requiring protective custody can be transported to another facility. Unit Managers were asked

if they had the ability to transfer an offender to another facility. Each stated if needed they would recommend a transfer to the Warden. The Auditor asked the facility Warden how difficult it is to transfer an offender. The Warden stated he can transfer an offender if there is a legitimate need to request a transfer.

Each Department Head was asked if an offender is involuntarily placed in the Segregated Housing Unit receives opportunities to attend programs, education, work and/or receive other privileges. The Auditor was informed offenders in the Special Housing Unit are not denied access to such. Offenders in segregated housing are provided privileges, education, work, and programming to the extent allowable, consistent with security needs. The Unit Manager informed the Auditor a review is conducted of each offender in the Segregated Housing Unit each week. Any restrictions to an offender's access to programs, education, work, or other privileges would be documented in the offender's record, if determined. The Auditor asked Department Heads and the Unit Manager when the last time an offender was placed in involuntary segregated housing for the protection from sexual abuse. The Auditor was informed the facility has not placed an offender in involuntary segregated housing for such reason.

The Auditor conducted a formal interview with an officer who supervises offenders in the Segregated Housing Unit. The officer was asked if offenders in the Special Housing Unit receive access to programs, privileges, work, and education. The Auditor was informed privileges, programs, work, and education opportunities are available in the Segregated Housing Unit. The officer was asked how staff working the unit are made aware of restrictions if restrictions were placed on any offender in segregated housing. The Auditor was informed the facility does not deny offenders such. If a denial of services were determined the denial would be documented in the offender's file and the unit staff would be made aware of the denial. The Auditor asked the officer if there has been an offender involuntarily housed in segregated housing who had been placed in the unit for protection from sexual abuse. The officer stated there has been no offender placed in segregated housing for protection from sexual abuse.

The Auditor conducted a detailed tour of the facility. Observations were made of all offender housing units. The Auditor observed numerous areas which can house offenders to ensure those identified at high risk of sexual victimization are protected from sexual abusers and without placing the offender in involuntary segregated housing.

The Auditor conducted formal interviews with offenders who self-identified as gay and offenders who reported suffering sexual abuse upon their intake process. Each offender interviewed was asked if they had been placed in segregated housing as a result of their identification status or notification of previous victimization. None had been housed in segregated housing as a result.

The Auditor conducted a review of 26 offender records. A review of records revealed none had been placed in involuntary segregated housing for protection from sexual abuse. Interviews with randomly selected offenders revealed none had been placed in segregated housing against their will to protect them from sexual abuse.

At the time of the audit there were no offenders who self-identified as transgender or intersex housed in the facility.

### **Conclusion:**

The facility has appropriate procedures in place to ensure offenders identified at high risk of sexual victimization who are placed in involuntary segregated housing receive appropriate placement, reviews, and other privileges. The Auditor reviewed FBOP Program Statements, offender records, made

observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency encourages offenders to report allegations to staff at all levels, including local, regional and Central Office. Other agency reporting avenues include, telephonically to a specific department (such as the Special Investigative Services), or by mail to an outside entity.

The agency policy allows offenders to privately report sexual abuse and sexual harassment to a public or private entity or office that is not part of the agency. The agency provides offenders the contact information and access to the Office of the Inspector General to make allegations of sexual abuse and sexual harassment. The Office of the Inspector General is able to immediately forward allegations to the agency. The Office of the Inspector General allows offenders to remain anonymous upon their request.

The Federal Bureau of Prisons requires staff to accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and requires staff promptly document verbal reports. The agency's policy stipulates staff can privately report sexual abuse and sexual harassment of offenders by contacting any supervisory staff at the local institution, regional staff, or Central Office staff, including Regional PREA Coordinators and the National PREA Coordinator. Any allegations involving staff member can be privately reported to the Office of Internal Affairs or the Office of the Inspector General, as appropriate.

### Evidence Relied Upon:

Program Statement 5324.12 pg. 35  
Program Statement 3420.11 pg. 4-6  
Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders  
Interviews with Staff  
Interviews with Offenders  
Observations

## Analysis/Reasoning:

The Auditor reviewed the agency's Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet. Each offender is provided a copy of the pamphlet during their admission and orientation. The pamphlet includes a section informing offenders how to report allegations of sexually abusive behavior. Offenders are provided the following options:

- Tell a staff member
- Write directly to the Warden, Regional Director or Director
- File an Administrative Remedy
- Write the Office of the Inspector General (address provided)
- Email the Office of the Inspector General (directions included)
- Third-party reporting (link provided)

The Office of Internal Affairs accepts reports made by staff and offenders. Offenders and staff can privately report allegations to the OIA. When receiving an allegation, the Office of Internal Affairs immediately notifies the agency of the allegation. Offenders are informed the OIG monitors the phone during normal business hours, Monday- Friday. The written information informs offenders the OIG reporting number is not a 24-hour hotline. Offenders are informed to notify staff for immediate assistance.

The Auditor participated in a detailed tour of FCI Morgantown. The tour included all offender housing units and support areas. Observations were made of posters and postings throughout the facility that inform offenders about the agency's zero-tolerance to sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment. The postings include the agency's available hotline number to the Office of the Inspector General. Offenders are not required to input a designated PIN number to dial the hotline number. This ensures offenders can remain anonymous upon request. The Auditor observed the agency's TRULINCS system. Offenders are able to email staff directly from the housing units to report an allegation. Each housing unit had a TRULINCS system installed. Offenders can also email the Office of the Inspector General from the TRULINCS.

The Auditor reviewed staff training records. The agency's training includes the reporting avenues available to the offender population. All staff are provided the training in orientation, during the Correctional Officer Basic Course and during annual in-service training. Staff are informed of their avenue for privately reporting allegations of sexual abuse and sexual harassment in the agency's Program Statement. Staff may privately report by contacting any supervisory staff at the local institution, regional staff, or Central Office staff, including the Regional PREA Coordinators and the National PREA Coordinator. The Program Statement informs staff may also report an allegation involving a staff member to the Office of Internal Affairs or the Office of the Inspector General, as appropriate.

The Auditor reviewed the Federal Bureau of Prisons website. The website includes a link to access its policies and reporting avenues. The public has access to file an allegation on behalf of an offender on the FBOP website. The public is informed to write to the Office of Internal Affairs or the National PREA Coordinator. The website provides the address to each office. The website provides specific instruction regarding the information to include in the allegation.

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any, and all reports of sexual abuse, sexual harassment, retaliation, and staff neglect. Staff informed the Auditor they are required to accept such reports. Staff stated they are

required to report allegations immediately to the Operations Lieutenant and include the information on memorandum. Each staff member was asked how they would privately report an allegation. The Auditor was informed staff would speak privately with a supervisor, use the reporting hotline, or speak privately with the investigator.

The Auditor conducted formal interviews with randomly chosen and specifically targeted offenders. Offenders were asked to explain how they would report an allegation of sexual abuse, sexual harassment, retaliation, or staff neglect. Most offenders informed the Auditor they would report an allegation verbally to a staff member. Most offenders stated they are confident in staff's ability to maintain their information confidentially and are confident staff would handle an allegation appropriately. The offenders understand the available reporting avenues and are aware of the hotline, anonymous reporting, and third-party reporting. Offenders understand they could make an allegation through the administrative remedy process.

The Auditor conducted formal interviews with facility contractors. The Auditor asked each if they were required to report any knowledge, suspicion, or information regarding an act of sexual abuse or sexual harassment. Each informed the Auditor they are required to immediately report such to the Operations Lieutenant. When asked if they are required to document the information, each stated they would be required to write a memorandum.

The facility received no allegations of sexual abuse or sexual harassment during this audit period. There were no staff members who privately reported an allegation of sexual abuse or sexual harassment against an offender or another staff member during this audit period.

At the time of the Auditor there were no offenders detained solely for civil immigration purposes.

### **Conclusion:**

The Federal Bureau of Prisons provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment. The facility requires staff accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's Program Statements, Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet, Website, postings, made observations, interviewed staff and offenders, and determined the facility meets the requirements of this standard.

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

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

#### **115.52 (a)**

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

#### **115.52 (b)**

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### **Auditor Discussion:**

The Federal Bureau of Prisons is not exempt from this standard as it maintains procedures to address offender grievances alleging sexual abuse. Agency policy does not impose a time limit on any portion of a grievance alleging sexual abuse and does not impose a time limit when an offender may file a grievance alleging sexual abuse. The agency does apply time limits to any portion of a grievance that does not allege and incident of sexual abuse. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or participate in any process which requires interaction with the alleged staff perpetrator. Policy states, "an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint." Any matters in which a specific staff member's involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision. These allegations are referred to the Office of Internal Affairs.

The agency's policy allows offenders to consider the expiration of a time limit at any stage of the process as a denial and qualifies the grievance for appeal to the next level of review. The policy requires 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. Any time consumed by the offender in the course of an administrative appeal will not be deducted from the 90-day response period. Policy allows the agency to claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. If the agency grants an extension the offender is notified in writing of the extension and a date by which a decision will be made. Offenders can consider the absence of a response during any level of the administrative process to be a denial at that level

The agency allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing offender grievances relating to allegations of sexual abuse and allows the third party to file such requests on behalf of offenders. The agency requires, as a condition of processing the request, the alleged victim agree to have the request filed on his or her behalf and requires the alleged victim to personally pursue any subsequent steps in the process. If the offender declines to have the request processed on his or her behalf, the facility is required to document the decision.

The agency's policy requires grievances alleging a substantial risk of imminent sexual abuse will receive expedited processing. The grievance is immediately forwarded to a level of review at which immediate corrective action may be taken. The offender must be provided an initial response within 48 hours and shall receive a final decision within five calendar days. Both the initial and final responses must include documentation of the agency's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy allows the disciplining of an offender for filing a grievance related to an allegation of sexual abuse only when the agency can demonstrate the offender filed the grievance in bad faith.

### **Evidence Relied Upon:**

**Analysis/Reasoning:**

The Auditor reviewed the agency's, Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet. The pamphlet includes a section regarding the submission of an administrative remedy. Offenders are informed they can file a Request for Administrative Remedy if they determine their complaint is too sensitive to file with the Warden. Offenders can file the remedy directly to the Regional Director. The pamphlet informs offenders they can get the form directly from their assigned counselor or other unit staff.

The Auditor conducted formal interviews with offenders. Offenders were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Most offenders asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Offenders were aware they could make an allegation of sexual abuse anonymously. None of the offenders interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse. Each offender informed the Auditor they received the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet upon their arrival.

The Auditor conducted interviews with facility staff. Staff were asked if offenders could submit an administrative remedy alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware offenders could file such remedies. Department Heads interviewed by the Auditor explained their responsibilities in responding to administrative remedies alleging an imminent risk of sexual abuse. Department Heads informed the Auditor they take immediate action to ensure the safety of the offender. The offender alleging a risk of sexual abuse would be removed from the potential abuser while an immediate investigation takes place to determine if the offender is at risk. The Auditor was informed the offender is provided an initial response within 48 hours and a final response within 5 calendar days. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the actions taken in response to the emergency administrative remedy. The agency's Program Statement requires the offender clearly mark "emergency" and explain the reason for filing as an emergency remedy.

The Auditor discussed disciplining an offender who has submitted an emergency administrative remedy alleging sexual abuse in bad faith with the PREA Compliance Manager (IPCM). The IPCM informed the Auditor the facility is authorized to discipline an offender for making an allegation in bad faith. The agency's policy states, "Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy."

The Auditor reviewed the agency's Inmate Discipline Program policy. Offenders can be formally charged with a "313 Lying or providing a false statement to a staff member." The offender would be given the opportunity to attend a disciplinary hearing to provide evidence and make a statement. The offender is given the option for a representative and to call witnesses during the formal discipline hearing. After a decision is rendered, the offender has the right to appeal the decision.

FCI Morgantown reported no offender submitted a grievance alleging sexual abuse or an imminent risk of sexual abuse during this audit period.

## Conclusion:

The Auditor determined the FBOP has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's Program Statement, Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



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

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

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

#### **Auditor Discussion:**

The Federal Bureau of Prisons policy states, "The Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse." Staff are required to document the attempt if an agreement is not feasible. Offenders must be provided mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility is required by the agency to enable reasonable communications between offenders and these organizations and agencies, in as confidential a manner as possible.

Facilities are required to inform offenders 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.

The agency policy stipulates, "'Confidential' communications under this section are distinguished from privileged communications, such as in attorney-client relationship. Communications are monitored in a manner consistent with agency security practices, and should be addressed in any memorandum of understanding with the outside victim advocacy organization."

#### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 36  
Facility Emails  
Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders  
Admission and Orientation Program Checklist  
Interviews with Staff  
Interviews with Offenders

#### **Analysis/Reasoning:**

The Auditor reviewed emails sent by the Chief of Psychology Services. Emails were sent to the West Virginia Foundation for Rape Information and Services (WVFRIS). The WVFRIS is a state sexual assault coalition. The Chief of Psychology Services sent an email in November 2019 and again in March 2021. The Chief of Psychology Services received an email regarding a meeting with the Rape and Domestic Violence Information Center (RDVIC) in Morgantown, WV. To date, a meeting has not

been held. The Auditor reviewed an agreement that was attached to the emails. The proposed agreement requires the coalition:

- Provide to BOP a list of persons authorized to act as the point of contact to implement this Agreement and develop additional operational details.
- Provide to BOP contact information for the inmate population so that inmates may contact [COALITION] if they wish to receive support or advocacy services related to sexual abuse.
- In the event [COALITION] is unable to provide ongoing services, [COALITION] will also advise inmate victims of other available advocacy services, to include BOP Psychology Services Department staff and/or through other advocacy services via mail.
- Provide at least one [COALITION] staff member, who meets the clearance process for Volunteers as outlined in BOP policy, including receiving BOP Volunteer training, to provide inmates support services related to sexual violence, including hospital accompaniment for an inmate victim during the forensic medical examination process, investigatory interviews, and follow-up crisis counseling on request of the inmate victim. The number of counseling sessions provided for each requesting inmate victim will be determined primarily by the rape crisis personnel, who will consult with the institution's Psychology Services Department as needed, without breaching the confidentiality of their communications with the inmate victims. Inmate victims can request counseling sessions with [COALITION] through the Institution PREA Compliance Manager or any other staff member, and those requests will be forwarded to the Psychology Services Department so sessions can be scheduled.
- Ensure that [COALITION] personnel attend the required BOP volunteer training and communicate with the appropriate BOP facility to request the certified volunteer training when additional [COALITION] personnel need training.
- Work with BOP facilities to obtain necessary security clearances for [COALITION] personnel and follow all facility guidelines for safety and security identified in the certified volunteer training.
- Provide information concerning scope of [COALITION] services, and confidentiality requirements to Institution PREA Compliance Manager. Though rape crisis personnel may be classified as volunteers for the purposes of training and facility procedures, due to confidentiality requirements, they are not mandated reporters of sexual abuse and sexual harassment.
- Communicate any questions or concerns to the Institution PREA Coordinator at mutually agreed upon regularly scheduled meetings, or through telephone calls as needed.
- Provide inmate victims that receive counseling from [COALITION] with post-release services or referrals as needed and requested by inmates. Provide inmate victims from other geographical areas with information about national sexual abuse resources or resources in their own communities.

To date, the facility has been unable to enter into an agreement with the local rape crisis center. The facility provides each offender a Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet upon arrival. The pamphlet informs offenders, "Most people need help to recover from the emotional effects of sexually abusive behavior. If you are the victim of sexually abusive behavior, whether recent or in the past, you may seek counseling and/or advice from a psychologist or chaplain. Crisis counseling, coping skills, suicide prevention, mental health counseling, and spiritual counseling are all available to you."

Each offender signs an Admission and Orientation Program Checklist during their admission and orientation process. The Auditor reviewed the Admission and Orientation Program Checklist of 56 offenders. Each offender had signed the checklist verifying they received the written information.

The Auditor conducted formal interviews with offenders who reported suffering sexual victimization in the community. Each was asked if they were aware of confidential support services. Most offenders who had been victimized are aware of confidential supportive services available in the community. The Auditor asked each if they knew how to access services in the facility. Each offender understands supportive services are provided by Psychology Services. Each offender had met with Psychology Services. Offenders were asked if they were provided information upon their arrival during the admission and orientation process. Each stated they had been provided written information upon arrival. The Auditor asked if they had watched a video regarding sexual abuse and sexual harassment. Offenders informed they had watched the video. The Auditor asked randomly selected offenders if they were aware of confidential supportive services. Most offenders were aware those services are provided by Psychology Services.

The Auditor conducted an interview with the Chief of Psychology Services. The Chief was asked to discuss the services provided to victims of sexual abuse at FCI Morgantown. The Auditor was informed the facility has 3 trained victim advocates. The agency has trained the Chief of Psychology Services, Drug Abuse Program Counselor, and the Chaplain to serve as victim advocates. The Chief of Psychology Services was asked if any offender has contacted her within the previous 12 months to request supportive services related to sexual abuse victimization. There have been no offenders at the facility who requested such services. The Chief of Psychology Services stated the advocates provide support during a forensic examination, counseling and make referrals, if needed. Prior to providing services to an offender, the facility advocate informs each offender of the confidentiality and their duty to report.

The Auditor conducted an interview with a facility Investigator. The Investigator was asked if offender victims have access to confidential support services. The Auditor was informed victims are informed of services provided by facility advocates. The facility's medical and mental health practitioners also discuss services with the offender victim following an allegation. The Investigator stated Psychology Services is immediately contacted following an incident of sexual abuse. The Investigator informed the Auditor the Operations Lieutenant is required to follow the Coordinated Response Plan after an incident of sexual abuse. The plan requires Psychology Services is contacted following an incident.

At the time of the audit there were no offenders detained solely for civil immigration purposes.

### **Conclusion:**

The facility maintains documentation it attempts to provide emotional support services for sexual abuse victims through a local rape crisis center. Contact information for facility advocates is provided to offenders. The Auditor reviewed the FBOP Program Statement, Emails, Proposed Agreement, Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet, Admission and Orientation Program Checklist and interviewed staff, offenders, and victim advocate to determine the facility meets the requirements of this standard.

## **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The Federal Bureau of Prisons has established a policy to accept third-party reports of sexual abuse and sexual harassment. The Federal Bureau of Prisons has included the information on the agency website.

#### Evidence Relied Upon:

Program Statement 5324.12 pg. 35  
Agency Website  
Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders  
Admission and Orientation Program Checklist  
Facility Posters  
Interviews with Staff  
Interviews with Offenders  
Observations

#### Analysis/Reasoning:

The Auditor conducted a review of the Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet. The pamphlet includes a section titled, "How Do You Report an Incident of Sexually Abusive Behavior?" This section of the pamphlet includes the agency's reporting methods. The pamphlet informs offenders "Anyone can report such abuse on your behalf by accessing the BOP's public website, specifically; [web address link provided]."

The Auditor reviewed the agency's website. The website includes a link to the agency's policies related to the prevention, detection, and response to sexual abuse and sexual harassment. The website includes information informing the public how to file an allegation on behalf of an offender. The public is directed to send information to the National PREA Coordinator if the allegation is against an offender and to the Office of Internal Affairs if the allegation is against a staff member. The website includes the

address of the National PREA Coordinator and the OIA. The public is informed to provide details of the allegation to assist in the investigatory efforts.

The Auditor participated in a detailed tour of FCI Morgantown. During the tour, the Auditor observed PREA materials posted in all housing units and service areas, written in English and Spanish. FCI Morgantown materials provided to and for offenders inform they may have a third-party make an allegation of sexual abuse and sexual harassment on their behalf.

The Auditor conducted formal interviews with staff. Staff were asked about accepting reports of sexual abuse and sexual harassment. Each staff member stated they were required to accept all reports of sexual abuse and sexual harassment, including third-party reports. Staff stated they immediately report the allegation to their supervisor and are required to document the information on a memorandum. Staff stated they are required by the agency to document all verbal allegations received by offenders.

The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders' collective responses included telling a staff member or any person they trust, filing an administrative remedy, calling the sexual abuse hotline, or having another person make the allegation on their behalf. Each offender understands how to have a third-party file an allegation on their behalf. Each offender understands they can file an allegation anonymously.

The Auditor conducted formal interviews with the facility Investigator. The Investigator was asked in what ways he has received reports of sexual abuse and sexual harassment. The Investigator explained he has not received an allegation during this audit period. The investigator stated allegations in the facility are typically made verbally. The Auditor asked if third-party and anonymous allegations are investigated. He explained an investigation is conducted for all allegations regardless of how they are made or received.

FCI Morgantown has not received an allegation of sexual abuse or sexual harassment during this audit period.

**Conclusion:**

The Auditor determined the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of an offender. The Auditor reviewed the agency's Program Statement, website, posted PREA materials, Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders pamphlet, interviewed staff and offenders, made observations, and determined the facility meets the requirements of this standard.

## **OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

### **Standard 115.61: Staff and agency reporting duties**

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

#### **115.61 (a)**

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **Auditor Discussion:**

The Federal Bureau of Prisons has established a policy that requires any employee, contractor, or volunteer to immediately report 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; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff are required to report the allegations to the Operations Lieutenant. Staff are required to submit a memorandum to follow up the verbal notification. Agency staff are prohibited from reporting information related to a sexual abuse to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions, apart from reporting to their immediate supervisor.

At the initiation of services, medical and mental health practitioners are required to advise the offender of the practitioner's duty to report and the limitations of confidentiality, unless otherwise precluded by Federal, State, or local law. Medical and mental health practitioners are required by policy to report 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; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Medical and mental health practitioners are mandatory reports for offenders under the age of 18.

The agency's policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to the Operations Lieutenant. The Operations Lieutenant is required to notify the PREA Compliance Manager.

### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 37-38  
Training Curriculum  
Training Records  
Interviews with Staff  
Interviews with Offenders

### **Analysis/Reasoning:**

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at FCI Morgantown. Each staff member was asked if they were required to report all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to report the information immediately to the Operations Lieutenant. The Auditor asked each staff member if they were required to report knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff informed the Auditor they were required to report such. Staff informed the Auditor they were required to document such allegations on a memorandum.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported information related to sexual abuse or sexual harassment.

The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical/mental health practitioners and investigators. Staff understands the agency's policy requiring them to discuss information with those who can make treatment, medical and housing decisions.

The Auditor conducted formal interviews with medical and mental health practitioners. Practitioners were asked if medical and mental health personnel are required to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. The Auditor was informed they are required to report such immediately. The Auditor asked how they would report the information. The practitioners informed the Auditor they immediately report the information to the Operations Lieutenant. The practitioners stated they are required to inform offenders of their duty to report and the limitations on confidentiality at the initiation of services.

The Auditor asked who medical and mental health practitioners report information related to a sexual victimization that occurred in a community setting to. Medical and mental health practitioners do not report community victimization without obtaining written informed consent from the offender. The Auditor asked if there has been a situation where medical or mental health had to report sexual victimization that occurred in a community setting. The Auditor was informed there has not been a need to report such information. Medical and mental health practitioners informed the Auditor they are mandatory reporters for youthful offenders and of victimization that occurred in a confinement setting. The facility has not housed a youthful offender during this audit period. The Auditor was informed the facility does not house youthful offenders.

The Auditor conducted formal interviews with a facility Investigator. The Auditor asked the Investigator if he has conducted investigations of allegations that were reported by third parties. The Investigator stated he has not received an allegation of sexual abuse or sexual harassment during this audit period. The Investigator stated he would investigate an allegation that is reported by a third-party. The way an allegation is made has no bearing on the decision to investigate. The investigator stated all allegations are reported to him so an investigation can be conducted. The Investigator confirmed he investigates an anonymously made allegation. The Investigator was asked if he attempts to discover if staff actions or lack thereof, contributed to an incident of sexual abuse. The Auditor was informed the Investigator does attempt such. When asked what the Investigator would do if he determined a staff member's actions or lack of actions may have contributed to an incident of sexual abuse, the Investigator stated he would inform the Warden.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most offenders stated they do feel staff would maintain confidentiality of the information. There were no youthful offenders housed at the facility for the Auditor to interview at the time of the audit.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors includes information regarding the reporting of sexual abuse and sexual harassment allegations. Each is required to attend the agency's training during their orientation and during annual in-service training. The Auditor verified through training records each staff member, contractor, and previously approved volunteers had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor conducted formal interviews with facility contractors. Each contractor was asked if they are required to report allegations of sexual abuse and sexual harassment. Each contractor stated the agency requires them to immediately report such allegations. The Auditor asked if they had received



training from the facility. Contractors stated they have received training and were informed in training of the agency's requirement to report all allegations and knowledge of sexual abuse and sexual harassment to a custody staff member.

**Conclusion:**

The Auditor concluded staff, volunteers and contractors are aware of the FBOP requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful offenders. The Auditor reviewed the agency's Program Statement, training curriculum, and conducted interviews with staff, contractors, and offenders to determine the facility meets the requirements of this standard.

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Auditor Discussion:**

The Federal Bureau of Prisons policy requires staff take immediate action to protect the offender when an agency learns an offender is subject to a substantial risk of imminent sexual abuse.

**Evidence Relied Upon:**

Program Statement 5324.12 pg. 38  
Interviews with Staff

## Interviews with Offenders

### Analysis/Reasoning:

The Auditor conducted formal interviews with Department Heads. Department Heads were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would immediately be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the offenders would be moved to another housing unit to maintain the safety of both offenders. Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify the Operations Lieutenant and stay with the at-risk offender.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. The Auditor asked each if they felt safe in the facility. Each offender interviewed stated they felt safe in the facility. The Auditor asked each if they feel confident in staff's ability to maintain their safety. Most offenders are confident in staff's ability to maintain their safety in the facility.

The Auditor participated in a detailed tour of FCI Morgantown. The Auditor observed multiple housing units that provide an opportunity to ensure offenders who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility can transfer offenders if the offender could not be housed safely. The facility reported no instances in the previous 12 months where facility personnel learned an offender was identified at a substantial risk of imminent sexual abuse.

There were no offenders housed at the facility, at the time of the audit, who had filed an allegation of sexual abuse in the facility. The facility received no allegations of sexual abuse during this audit period.

### Conclusion:

The Auditor concluded FCI Morgantown takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency Program Statements, conducted interviews with staff and offenders, and made observations to determine FCI Morgantown meets the requirements of this standard.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. These notifications are made Warden to Warden. For non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers, the Warden will contact the appropriate office of the facility and notify the Privatization Management or the Residential Reentry Management Branches, as appropriate.

The agency requires notifications be made as soon as possible, but no later than 72 hours after receiving the allegation. The agency requires the notification be documented. A facility head or agency office that receives a notification is responsible for ensuring the allegation is investigated.

### Evidence Relied Upon:

Program Statement 5324.12 pg. 39-40  
Interviews with Staff

### Analysis/Reasoning:

FCI Morgantown reported receiving no allegations during this audit period that an offender had allegedly been sexually abuse while confined at another facility. The facility reported no notifications were received from another facility that a former FCI Morgantown offender alleged sexual abuse while incarcerated at FCI Morgantown.

The Auditor conducted formal interviews with FCI Morgantown staff. Each staff member was asked what actions they take if an offender alleges to have been sexually abused while confined at another facility. Each staff member stated they would immediately report the allegation to the Operations Lieutenant and submit a memorandum including the details of the allegation as reported to them. The Auditor asked Department Heads what their actions would be after receiving such information. The Auditor was informed the PREA Compliance Manager and Investigator would immediately be notified. The PREA Compliance Manager and Investigator inform the Warden so proper notification could be made to the other facility.

The Auditor conducted a formal interview with the facility's Warden. The Warden explained he notifies other facilities when receiving an allegation that an offender alleged, he suffered sexual abuse at another facility. The Warden places a telephone call followed by an email to make the notification. When asked when the notification would occur the Warden explained he makes the notification immediately. He explained he must make the notification within 72 hours. The Auditor asked the Warden to explain what takes place when he receives notification from another facility that a former FCI Morgantown offender has alleged suffering sexual abuse at FCI Morgantown. The Warden stated he would ensure the investigator is notified so an investigation is conducted. The Warden explained he has not had to notify another facility during this audit period. The Auditor discussed notification requirements of this standard with the Warden. The Warden is clear of the requirements. The Auditor discussed options for compliance while the Warden is absent from the facility.

#### **Conclusion:**

The Auditor reviewed the agency's Program Statement, conducted interviews with agency staff, and determined the facility has appropriate procedures in place to comply with this standard. The Auditor determined the facility meets the requirements of this standard.

### **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The Federal Bureau of Prisons has a policy that requires the first security staff member who learns of an alleged sexual abuse incident will perform the following steps:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

FBOP policy requires if the first responder is not a custody staff member, the responder will ensure the victim's safety, request the alleged victim not take any actions that could destroy physical evidence and notify custody staff.

The staff first responder is required to preserve the crime scene. SIS staff are responsible for collecting information/evidence. The investigation, in coordination with the agency to which the case may be

referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 40  
FCI Morgantown Coordinated Response Plan  
Interviews with Custody First Responders  
Interviews with Non-Custody First Responders  
Interview with Offenders

### **Analysis/Reasoning:**

The Auditor conducted interviews with potential custody and non-custody staff first responders. All custody first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify the Operations Lieutenant. Custody staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink, or take any actions that could destroy physical evidence. The Auditor asked each what actions they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they know who would be allowed in the crime scene to process the evidence. Staff understood the Investigator or Evidence Recovery Team (ERT) would process evidence from the crime scene.

Each staff member interviewed by the Auditor was asked how they preserve evidence in a crime scene. Staff informed the Auditor the area would be taped off and a staff member would be posted in the area to ensure the scene is protected. The Auditor was informed the population in the housing unit would be locked down. The crime scene would be protected until evidence could be processed from the scene. The Auditor asked how staff document their actions. Staff stated they document their actions on a memorandum.

The Auditor reviewed FCI Morgantown's Coordinated Response Plan. The Coordinated Response Plan includes first responder duties of custody staff and supervisors following an incident of sexual abuse. Among other actions, the Auditor observed the following required actions of custody first responders:

- Immediately safeguard the victim
- Separate the alleged victim and abuser
- Notify the Operations Lieutenant
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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, 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

Among other actions, the Coordinated Response plan requires the Operations Lieutenant to ensure the above actions are taken. The Operations Lieutenant is required to ensure victims are escorted to the medical section for evaluation and treatment. The Operations Lieutenant is required to notify the Chief

of Correctional Services (Captain), SIS Lieutenant, PREA Compliance Manager, Psychology Services and Warden. The Coordinated Response Plan requires all actions taken be documented.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both custody and non-custody personnel. The Auditor observed all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

Non-custody first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse. The Auditor asked each what actions they would take if they discovered an offender had been sexually abused. Each informed the Auditor they would remain with the offender and immediately notify a custody staff member. The Auditor asked how non-custody first responders ensure any evidence would be protected. Each non-custody first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each if they understand what actions could potentially destroy evidence. The Auditor was informed brushing teeth, using the bathroom, bathing, eating, changing clothes, and drinking could potentially destroy physical evidence.

The Auditor conducted formal interviews with medical practitioners. Practitioners have been trained to treat victims while preserving physical evidence in the process of evaluation and treatment. The Auditor was informed medical staff immediately treat any life-threatening injuries. If the victim has no life-threatening injuries medical personnel collect the offender's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life-threatening injury would be placed in a brown paper bag with chain of custody information and provided to the Investigator. The medical practitioner stated medical personnel attempt to preserve any evidence while treating the victim.

FCI Morgantown reported there were no allegations of sexual abuse received during this audit period. At the time of the audit there were no offenders housed at the facility who reported an allegation of sexual abuse.

### **Conclusion:**

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor understand the required first responder duties. The Auditor reviewed agency Program Statements, Coordinated Response Plan, and interviewed staff and offenders. The Auditor determined the facility meets the requirements of this standard.

## **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

### **Auditor Overall Compliance Determination**

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

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

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

#### **Auditor Discussion:**

The Federal Bureau of Prisons requires each facility develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

#### **Evidence Relied Upon:**

Coordinated Response Plan  
Training Records  
Interviews with Staff  
Interviews with Offenders

#### **Analysis/Reasoning:**

FCI Morgantown follows a written plan that coordinates staff efforts following an incident of sexual abuse. The Auditor reviewed the written Coordinated Response Plan. The Coordinated Response Plan includes actions written in the following sections:

Staff First Responder Duties  
Operations Lieutenant (Medical responsibilities included in this section)  
SIS Lieutenant (Investigator)  
Psychology Services

The Auditor conducted formal interviews with staff of various levels listed in the facility's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in FCI Morgantown's Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been trained in their responsibilities in response to an allegation of sexual abuse. The agency's training includes elements of its coordinated response plan. The Auditor verified all agency personnel, volunteers and contractors had received the training.

The Auditor conducted formal interviews with offenders. Offenders were asked if they felt safe in the facility. Each offender interviewed stated they do feel safe in the facility. Offenders were asked if they



are confident in staff's abilities to respond to incidents of sexual abuse. Most offenders interviewed stated they are confident in staff's abilities to respond to incidents.

The Auditor determined staff understands they are required to immediately ensure the safety of each offender who alleges sexual abuse. There were no incidents that required staff implement first responder duties as required in the facility's Coordinated Response Plan during this audit period.

**Conclusion:**

The Auditor determined the facility has developed an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and have trained its personnel in the required actions. Based on a review of the Coordinated Response Plan, training records, and interviews with staff and offenders, the Auditor determined FCI Morgantown meets the requirements of this standard.

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Auditor Discussion:**

The Federal Bureau of Prisons has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

**Evidence Relied Upon:**

Federal Bureau of Prisons and Council of Prisons Locals Master Agreement  
Fair Labor Standards Act  
Interviews with Staff

**Analysis/Reasoning:**

The Federal Bureau of Prisons has entered into an agreement with the Council of Prisons Locals American Federation of Government Employees for collective bargaining on behalf of agency personnel. The Auditor reviewed the Master Agreement states, "The Employer retains the right to respond to an alleged offense by an employee which may adversely affect the Employer's confidence in the employee or the security or orderly operation of the institution. The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations."

The agency must be able to demonstrate the nature of the allegation(s) justifies cause to remove the employee from the institution pending investigation and not that the employee committed the offense(s.) Regulations of the Fair Labor Standards Act for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. The provision applies to generally applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law.

The Auditor conducted formal interviews with the Warden and PREA Compliance Manager. The Auditor discussed the staff's participation in the local chapter of the Council of Prisons Locals American Federation of Government Employees. The local chapter is responsible for collective bargaining on behalf of select staff at the facility. The Auditor conducted formal interviews with facility staff. Staff informed the Auditor they would be terminated if they participated in an act of sexual abuse with an offender. Staff informed the Auditor they are immediately removed from contact with an offender after an allegation of sexual abuse is made by an offender. The Warden informed the Auditor he has the ability to remove a staff member, contractor, and volunteer from contact with an offender while the investigative results are pending.

**Conclusion:**

The Auditor concluded the FBOP has not entered into a collective bargaining agreement that would restrict its ability to remove staff sexual abusers from contact with offenders. The Auditor determined the facility meets the requirements of this standard.

**Standard 115.67: Agency protection against retaliation**

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

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The Federal Bureau of Prisons has a policy to protect all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy requires facilities take the following but not limited to protection measures:

- Housing changes
- Transfers for victims or abusers
- Removal of alleged staff or offenders from contact with victims

- Emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The PREA Compliance Manager is designated by the agency to monitor the conduct and treatment of offenders or staff who reported or cooperated with an investigation into sexual abuse or sexual harassment. The designated staff member is responsible to monitor the conduct and treatment of offenders or staff for retaliation for at least 90 days following the report to determine if there are changes that may suggest possible retaliation by offenders or staff. The agency policy states it is responsible to act promptly to remedy any such retaliation. Agency policy requires the Retaliation Monitor to monitor the following:

- Discipline Reports
- Housing changes
- Program changes
- Negative performance reviews
- Reassignments of staff

Monitoring of an offender or staff is required to continue beyond 90 days if the initial monitoring indicates a continuing need. The Retaliation Monitor is required by policy to conduct periodic status checks while monitoring an offender or staff member. The Retaliation Monitor is not required by FBOP policy to continue monitoring an offender or staff if the investigation determines the allegation as unfounded.

FBOP policy requires retaliation monitoring of any other individual who cooperates with an investigation and expresses a fear of retaliation and requires the agency take appropriate measures to protect the individual against retaliation.

#### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 42-43  
Retaliation Monitoring Form  
Interviews with Staff  
Interviews with Offenders

#### **Analysis/Reasoning:**

The Federal Bureau of Prisons has an appropriate policy to ensure offenders and staff are monitored and protected from acts of retaliation by staff or other offenders. FCI Morgantown has designated the PREA Compliance Manager responsible for monitoring for acts of retaliation. The Auditor conducted a formal interview with the PREA Compliance Manager (IPCM). The Auditor asked the IPCM to explain how retaliation monitoring is conducted at the facility. The retaliation monitor explained he reviews disciplinary charges, housing changes, program changes, grievances, Incident Reports, classification actions, evaluations, shift rosters and post assignments. The Auditor asked if he initiates the contact with the offender or staff member being monitored. The monitor stated he initiates meetings with the person being monitored. The Auditor asked who is monitored for retaliation. The IPCM stated he monitors those who report an allegation, the victim(s) and anyone else who expresses a fear of retaliation for cooperating with the Investigation.

The Auditor asked the monitor how often meetings with the staff member or offender occur. The Auditor was informed he meets with the offender at least every 30 days and more often depending on the individual circumstances. The Auditor asked the retaliation monitor if he would stop monitoring if the

offender or staff member requested him to do so. The monitor stated he would not stop monitoring until at least 90 days have transpired. The monitor explained he would find less visible ways to continue monitoring the offender for retaliation if the offender requests not to be monitored.

The retaliation monitor was asked how he is notified when an offender or staff member requires monitoring. As the facility's IPCM he is notified following all allegations of sexual abuse and sexual harassment allegations in the facility. The Investigator reports to the IPCM to alert him when monitoring is required. The Auditor asked what actions are taken to ensure the protection of an offender. The Auditor was informed housing, program, education, and work changes would be made. When staff are being retaliated against, the staff member's post or shift assignment may be changed to limit contact with the person who was retaliating against the staff member. In such cases, the staff member retaliating against another staff member may be referred for disciplinary action, if warranted. The retaliation monitor was asked if the facility was currently monitoring any offenders or staff for retaliation. The IPCM is not currently monitoring offenders who have made an allegation in the facility.

The Auditor reviewed the retaliation monitoring form. The form includes:

- Standard 115.67 language
- Name of Offender
- Date of Allegation
- Date of Initial Monitoring
- Date of Second Monitoring
- Date of Third Monitoring
- Is there a continuing need for monitoring beyond 90-days

The monitoring form requires the IPCM document the review next to each 30-day monitoring period. The IPCM documents negative reviews and reassignments. The IPCM is required to sign and date the monitoring form at the conclusion of the retaliation monitoring period.

The Auditor conducted formal interviews with offenders. None of the offenders had expressed a fear of retaliation related to reporting sexual abuse, sexual harassment, or for cooperating with an investigation.

The facility reported no incidents of retaliation were reported or discovered during the previous 12 months. The facility received no allegations of sexual abuse or sexual harassment during this audit period.

### **Conclusion:**

The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed the FBOP Program Statements, Retaliation monitoring form, and conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

## **Standard 115.68: Post-allegation protective custody**

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

#### **115.68 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The Federal Bureau of Prisons policy requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43 Protective Custody.

#### Evidence Relied Upon:

Program Statement 5324.12 pg. 33-34  
Offender Records  
Interviews with Staff  
Interviews with Offenders  
Observations

#### Analysis/Reasoning:

The Auditor reviewed the agency's Program Statement regarding the use of special housing to protect offenders at high risk of sexual victimization. The agency's Program Statement states offenders identified as high risk of sexual victimization will not be placed involuntarily in segregated housing unless an assessment of all available alternatives has been made, and it has been determined there is no available alternative means of separation from likely abusers. The agency allows facilities to hold an offender in involuntary segregated housing for less than 24-hours while completing an assessment if they cannot make an assessment immediately.

Agency policy requires the institution to clearly document the basis for safety concerns when placing a HRSV offender in Segregated Housing for protection. Staff are required to document the reason why no alternative means of separation can be arranged when placing the offender in segregated housing. The agency allows involuntary assignment to segregated housing only until alternative means of separation can be arranged; not to ordinarily exceed 30 days. The facility's Unit Team conducts a review of all persons housed in the Segregated Housing Unit. If the offender required a long period of protective custody, the Unit Team can request a transfer to another facility to ensure his protection. The agency allows offenders placed in segregated housing for protection access to programs, privileges, education,

and work opportunities to the extent possible. The institution is required to document the opportunities that have been limited, the duration of the limitation and the reason for limitations, if restrictions are placed.

The agency conducts a review every seven days of offender's placed in segregated housing. The reviews are documented in the offender's official record. Policy requires all offenders in segregated housing are reviewed every 30-days to determine whether there is a continued need for separation from the general population.

The Auditor conducted a formal interview with a staff member who supervises offenders in the Segregated Housing Unit. The Auditor asked if he had ever supervised an offender who has been placed in segregated housing after allegedly suffering sexual abuse or identified at substantial risk of sexual abuse for their protection. The staff member informed the Auditor he had not supervised an offender in the segregated housing area strictly for the protection from sexual abuse. The Auditor asked if offenders in the segregated housing have access to programs, privileges, education, and work opportunities. The Auditor was informed offenders have access to privileges, education, work, and programs in the Segregated Housing Unit. The Auditor was informed offenders in segregated housing are not typically housed there for more than 30 days.

The Auditor conducted formal interviews with Department Heads. The Auditor asked if the reasons for restrictions of programs, privileges, education, and work of offenders in segregated housing are documented. Department Heads informed the Auditor restrictions are not placed on offenders in segregated housing. If restrictions were placed on an offender, they would be documented in the offender's record and provided to the staff working the housing unit. The Auditor was informed the Unit Team conducts a review of all offenders in the Special Housing Unit every seven days. The facility has a Unit Manager assigned to the Special Housing Unit. The Unit Manager has an office in the unit and makes rounds in the housing unit.

Department Heads informed the Auditor an offender at risk of sexual abuse can typically be housed safely in a different housing unit without resorting to an involuntary special housing placement. The Auditor asked Unit Managers, Department Heads, PREA Compliance Manager, line staff, and Warden if an offender was every placed in segregated housing for the protection from sexual abuse. None could recall such a placement. The Auditor discussed the possibility of transfers with the Warden. The Warden informed the Auditor he can transfer an offender from the facility if there is a legitimate need to do so. The Auditor was informed the facility has never housed an offender in the Segregated Housing Unit for the purpose of protecting the offender from sexual abuse or the imminent risk of sexual abuse.

The Auditor conducted formal interviews with offenders who previously suffered sexual abuse in the community. None of those offenders interviewed by the Auditor had been placed in special housing for the purpose of protecting them from sexual abuse. The facility received no allegations of sexual abuse and did not determine an offender was at a substantial imminent risk of sexual abuse during this audit period. A review of 26 offender records revealed none had been placed in segregated housing for the protection from sexual abuse.

The Auditor conducted a detailed tour of FCI Morgantown. The Auditor observed multiple housing units available for the facility to house offenders without having to place them in involuntary segregated housing. The agency has the option to transfer offenders from the facility if the offender cannot be housed safely in the facility.

## **Conclusion:**



The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency's Program Statements, housing records, making observations, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

##### 115.71 (a)

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

##### 115.71 (b)

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

##### 115.71 (c)

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

##### 115.71 (d)

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

##### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Auditor Discussion:**

The Federal Bureau of Prisons conducts administrative investigations in its facilities. All criminal investigations are conducted by the Federal Bureau of Investigation and the Office of the Inspector General. Policy requires sexual abuse and sexual harassment investigations be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The FBOP requires its investigators receive specialized training to conduct sexual abuse investigations in its facilities.

Agency investigators are required by policy to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigators may not conduct compelled interviews when the quality of evidence appears to support criminal prosecution unless consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The agency requires investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not determine credibility by the person's status as an offender or staff member alone. Agency investigators are prohibited from requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.

The agency requires administrative investigations include an effort to determine whether staff actions or failures to act contributed to abuse and document findings in a written report that includes a description of physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. All substantiated allegations of conduct that appear to be criminal in nature are referred for prosecution.

The FBOP requires the departure of an alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation. The agency requires all case records associated with claims of sexual abuse or sexual harassment are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**Evidence Relied Upon:**

Program Statement 5324.12 pg. 43-45  
Letter to Assistant Director Program Review Division  
FBI's Domestic investigations and Operations Guide  
Training Curriculum  
Training Records  
Memorandum from PREA Coordinator  
Interview with Investigators  
Interviews with Offenders

**Analysis/Reasoning:**

The Auditor reviewed a letter from the Principal Deputy General Counsel addressed to the Assistant Director of the Program Review Division. The letter outlines the responsibilities of the Federal Bureau of Investigation when conducting investigations in Federal Bureau of Prisons facilities. The letter confirms the Federal Bureau of Investigation policy, training, and practice comply with the PREA regulations to the extent the regulations apply to the FBI. The letter confirms the FBI documents investigative reports in compliance with this standard. The Assistant Director was made aware the FBI's Domestic investigations and Operations Guide governs the conduct of all FBI criminal investigations in the United States.

The Auditor reviewed the FBI's Domestic Investigations and Operations Guide. The guide "...outlines the policy under which the FBI investigates allegations of prison sexual assault, whether directly or as a component of a broader civil rights or other investigation." A review of the Domestic Investigations and Operations Guide revealed the policies and practices of evidence collection are included. The Auditor observed the guide includes documentation requirements for FBI criminal investigations.

The Auditor reviewed the training curriculum of the facility Investigator. The training curriculum includes all elements as required in PREA standard 115.34 Specialized Training: Investigators. A review of training records reveals the facility Investigator has completed the required training.

The Auditor conducted a formal interview with a facility Investigator. The Investigator discussed the procedures utilized when conducting sexual abuse/harassment investigations. The process starts by interviewing the alleged victim. During the investigation interviews are conducted with the alleged victim, perpetrator, and any witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. The Investigator stated he reviews criminal records, institutional history, grievances, discipline history, memorandums, video footage, telephone records, previous complaints, and any other relevant information. The Investigator was asked how he determines the credibility of a victim, abuser, and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, etc. and statements made during the interview and subsequent interviews. The Auditor was informed the agency's investigation report requires the investigator document the reason behind credibility assessments.

The Investigator was asked if he attempts to determine if staff actions or lack thereof may have contributed to an incident of sexual abuse. The Investigator stated he attempts to determine if staff actions, or lack thereof contributed to the incident. The Auditor asked the Investigator what types of evidence he attempts to gather. The Auditor was informed the Investigator collects staff reports, housing records, logs, video footage, telephone records, grievances, discipline records, offender financial records, testimonial evidence, physical evidence and any other relevant documents or

information. The Investigator was asked when he begins investigative efforts. The Auditor was informed he begins efforts as soon as he is notified. The Auditor asked how investigations are conducted when he is not on-site. The Investigator stated when he receives a call to investigate, he reports to the facility after receiving the call, if needed.

The Auditor toured the area where investigative records are maintained. The Investigator maintains records and forwards all investigative records to the PREA Compliance Manager (IPCM). The files are maintained in the investigator and IPCM's locked offices. All information received by the IPCM is sent to the Regional PREA Coordinator. Electronic data is maintained on the Investigator's and IPCM's computers. Each computer requires a unique username and password to access data. The Auditor asked the IPCM and Investigator how long they maintain investigative records. The Auditor was informed the data is maintained for at least five years after the abuser has either been released or is no longer employed by the FBOP. The facility Investigator was asked if he requires the victim to submit to a polygraph examination or other truth telling device. The Auditor was informed he does not require a polygraph examination of an alleged victim. The Investigator does not use any other truth telling device.

The Auditor asked the facility Investigator if he investigates when an allegation is reported anonymously or by third-party. The Investigator stated he investigates all allegations regardless of how the allegation is made. When asked how he would conduct those types of investigations, the Investigator stated he investigates every allegation, to the fullest extent. The Investigator was asked to explain the investigative process if an offender is released, or a staff member terminates employment. The Investigator stated he notifies the FBI for allegations against offenders and OIG for investigations against a staff member.

The Auditor discussed the criminal investigative process in the facility with the investigator. The Investigator was asked to explain his role when the FBI or OIG Investigator conducts investigations in the facility. The Investigator stated his role is to cooperate with the FBI/OIG and assist when asked to do so by the Investigator. The Investigator stated all facility evidence, to include video and telephone records and staff reports are turned over to the FBI/OIG during criminal investigations.

The Auditor conducted a review of the FBOP training records. Records reveal the facility Investigator has received specialized training to conduct sexual abuse investigations in a confinement setting. The Auditor asked the facility investigator what his actions are when he determines the evidence appears to support prosecution. The Investigator stated the administrative investigation is stopped and either the FBI or OIG is notified immediately. The Investigator was asked if he continues interviews after notifying the FBI or OIG. The Auditor was informed all administrative efforts are ceased once the FBI or OIG is notified.

The Auditor conducted formal interviews with offenders. No offender had made an allegation in the facility during this audit period. None of the offenders had cooperated with an investigation.

The facility reported there were no allegations of sexual abuse or sexual harassment received during this audit cycle.

### **Conclusion:**

The Auditor determined the FBOP has appropriate policies to ensure investigations are conducted appropriately, objectively, and thorough. The facility trains its investigators to conduct investigations in a confinement setting. Facility investigators are aware all criminal allegations must be referred to the FBI or OIG for criminal investigation. The Auditor reviewed agency Program Statements, training records,

made observations, interviewed staff and offenders to determine the facility meets the requirements of this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Auditor Discussion:

The Federal Bureau of Prisons has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Federal Bureau of Prisons applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

#### Evidence Relied Upon:

Program Statement 5324.12 pg. 45  
Interview with Investigator

#### Analysis/Reasoning:

The Auditor conducted a formal interview with the facility Sexual Abuse Investigator. The Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigator to explain the meaning of preponderance. The Investigator explained a preponderance means there is more evidence to justify the investigator's determination. The Auditor was told

preponderance means there is more evidence to support the decision. His reasoning is 51 percent would substantiate an allegation.

The facility received no sexual abuse or sexual harassment allegations during this audit period.

**Conclusion:**

The Auditor was able to determine the Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's Program Statement and interviewed a facility Investigator and determined the facility meets the requirements of this standard.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Auditor Discussion:

The Federal Bureau of Prisons policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. If the FBOP did not conduct the investigation, it requests the relevant information from the investigative agency so it can inform the offender. When a staff member has allegedly committed sexual abuse against an offender, unless the determination is unfounded, the PREA Compliance Manager or investigator shall inform the offender whenever:

- The allegation has been determined to be unfounded;



- The allegation has been determined to be unsubstantiated;
- The staff member is no longer posted within the offender's unit;
- The staff member is no longer employed at the facility;
- 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.

When an offender has alleged sexual abuse by another offender, the agency is required to inform the offender whenever:

- The allegation has been determined to be unfounded;
- The allegation has been determined to be unsubstantiated;
- 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.

The agency's obligation to report is terminated if the offender is released from custody. The facility Investigator is required to notify offenders of investigative results.

#### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 45-46  
Interviews with Staff

#### **Analysis/Reasoning:**

The Auditor conducted a formal interview with the facility Investigator. The Investigator informs offender victims of the investigative outcome at the conclusion of an investigation. The Auditor asked the Investigator who notifies the offender following an indictment and/or criminal charges placed against an offender or staff member. The Investigator stated that information is obtained from the FBI or OIG and the notification would be made by either the Investigator or PREA Compliance Manager. The Auditor asked the Investigator how notifications to offenders are documented by the facility. The Auditor was informed notifications are documented on a memorandum to the offender.

The Auditor asked the Investigator how notification is received from the FBI or OIG regarding criminal charges and indictments. The Investigator stated that information would be reported to the facility Warden. The Warden would then notify the IPCM or Investigator so notification can be made to the offender.

The Auditor conducted formal interviews with offenders. None of the offenders interviewed had filed an allegation of sexual abuse during this audit period.

The facility has not received an allegation of sexual abuse during this audit period.

#### **Conclusion:**

The Auditor concluded the Investigator understands the requirement and the agency has appropriate procedures in place to notify offenders of investigative results at the conclusion of an investigation of

sexual abuse. The Auditor reviewed agency Program Statements and interviewed staff and offenders to determine the agency meets the requirements of this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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### **Auditor Discussion:**

The Federal Bureau of Prisons staff is subject to disciplinary sanctions up to and including removal for violating the agency's sexual abuse or sexual harassment policies. The policy includes a provision that physical contact is not required to subject the employee to sanctions for misconduct of a sexual nature. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. Disciplinary sanctions for personnel who have not engaged in sexual abuse but have violated the agency's sexual misconduct policies are commensurate with the following:

- The nature and circumstances of the acts committed;
- The staff members disciplinary history; and
- The sanctions imposed for comparable offenses by other staff with similar histories.

The FBOP notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. These notifications occur upon termination or resignations. Terminations or resignations by staff who would have been terminated if not for their resignation are reported unless that activity was clearly not criminal in nature.

Title 18, U. S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened.

### **Evidence Relied Upon:**

Program Statement 3420.11 pg. 6-7  
Title 18, U. S. Code Chapter 109A  
Interviews with Staff

### **Analysis/Reasoning:**

The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the FBOP reports criminal violations to law enforcement agencies. The agency's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Command staff interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are immediately removed from contact with offenders and disciplined for such policy violations. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the act. The Auditor was informed by command staff that an employee who commits an act of sexual abuse will be terminated.

The Auditor conducted formal interviews with a facility Investigator. The Investigator informed the Auditor if the act were criminal in nature the investigator would contact the Office of the Inspector General for a criminal investigation. The facility investigator immediately ceases efforts once a determination is made that sufficient evidence appears to support criminal activity. The Investigator coordinates with the OIG Investigator and assists in their efforts when requested by the OIG Investigator. The Auditor asked how the investigation is handled if the act was not criminal in nature.

The Investigator continues the investigation until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned, if warranted.

The Auditor observed the agency's policy included a provision to notify law enforcement agencies of criminal violations of sexual abuse. Policy requires the agency report all terminations and resignations by staff who would have been terminated, if not for their resignation for violations of sexual abuse or sexual harassment policies. The agency is required to report such allegations to relevant licensing bodies. The Auditor discussed the requirements of this standard to notify relevant licensing bodies. The Auditor was informed the Warden would contact the Board of Nursing to report any licensed medical or mental health practitioner of violations by medical/mental health practitioners. The Auditor discussed the requirement for the agency to notify law enforcement and relevant licensing bodies with the facility's command staff. Command staff are clear on the requirement following a criminal act of sexual abuse.

FCI Morgantown reported no staff member had been found in violation of agency sexual abuse or sexual harassment policies during this audit period. FCI Morgantown's Warden has the authority to discipline staff, including suspension and termination. The facility was not required to notify law enforcement or a relevant licensing body following any investigation conducted within the previous 12 months. The facility received no allegation of sexual abuse or sexual harassment against a staff member during this audit period.

#### **Conclusion:**

The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse by staff to the Office of the Inspector General and relevant licensing bodies. The Auditor reviewed the agency's Program Statements and conducted interviews with staff and determined the agency meets the requirements of this standard.

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

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

#### **115.77 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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### Auditor Discussion:

The Federal Bureau of Prisons has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency requires law enforcement agencies and relevant licensing bodies be notified of such activity unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies.

Title 18, U. S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened.

### Evidence Relied Upon:

Program Statement 3420.11 pg. 6-7  
Title 18 U.S. Code Chapter 109A  
Training Records  
Contractor Volunteer Training Curriculum  
Interviews with Contractors  
Interviews with Staff

### Analysis/Reasoning:

FCI Morgantown reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment during this audit period. The Auditor conducted formal interviews with contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The contractors informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.

Agency contractors and volunteers are made aware of the FBOP sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and

contractor are required to attend training and sign an acknowledgement form of receipt of such. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies.

FCI Morgantown's command staff are aware of the requirement to notify the OIG following a contractor or volunteer's participation in a criminal act of sexual abuse. Command staff informed the Auditor a contractor or volunteer would immediately be prohibited from offender contact pending the results of the investigation. The Auditor was informed the OIG does not defer to the prosecutor's office if the act was clearly not criminal. The facility's command-staff, investigator, PREA Compliance Manager and the Warden were asked if a contractor or volunteer had been disciplined within the previous 12 months for violating the FBOP sexual abuse or sexual harassment policies and procedures. The Auditor was informed the facility has received no allegations against a contractor or volunteer.

The agency notifies the Board of Health Professionals when a licensed medical or mental health professional is found in violation of such policies.

FCI Morgantown has received no allegations or sexual abuse or sexual harassment against a contractor or volunteer during this audit period.

**Conclusion:**

The FBOP maintains appropriate policies to ensure contractors and volunteers at FCI Morgantown are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's Program Statements, training records, training curriculum and conducted formal interviews with staff and contractors to determine the facility meets the requirements of this standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The agency's policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt. The agency's policy allows staff to discipline offenders for acts of sexual abuse after a criminal finding of guilt. According to agency policy, sanctions following the discipline process must consider the following:

- The nature and circumstances of the offense committed;
- The offender's discipline history; and
- The sanctions imposed for comparable offenses committed by other offenders with similar histories.

The discipline process is required to consider whether the offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

Agency policy requires if facilities offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexually abusive behavior, facilities shall determine if offenders should be required to participate in interventions as a condition of access to programming or other benefits.

Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. Sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) may be disciplined for such activity. If sexual activity between offenders is found to be consensual the Federal Bureau of Prisons personnel may not consider the sexual activity as an act of sexual abuse.

#### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 48  
Interview with Investigator  
Interviews with Medical Practitioner  
Interview with Mental Health Practitioner  
Interviews with Offenders

#### **Analysis/Reasoning:**

The Auditor conducted formal interviews with a facility Investigator. The Investigator informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. Disciplinary charges are not placed on an offender for filing an allegation unless the facility determines the offender made the allegation in bad faith. The Investigator was asked if charges are placed on offenders if an act is consensual. The Auditor was informed disciplinary charges are placed on offenders for participating in sexual activity. The Investigator explained offenders who participate in a consensual sex act are not charged for a sexual abuse related offense.

The Auditor conducted a formal interview with medical and mental health practitioners. The Auditor asked what services are offered to offenders. Offenders are offered counseling, therapy, and other intervention services. The Auditor asked if offenders are required to participate in any meetings or sessions. The Auditor was informed offenders are not forced to participate in any mental health service offered at the facility. Medical and mental health services are offered to all offenders. Offenders maintain the right to refuse services. The Chief of Psychology Services informed the Auditor her department is involved following an act of sexual abuse, including a consideration of whether mental disabilities may have contributed to the incident.



The Auditor conducted formal interviews with offenders. There were no offenders housed at the time of the audit who made an allegation of sexual abuse in the facility.

The facility received no allegations of sexual abuse or sexual harassment during this audit period. The facility reported there was no offender disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months.

**Conclusion:**

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's Program Statements, interviewed staff and offenders. The Auditor determined the facility meets the requirements of this standard.

## MEDICAL AND MENTAL CARE

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

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

**115.81 (a)**

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

**115.81 (b)**

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

**115.81 (c)**

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

**115.81 (d)**

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

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Auditor Discussion:

The Federal Bureau of Prisons policy requires staff to offer a follow-up meeting with a medical or mental health professional and must occur within 14 days of arriving at the facility for any offender who informs staff he/she previously experienced sexual victimization or perpetrated an act of sexual abuse. The policy applies to any offender who reported whether the abuse occurred in an institutional setting or in the community. Follow-up meetings in FBOP facilities are conducted by Psychology Services.

Policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting unless the offender is under the age of 18.

### Evidence Relied Upon:

Program Statement 5324.12 pg. 49  
Offender Records  
Interviews with Medical Practitioner  
Interview with Mental Health Practitioner  
Interviews with Staff

## Interviews with Offenders

### **Analysis Reasoning:**

The Auditor reviewed the records of offenders who reported suffering sexual victimization during the intake process. Records reviewed revealed facility staff referred those offenders to Psychology Services. The Intake Screening Form includes the date the referral was made to Psychology Services. Each offender who accepted the meeting was seen within 14 days of arrival. Psychology Services screens all offenders within 14 days of their arrival. The Auditor did not review records of offenders who had perpetrated an act of sexual abuse as there were none housed at the facility at the time of the Audit. The Auditor was informed those offenders would also be referred for a follow-up meeting with Psychology Services.

The Auditor conducted a formal interview with medical and mental health practitioners. Medical practitioners screen every offender who enters the facility on their day of arrival. Psychology Services screens each offender within 14 days of their arrival. The Auditor asked if offenders are offered a follow-up meeting with the mental health professional when they report previously suffering sexual abuse. The Auditor was informed they are offered a follow-up meeting with a Mental Health Professional. Medical and mental health practitioners were asked who they share information with. The Auditor was informed they only discuss the information they learn with those who have a need to know. The Auditor asked medical and mental health practitioners if they obtain written informed consent prior to sharing information related to sexual victimization that occurred in the community. The Auditor was informed if the victimization occurred in a community setting written informed consent would be obtained prior to reporting. No medical or mental health practitioner has had a need to report such victimization.

The Auditor asked the Chief of Psychology Services who information regarding a sexual victimization or abusiveness that occurred in an institutional setting is reported to. The Auditor was informed that information is reported to the Operations Lieutenant. The Auditor asked who has access to an offender's medical and mental health record. Only medical and mental health practitioners have access to an offender's medical and mental health records.

The Auditor asked the Chief of Psychology Services (CPS) if she meets with offenders who have suffered sexual victimization in the community. The CPS stated she does meet with offenders who suffered sexual victimization. The CPS is notified when an offender reports suffering sexual victimization in the community, following an incident of sexual abuse and by referral or requests. When the offender agrees to accept the meeting, she does meet with the offender. The Auditor asked if meetings with her are mandatory or required. The CPS stated participation is not mandatory; the offender must agree to participate, unless ordered by a court. The Auditor asked if sexual abusers are offered a follow-up meeting with Psychology Services. The CPS informed the Auditor sexual abusers are offered a follow up but are not required to accept. When asked how Psychology Services is notified of offered follow-ups the CPS stated she receives an email from the staff conducting the risk screening during the offender's intake.

The Auditor conducted a formal interview with a Unit Manager. The Unit Manager was asked if offenders are offered a follow-up meeting with a medical or mental health practitioner if an offender reports previously suffering sexual victimization during the admission process. The Auditor was informed a follow-up meeting with Psychology Services is offered. When asked how long it generally takes for the meeting to occur the Auditor was informed the offender is seen within a couple days. The Unit Manager was asked who has access to the information obtained on the Intake Screening Form. The Auditor was informed that information is accessible to select personnel who can inform housing, treatment, work, and education decisions. The Auditor asked the Unit Manager how he notifies mental

health after learning an offender suffered sexual victimization. The Auditor was informed an email is sent to the CPS. The Unit Manager stated he informs the CPS after learning an offender perpetrated an act of sexual abuse.

The Auditor conducted formal interviews with offenders who reported they had previously suffered sexual victimization during the intake process. Each was asked if they were offered a follow-up with a medical or mental health practitioner. Each offender informed the Auditor they had met with Psychology Services. The Auditor asked how quickly they met with Psychology Services after informing staff they had suffered sexual abuse or after being offered the follow up meeting. The Auditor was informed they met with a mental health practitioner within a couple days.

FCI Morgantown has not housed a youthful offender during this audit period. The facility has not received an offender who was identified as a sexual perpetrator during this audit period.

### **Conclusion:**

The Auditor concluded offenders are offered a follow-up with a medical or mental health practitioner after reporting they have suffered sexual victimization and after the facility is informed the offender perpetrated an act of sexual abuse. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization. The Auditor reviewed the agency's Program Statements, offender records, conducted interviews with staff, medical/mental health practitioners and offenders. After a thorough review the Auditor concluded the agency meets the requirements of this standard.

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

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

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

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

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

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

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

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

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The Federal Bureau of Prisons requires offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse 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.

Policy requires the Operations Lieutenant take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Staff are required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.

The facility does not charge offender victims for services related to the victimization of sexual abuse. The FBOP policy states, "Bureau policies concerning inmate co-pays for medical treatment shall not be applied to victims of sexual abuse."

#### Evidence Relied Upon:

Program Statement 5324.12, pg. 50  
Coordinated Response Plan  
Interviews with Medical/Mental Health Practitioners  
Interviews with Staff  
Interviews with Offenders

#### Analysis/Reasoning:

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor asked if they feel medical and mental health services offered at the facility are consistent with a community level of care. The practitioners feel the services offered at the facility are consistent with those offered in the community. Staff informed the Auditor they feel access to services is better than access in the community. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed there is never a time because the facility provides 24-hour coverage at FCI Morgantown.

Medical practitioners informed the Auditor offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Crisis intervention services are offered by the Psychology Services section. The Auditor asked nursing staff if they offer timely information and access to sexually transmitted infection prophylaxis to offenders who are victimized by sexual abuse. Nursing staff informed the Auditor offenders do receive such. Medical practitioners stated the SANE offers such during the forensic examination.

Medical and mental health practitioners were asked if offenders are charged a fee for treatment services related to a sexual abuse victimization. The Auditor was informed all services related to sexual abuse victimization are free to the victim. Each offender interviewed by the Auditor was aware treatments related to sexual victimization are provided at no cost to the victim. The Auditor reviewed the records of offenders who notified staff during the intake process they had previously suffered sexual abuse. Those offenders who participated in Psychology Services were not charged a fee for those services.

The Auditor reviewed custody staff training records. Custody staff are provided training in CPR and first aid in the event first responder treatment is needed. The Auditor conducted formal interviews with custody staff. Each informed the Auditor they take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Custody staff immediately notify the Operations Lieutenant and medical personnel following an incident of sexual abuse. Department Heads were asked what actions they take to ensure the safety of the offender following a sexual abuse incident. The Auditor was informed they separate the offender and ensure the offender is immediately escorted to the medical area.

The Auditor reviewed the facility's Coordinated Response Plan. The facility's coordinated response plan includes actions that ensure offenders who are victimized by sexual abuse receive timely unimpeded access to emergency medical attention. Among other actions, the facility's Coordinated Response Plan includes the following actions be documented:

- Immediately escort the alleged victim to the Health Services Department for medical evaluation
- A sexual assault medical examination conducted by a SANE
- Offer 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
- Medical staff notify Psychology Services

The facility does not have an agreement with a local rape crisis center for crisis intervention services. Confidential crisis intervention and emotional support services related to sexual abuse are provided to offender victims by the Psychology Services section. The facility has trained three staff members who provide accompaniment services during a forensic examination and investigations. The Auditor conducted an interview with a facility trained staff member. The trained staff member informed the Auditor the facility has not had to provide such services to an offender at the facility.

The Auditor conducted formal interviews with offenders. The Auditor discovered some offenders were aware of crisis intervention services and others were not aware. Each was asked if they were provided written information upon arrival at the facility. Each informed the Auditor they received the facility's Admission and Orientation Handbook. The written information informs offenders they can access crisis intervention services through the Psychology Services section. Each offender was asked if they were aware services related to sexual abuse are free offender victims. Each was aware those services are free.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner. The SANE was asked if she provides emergency contraception and sexually transmitted disease infection prophylaxis. The SANE stated she would include such on the order for facility nursing to follow. The Auditor was informed each victim is offered such services. The SANE informed the Auditor offenders do not pay a fee for the forensic examination. The SANE has not conducted a forensic examination of an offender from FCI Morgantown.

### **Conclusion:**

The Auditor determined the facility provides offenders access to timely and unimpeded access to emergency medical services. Medical practitioners provide offender victims sexually transmitted infections prophylaxis. The Auditor reviewed the agency's Program Statement, Coordinated Response Plan, and interviewed staff and offenders. The Auditor determined the agency meets the requirements of this standard.

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

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

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

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

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

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

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

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

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

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.)  Yes  No  NA

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:



The FBOP policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:

- Follow-up services;
- Treatment plans; and
- Referrals for continued care following a transfer to, or placement in, other facilities, or release from custody, when necessary.

The FBOP policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse.

The policy requires medical and mental health services be provided consistent with a community level of care. All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The agency's policy requires all prisons attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate. The evaluations are conducted by a mental health practitioner.

#### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 51-52  
Offender Records  
Interviews with Medical Practitioners  
Interviews with Staff  
Interview with SANE

#### **Analysis/Reasoning:**

The Auditor conducted a formal interview with the Chief of Psychology Services. Mental health practitioners do not stipulate a minimum or maximum time they meet with victims of sexual abuse. Mental health practitioners meet with victims and abusers if the victim or abuser requests such meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor asked the Chief of Psychology Services what services are offered to victims of sexual abuse. The Auditor was informed counseling sessions, referrals, if appropriate, and follow-up services, if needed. Mental health practitioners create and follow treatment plans. The Auditor asked the Chief of Psychology Services if she felt services offered at FCI Morgantown are consistent with a community level of care. The Auditor was informed the services offered at FCI Morgantown are consistent with community level services. The Chief of Psychology Services feels access to mental health services is better than the level of access offered in the community.

The Auditor asked the Chief of Psychology Services if she attempts to discover the underlying reasons that cause sexual abusers to commit such acts. The Chief of Psychology Services informed the Auditor she does attempt to conduct such evaluations and treatments with offender-on-offender sexual abusers. The Auditor was informed those offenders are not required to participate in sessions with a mental health practitioner. The Auditor asked how long after learning an offender committed an act of offender-on-offender sexual abuse does she meet with them. The Chief of Psychology Services stated

she meets with the offender within a couple days. The Chief of Psychology Services is aware the agency requires the meeting occur within 60 days.

The Auditor discussed the practice of offering sexually transmitted infection prophylaxis with medical practitioners. The Auditor was informed those tests are offered at the time of the forensic examination and as routine medical care. The Auditor asked what the cost of services are for victims of sexual abuse. The Auditor was informed there are no costs for evaluations and treatments related to sexual victimization. Medical practitioners informed the Auditor they feel the services offered at FCI Morgantown are consistent with a community level of care.

The Auditor conducted interviews with offenders who have previously suffered sexual abuse in the community. Those offenders were asked if they have met with a mental health practitioner. Each stated they had met with a mental health practitioner. The offenders stated they were not charged a fee for the services. Each was asked how many times they have met with the mental health practitioner. Some have seen the mental health practitioner multiple times while others have refused services. The Auditor reviewed their records and observed the facility documented the meeting with the mental health practitioner.

The Auditor conduct a telephone interview with the Sexual Assault Nurse Examiner. The SANE explained she offers sexually transmitted disease testing at the time of the examination, when appropriate. The Auditor asked how much SANE services cost an offender. The SANE does not directly bill the offender for services related to the forensic examination. The SANE informed the Auditor no offender from FCI Morgantown has been transported to the JW Ruby Memorial Hospital for a forensic examination.

The facility has received no allegations of sexual abuse during this audit period.

**Conclusion:**

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed Program Statements, offender records, interviewed offenders, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**

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

**115.86 (b)**

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

### **Auditor Discussion:**

The Federal Bureau of Prisons policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined unfounded. The PREA Compliance Manager is required to document the review in a written report. The FBOP policy requires the review occur within 30 days of the conclusion of the investigation. The FBOP review teams consist of upper-level management officials with input from:

- Line supervisors
- Investigators
- Medical or mental health practitioners

Policy allows input from the local Union President, or his/her designee from the local Union. The local Union representative is provided an opportunity to review the draft and submit the Union's recommendations. The Union representative must consider the time frames of the policy when submitting recommendations.

Agency policy requires 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;
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) through (d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The agency's policy requires the review team include the team's findings and recommendations for improvement. The facility is required to implement the recommendations for improvement or shall document the reasons for not doing so.

### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 52-53  
Memorandum from Warden  
Institution Executive Staff Review Memorandum  
Interviews with Staff

### **Analysis/Reasoning:**

The facility reported no allegations of sexual abuse were received during the previous 12 months, as a result the facility was not required to conduct an Incident Review of any investigations. The Auditor reviewed a memorandum from the facility Warden confirming the facility has received no allegations.

The Auditor conducted a formal interview with a staff member who serves on the Institution Executive Staff Review Team. The staff member discussed the process of the review team with the Auditor. The staff member explained the team meets and reviews the investigative report and discusses the allegation. The team member informed the Auditor the team follows the FBOP's formatted memorandum sample to ensure all elements of the standard are considered. The team member stated the team does discuss recommendations for improvement and include those recommendations on the memorandum. The team member was asked when the team meets following an investigation. The Auditor was informed the team meets within 30 days of the conclusion of the investigation. The Auditor asked if the team has met within the previous 12 months and was informed the team has not been required to review any incident received during this audit period.

The team member informed the Auditor she has not attended any incident reviews at the facility. The Auditor reviewed the sample memorandum FCI Morgantown utilizes to document the review. The memorandum lists the following positions on the After-Action Team:

- Associate Warden (over Correctional Services)
- PREA Compliance Manager
- Captain/Chief of Correctional Services
- Chief Psychologist
- Health Services Administrator
- SIA/SIS
- Unit Manager

The memorandum requires the team perform the following considerations:

- Whether the allegation or investigation indicates a need to change procedure or practice to better prevent, detect or respond to sexual abuse;
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts; and
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The review is conducted by the team at the conclusion of a substantiated and unsubstantiated allegation. The memorandum is completed upon the completion of the review. The memorandum is required to be sent to the Regional PREA Coordinator. The memorandum includes a section to document recommendations for improvement. There is a note on the memorandum that stipulates the facility implement the improvements or document its reason for not doing so. The note section requires the report be submitted to the Warden for unsubstantiated allegations and to the Regional Director through the Regional PREA Coordinator for substantiated allegations.

The facility has received no allegations of sexual abuse during this audit period. The facility has not been required to conduct an incident review.

## Conclusion:

The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The team documents the performance of each incident review on a formatted form. The Auditor reviewed the FBOP Program Statements, memorandums, and conducted interviews with staff and determined the facility meets the requirements of this standard.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Auditor Discussion:**

FBOP policy requires accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control utilizing a standardized instrument and set of definitions. The incident-based data must be aggregated annually. Policy requires the collected data include, at a minimum, the data necessary to answer all questions from the most recent version of the United States Department of Justice's, Survey of Sexual Violence. After receiving the Survey of Sexual Violence, the FBOP is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.

The Federal Bureau of Prisons collects and maintains sexual abuse information through the following methods:

1. SIS Data – The SIS maintains secure investigative files and data that include:
  - The victim and perpetrator of sexually abusive behavior
  - A factual description of the events
  - Formal and informal action taken
  - All collateral reports, supporting memoranda, and videotapes
  - Medical forms
  - Any other evidentiary materials pertaining to the allegation
2. Office of Internal Affairs Data – The Office of Internal Affairs reports the cumulated data on the offender victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year.
3. Offender Data – The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence.
4. SENTRY Data – The Chief of Correctional Services (Captain) in each institution is responsible for accurate STG Sentry assignments related to sexually abusive behavior. Access to the SENTRY assignment is limited to those who are involved in managing and treating offender victims or perpetrators, or investigating the incident.

The Federal Bureau of Prisons contracts confinement of offenders with 8 privately owned and operated low security facilities. In addition, the FBOP contracts services with 150 Residential Reentry Centers. The private facilities are not under the direct control of the Federal Bureau of Prisons. The FBOP collects, aggregates and reports data from all its facilities.

### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 54-55  
Annual PREA Reports  
Agency Website  
Surveys of Sexual Violence

### **Analysis/Reasoning:**

The Auditor reviewed the agency's 2019 Annual Report published on the Federal Bureau of Prisons website. Before the submission of this report, the agency published its 2020 report. The Auditor reviewed the 2020 Annual Report. Both reports include data aggregated from January 1st through December 31st. Each report was easily accessible as the agency's website was simple to navigate. The Auditor observed data collected by the agency from facilities which it contracts for the confinement of FBOP offenders. The data collected was based on standardized definitions listed in the agency's Sexually Abusive Behavior Prevention and Intervention Program Statement. The Program Statement includes the following definitions:

- Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident
- Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer
- Sexual harassment
- Voyeurism

The Agency completes the Bureau of Justice's, Surveys of Sexual Violence upon request. The FBOP compiles the data, completes the Survey of Sexual Violence, and submits the completed form to the Bureau of Justice Statistics. All surveys are submitted before June 30th.

The Auditor discussed the collection of sexual abuse data in agency facilities with the PREA Compliance Manager (IPCM). All data is derived from investigative reports, memorandums, Incident Reviews, and all supporting documents in investigative records. Data is reported to the Regional PREA Coordinator. Data collected from the region is sent to the PREA Office for compiling in the agency's annual report. Data sent from FCI Morgantown is maintained in the Investigator's and IPCM's locked offices and on their secure computer.

### **Conclusion:**

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's Program Statement, website, annual reports, and interviewed staff and determined the facility meets the requirements of this standard.

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No



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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The Federal Bureau of Prisons policy requires a review of collected and aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted to:

- Identify problem areas;
- Take corrective action on an ongoing basis; and
- Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Policy requires the data review report include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency head approves the annual report and is made readily available to the public on the FBOP website. Policy allows the FBOP to redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility. Any redactions must be documented in the report to indicate the nature of the material redacted.

### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 56  
Annual Reports  
Website  
Interviews with Staff

### **Analysis/Reasoning:**

The Auditor reviewed the Federal Bureau of Prisons website. The agency maintains an annual report that includes its findings and corrective actions for all agency facilities, including private facility for which it contracts for the confinement of FBOP offenders. The public can access the agency's annual report through the "Inmates" dropdown tab and then by clicking on the "Custody & Care" link. Once on the Custody & Care page, the public can access the "Sexual Abuse Prevention" link. The annual report is accessible through the "Federal Bureau of Prisons Annual PREA Report (CY 2020)" link at the bottom of the webpage. The agency's website includes an annual report of data collected in 2020.

A review of the facility's annual report reveals the agency attempts to discover problem areas within each agency facility based on a review of data collected. The agency's annual report includes any corrective actions taken by the FBOP. The annual report did not include any corrective actions or problem areas noted at FCI Morgantown. The Auditor observed the 2019 annual report identified a problem area at one institution. The report included the corrective action required to address the problem area. The 2020 Annual Report identified no problem areas. The agency's 2019 and 2020 Annual Reports included a comparison of data collected from the reported year and the previous year.

The Auditor discussed the annual reporting process with the PREA Compliance Manger. The information for the annual report is derived from investigative reports, Incident Reviews and other relevant documents included in investigative records from each FBOP facility. Corrective actions are implemented at facilities when needed as the Incident Review Team recommends corrective actions when warranted following an incident review. Any corrective actions taken are documented in the agency's annual report. When problem areas are discovered, the Incident Review Team recommends a solution to address the problem area and includes the specifics in the incident review forwarded to the Regional PREA Coordinator.

The Director of the Federal Bureau of Prisons approves the agency's annual report before publishing on the agency's website. The Director signs and dates the annual report. The Auditor did not observe any redacted materials from any of the FBOP published reports.

### **Conclusion:**

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities, including a private facility that the agency contracts for the confinement of FBOP offenders. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the agency's website. The Auditor reviewed the agency's Program Statement, website, annual report and interviewed staff to determine the agency meets the requirements of this standard.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Auditor Discussion:**

The agency's policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all aggregated sexual abuse data readily available to the public at least annually on its website. Policy stipulates personal identifiers will be removed. The FBOP requires sexual abuse data is maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

**Evidence Relied Upon:**

Program Statement 5324.12 pg. 56-57  
Interviews with Staff  
Observations

**Analysis/Reasoning:**

The Auditor conducted an interview with the PREA Compliance Manager (IPCM). The IPCM is responsible for reporting facility data to the Regional PREA Coordinator. All facility data gathered by the IPCM is maintained in his locked office. All data reported to the Regional PREA Coordinator is maintained by the coordinator in a locked office. Information for the agency's annual report is compiled from investigative files, Incident Reviews, and other supporting reports. Agency and facility data is maintained electronically on computers that require a unique username and password to gain access to the data.

The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report. The Auditor observed data collected and compared from 2018 through 2019 and 2019 through 2020. There were no personal identifiers included in the agency's annual report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. A username and password are required to gain access to the computer used by personnel responsible for the data collection. All investigative data used to compile the data is maintained in the IPCM's and facility Investigator's locked office. The Auditor observed the office of the IPCM and Investigator.

**Conclusion:**

The Auditor reviewed the agency's Program Statement, website, annual report, made observations and interviewed staff to determine the agency meets the requirements of this standard.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Auditor Discussion:**

Each facility under the direct control of the Federal Bureau of Prisons had been audited at least once during the previous three-year audit cycle. During the previous three-year audit cycle, the Federal Bureau of Prisons ensured at least one-third of its facilities were audited each year. This is the second year of an audit cycle. During the first year of this cycle the Federal Bureau of Prisons ensured at least one third of its facilities were audited. FCI Morgantown was last audited January 30-February 1, 2018. The final report was posted in March 2018. The previous PREA audit report is accessible on the agency website.

### **Evidence Relied Upon:**

Program Statement 5324.12 pg. 57  
Previous PREA audit report  
Facility Tour  
Interactions with Staff

### **Analysis/Reasoning:**

The agency conducted this audit during the second year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures, documents, and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12-month period. The facility allowed the Auditor to conduct formal interviews with offenders and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility.

During the audit, the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera and mirror placements and reviewed monitors to ensure offenders were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was allowed to correspond confidentially with the Auditor prior to the Auditor's arrival.

The Auditor reviewed the agency's PREA audit report and observed the facility complied with all standards without the requirement of a formal corrective action period. The previous Auditor determined FCI Morgantown met the requirements of 45 standards. The previous Auditor was allowed access to all areas, conducted interviews with staff and offenders and was provided facility documents during the previous audit. During the previous PREA audit the facility allowed offenders to confidentially correspond with the Auditor.

The Auditor communicated with a victim Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered to victims of sexual abuse.

A notice to the population was sent to the Federal Bureau of Prisons by the PREA Auditors of America. The notice included an address for written correspondence from offenders. The notice was written in

English and Spanish. The Auditor received no correspondences from offenders prior to arriving on-site for the audit. The Auditor observed the confidential correspondence notices posted in all offender housing units. The Auditor confirmed all notices were posted on February 24, 2021, during the facility tour. The notices were posted for more than 6 weeks prior to the audit.

The U.S. Department of Justice did not send a recommendation to the Federal Bureau of Prisons for an expedited audit of FCI Morgantown during this audit period.

**Conclusion:**

The Auditor concluded FCI Morgantown meets the requirements of this standard.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Auditor Discussion:

The agency has published its PREA Audit report on its website.

#### Evidence Relied Upon:

Agency Website

## PREA Audit Report

### **Analysis/Reasoning:**

The Auditor reviewed the agency's website which includes a dropdown tab for its facility locations. When accessing this tab and clicking on the "List of Facilities" in the dropdown menu, a list of all FBOP facilities list appears. The PREA audit report can be accessed for each individual facility. Each audit report for all FBOP facilities is accessible on the page. FCI Morgantown was last audited in March 2018.

### **Conclusion:**

The Auditor determined the agency meets the requirements of this standard.



# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Paul Perry

July 25, 2021

**Auditor Signature**

**Date**

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

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