

**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: 30 September 2021       N/A

Date of Final Audit Report: 9 November 2021

### Auditor Information

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Company Name: PREA Auditors of America, LLC.	
Mailing Address: P.O. Box 1071	City, State, Zip: Cypress, Texas 77410
Telephone: 713-818-9098	Date of Facility Visit: 28-30 September 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, D.C. 20534	
Mailing Address: 320 First Street NW		City, State, Zip: Washington, D.C. 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="http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			

### Agency Chief Executive Officer

Name: M.D. Carvajal, Director	
Email: BOP-RSD-PREA Coordinator@BOP.GOV	Telephone: 202-616-2112

### Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator	
Email: BOP-RSD-PREA Coordinator@BOP.GOV	Telephone: 202-616-2112
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:

Sonya D. Thompson, Assistant Director, Reentry Services Division		0	
<b>Facility Information</b>			
Name of Facility: FCI Big Spring			
Physical Address: 1900 Simler Ave		City, State, Zip: Big Spring, Texas 79720	
Mailing Address (if different from above): Same as above.		City, State, Zip: Same as above.	
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility 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>			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):			
<input checked="" type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe):			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Program Review, Operational Review, and Quarterly Audits.			
<b>Warden/Jail Administrator/Sheriff/Director</b>			
Name: Jason Hess (Acting)			
Email: BIG-PREAComplianceMgr@bop.gov		Telephone: (432) 466-2300	
<b>Facility PREA Compliance Manager</b>			
Name: Aaron Greenfield			
Email: BIG-PREAComplianceMgr@bop.gov		Telephone: (432) 466-2300	
<b>Facility Health Service Administrator</b> <input type="checkbox"/> N/A			
Name: Hector Lozano			
Email: BIG-PREAComplianceMgr@bop.gov		Telephone: (432) 466-2300	
<b>Facility Characteristics</b>			

Designated Facility Capacity:	Main Facility: 883 Camp: 144
Current Population of Facility:	Main Facility: 859 Camp: 109
Average daily population for the past 12 months:	Main Facility: 899 Camp: 114
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:	19-84
Average length of stay or time under supervision:	Main Facility 670.4 days / Camp 515.2 days
Facility security levels/inmate custody levels:	LOW, MINIMUM / COM, IN, OUT
Number of inmates admitted to facility during the past 12 months:	714
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	694
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	623
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	223
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	45
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	50
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	12
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):

### Investigations

#### Criminal Investigations

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

#### Administrative Investigations

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

# Audit Findings

## Audit Narrative

The PREA Audit of FCI Big Spring, Bureau of Prisons (BOP), was conducted on September 28 - 30, 2021, by United States Department of Justice Certified PREA Auditor Marc L. Coudriet #P4770. Prior to the audit, FCI Big Spring, Bureau of Prisons (BOP) provided the lead auditor with appropriate directives, procedures and facility documentation related to the standards for review. No youthful inmates or female inmates are housed at FCI Big Spring. The audit was coordinated through PREA Auditors of America, LLC., Cypress, Texas. This is FCI Big Spring's third PREA Audit. The audit began at 7:30 AM. The following persons were in attendance: Acting Warden, the Associate Warden/Institution PREA Compliance Manager (IPCM), the Executive Assistant, the Associate Warden's Secretary, the Safety Manager, Unit Manager, Unit Secretary, and one Management Analyst from the BOP Central Office who attended via telephone.

All available areas of FCI Big Spring were toured including, inmate housing units, the medical area, food service, education, law library, work areas and the recreation areas. COVID-19 safety precautions and Personal Protective Equipment (PPE) were continuously used by the Auditor and all staff and inmates throughout the audit process. Some housing areas were being used for COVID-19 quarantine areas. All inmate interviews were conducted while using COVID-19 safety precautions and Personal Protective Equipment (PPE).

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

Following the protocols of making contacts and checking on the posting of notices (postings were initiated through the BOP External Auditing Branch, Program Review Division), this auditor reviewed each item on the Pre-Audit Questionnaire and additional material sent to the auditor.

During the on-site visit, it was noted the facility, due to its layout and physical plant construction design, should have additional staffing and surveillance cameras in the interior of the housing areas to ensure a safe environment for both inmates and staff. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Postings regarding PREA violation reporting and the agency's zero-tolerance directive for sexual abuse and sexual harassment were prominently displayed in all housing units and throughout the facility. Audit notices with the PREA auditor's contact information were also posted in the same areas. There were zero letters mailed to the auditor as a result of the audit postings in the housing units.

Formal interviews were conducted utilizing the PREA questionnaires with the following facility staff: Acting Warden, PREA Compliance Manager, Human Resource Manager, high level staff, investigator, medical staff, staff who perform screening for risk of victimization and abusiveness, staff on the incident review team, the designated staff member charged with monitoring retaliation, intake staff, contractors, and random staff.

Formal interviews were conducted utilizing the PREA questionnaires with the following inmate groups: inmates who filed a PREA grievance, inmates who identify in a LGBTI group, inmates who have limited English speaking skills, inmate who have reported victimization and random inmates from general housing population. Due to COVID-19 quarantine safety guidelines some inmates were not able to be selected for interview.

The Auditor conducted the following inmate interviews:

Random Inmate Interviews: 18

Youthful Inmate Interviews: 0 – No Youthful Inmates are housed at this facility.

Inmates with a Physical Disability: 1

Inmates who are Blind, Deaf, or Hard of Hearing: 1

Inmates who are limited in English Proficiency: 1

Inmates with a Cognitive Disability: 1

Inmates who identify as Gay, Lesbian or Bisexual: 1

Inmates who identify as Transgender, Gender non-conforming or Intersex: 6

Inmates in Special housing for High Risk of Sexual Victimization: 0

Inmates who reported Sexual Abuse: 2

Inmates who reported Sexual Abuse during Risk Screening: 4

The Auditor conducted the following staff/agency/contractor interviews:

Random Correctional Staff: 13

Agency Contract Administrator: 1

Intermediate or higher-level facility staff: 2

Line Staff who supervise youthful inmates: 0 – No Youthful Inmates are housed at this facility.

Education and Program staff who work with youthful inmates: 0 – No Youthful Inmates are housed at this facility.

Medical and Mental Health Staff: 2

Volunteers and Contractors who have contact with inmates: 2

Administrative (Human Resources) Staff: 1

SAFE/SANE Staff: 1

Investigative Staff: 1

Staff who perform screening for risk of victimization and abusiveness: 1

Staff who supervise inmates in Special housing: 2

Staff on the Incident Review Team: 1

Designated Staff charged with monitoring retaliation: 1

First Responders, both correctional and non-correctional officers: 2

Intake Staff: 1



## Facility Characteristics

FCI Big Spring is located at 1900 Simler Avenue in Big Spring, Texas approximately 42 miles east of Midland, Texas. The facility contains 98 acres of land on a portion of the former Webb Air Force Base. Activated in 1979, FCI Big Spring is a low-security prison for male inmates.

The facility also has a satellite prison camp which houses minimum-security male offenders. The facility provides inmates access to a large variety of academic, vocational trades, religious and recreational programs. These programs furnish inmates with the opportunities to learn skills that can be used for self-improvement and assist them in finding meaningful employment after release.

The educational opportunities available include Pre-GED, GED, English as a Second language (ESL), Parenting, Adult Continuing Education and Advanced Occupational Education training. The facility also has a valuable partnership with Howard College. The college offers various programs such as business administration, math, general studies, and electrical engineering.

The Recreation Department provides structured and unstructured programs during nonworking hours to promote positive lifestyle changes. Chaplains provide religious worship, education, and reentry programs for community transition.

## Summary of Audit Findings

### Standards Exceeded

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

### Standards Met

Number of Standards Met: 45

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: N/A

## Findings:

During the on-site review, the auditor noted the below listed findings:

- Mirror needed in the Kitchen Dry Storage Warehouse to eliminate a blind spot risk area. (Standard 115.13: Supervision and monitoring)
- Document review: facility did not have proper documentation to show all inmates have received the required PREA Training within 30 days of their intake date, they did not have proper documentation showing all inmates have received the required PREA Training and some of the training documentation was not signed by the inmate acknowledging they have received the PREA training.

**Corrective Action:**

- On 29 September 2021, the facility installed a security mirror in the Kitchen Dry Storage Warehouse which eliminated the blind spot risk area. This action corrected this finding and FCI Big Spring is in compliance with Standard 115.13: Supervision and monitoring.

**Corrective Action Plan:**

- FCI Big Spring has entered into a corrective action plan for a period of 120 days from the date of this Interim PREA Report. The corrective action period may end prior to the completion of 120 days if all findings have been corrected.

**Corrective Action To Be Completed:**

FCI Big Spring must provide the Auditor with the following documentation in order to be in compliance with all PREA Standards and end the corrective action period:

- Documentation to show all inmates within the past 12 month have received the required PREA training within 30 days of their intake date. *Documentation authorizing the postponement of the training due to COVID-19 restrictions is acceptable for the dates covered in the authorization.*
- Documentation showing all current inmates have received the required PREA training at this facility.
- Signed documentation from all current inmates showing the inmate's acknowledgment they have received and understand the PREA training that was given to them.
- Documentation stating the PREA Training will be conducted within 30 days of intake during the quarantine process for all new intake inmates.

**Completion of Corrective Action:**

FCI Big Spring provided the Auditor with the needed documentation to be in compliance with PREA standard 115.33, Inmate Education. This information was reviewed by the Auditor and a determination of compliance was made on October 18, 2021.

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

115.11(a)

DIRECTIVE AND DOCUMENT REVIEW:

Pre-Audit Questionnaire.

BOP PREA Plan

Agency zero-tolerance statement.

Organizational charts, interviews.

#### FINDINGS:

Agency Directives and BOP PREA Plan address the requirements of this provision. The agency mandates a zero-tolerance directive towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct. Agency policies addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage (PREA Posters, etc.) and Contract Monitoring. The Directives addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening.

The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification to licensing agencies), Incident Review Teams, and Data Collections and Analysis.

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

115.11(b)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Agency's organizational chart.

#### INTERVIEWS:

PREA Coordinator.

#### ON-SITE REVIEW:

No on-site observations were required for this provision.

#### FINDINGS:

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

The agency's organizational chart reflects that the agency PREA Coordinator position is an upper-level position with agency-wide oversight. The agency PREA Coordinator position reports to the Assistant Director, Reentry Services Division.

The PREA Coordinator was interviewed and reported having enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to focus on the audit. A review of the agency directive, agency's organization chart, and based on the interview with the designated agency's PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

115.11(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency's organizational chart.

**INTERVIEWS:**

PREA Compliance Manager.

**ON-SITE REVIEW:**

No on-site observations were required for this provision.

**FINDINGS:**

The Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement (IS) 5324.12B, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements identified in the standard. The agency has appointed a psychologist assigned to the BOP Reentry Services Division as their National PREA Coordinator. This person reports to an Assistant Director. The Acting Warden has appointed an Associate Warden as the Institution PREA Compliance Manager (IPCM) and the Chief of Psychology Services to assist the IPCM. The IPCM report directly to the Acting Warden regarding all PREA related concerns. Interviews with the agency PREA Coordinator and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards, the Auditor determined the agency demonstrates it meets the requirements of this standard.

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

### **115.12 (a)**

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

## 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### DIRECTIVE AND DOCUMENT REVIEW:

Directives are found in BOP PREA Plan.

Pre-Audit Questionnaire

115.12(a) (b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported there were a total of 6 contracts for the confinement of inmates and 154 Residential Reentry Centers (RRCs) that the agency had entered or renewed with private entities or other government agencies.

A review of five of the contracts reflected the entity's obligation to adopt and comply with the PREA standards. A review of the agency directive and five of the contracts that the agency had entered or renewed with private entities or other government agencies reflected all the contracts met the required entity's obligation to adopt and comply with the PREA standards.

Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency reported the agency-wide contracts require the agency to monitor the contractor's compliance with the PREA standards.

The agency's Contract Administrator was interviewed and reported she is required to maintain regular contact with every inmate placed in a contracting facility. If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allowed time to make corrective action and address the concerns.

Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement. The Contract Administrator annually collects credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility.

New facilities being considered for contracting purposes follow a vetting process, including reference checks with other counties, with all information being presented to the agency's leadership for review and approval. All placements involve input from the inmate being considered for placement in the facility.

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

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The number and placement of supervisory staff?  Yes  
 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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



## Auditor Overall Compliance Determination

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

115.13(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan

### INTERVIEWS:

Acting Warden, PREA Coordinator and PREA Compliance Manager.

### FINDINGS:

PS 3000.03, Human Resource Management Manual, the facility staffing plan and the Workforce Utilization Committee meeting minutes address the requirements of the standard. A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee annual meeting minutes confirmed that PREA issues were considered when filling positions and developing work rosters/assignments (all requirements under 115.13a were met). Interviews with the Acting Warden and Human Resource Manager confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. The IPCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. The agency reported deviations with the staffing plan in place, documentation reviewed, and proper alternate staffing plan procedure was implemented. The inmate population to which the staffing plan is based is 1,027 inmates.

The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors, and department heads, at a minimum conduct and document such visits throughout the institution also at night and on the weekends. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. An examination of policy, supporting documentation and all interviews confirm compliance with this standard.

Staff reported they follow the agency directives and PREA standards, take into consideration the composition of the inmate population and their needs, scheduled programming, and staff placement. Additionally, staff reported other relevant factors considered include the needs of the LGBTI inmates and incidents of substantiated and unsubstantiated sexual abuse.

Staff reported, to ensure compliance with the staffing plan, they monitor staffing during shifts and thoroughly review serious incident reports. During the on-site audit, a review of the agency directive, staff interviews, and the agency's staffing plan indicated all the elements are addressed.

115.13(b) (c) (d)

**DIRECTIVE AND DOCUMENT REVIEW:**

The agency reported deviations with the staffing plan in place, documentation reviewed, and proper alternate staffing plan procedure was implemented.

**INTERVIEWS:**

PREA Coordinator.

**FINDINGS:**

Based on the staff interviews, there has been deviations with the staffing plan in place, documentation reviewed, and proper alternate staffing plan procedures are in place which allows for all essential posts to be filled each shift.

The Auditor interviewed the PREA Coordinator who reported she is consulted regarding any assessments of, or adjustments to, the staffing plan, which occur annually. During the on-site audit, a review of the agency directive, staff interview, and the agency's current staffing plan indicate all the elements of this standard are in place.

115.13(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

PS 5324.12B, Sexually Abusive Behavior Prevention and Intervention Program.

**INTERVIEWS:**

Intermediate and Higher-Level Facility Staff

**ON-SITE REVIEW:**

A review of log entries indicated the upper management unannounced rounds, which are separately documented, are documented and provide additional supporting documentation.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Logbooks are used to document unannounced rounds, which are the responsibility of the posted officer to maintain. Intermediate and Higher-Level Facility Staff were interviewed by the Auditor.

Staff reported different strategies utilized to prevent staff from alerting other staff that an unannounced round was being conducted.

A review of the agency directive and staff interviews indicate multiple levels of management conducting unannounced rounds on all shifts. The senior management rounds are also documented in the post logbook, which the Auditor determined the facility meets the requirements of this provision.

## Standard 115.14: Youthful inmates

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

## Auditor Overall Compliance Determination

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

115.14(a)

### DIRECTIVE AND DOCUMENT REVIEW:

There is no document to review for the audit.

### INTERVIEWS:

PREA Coordinator and PREA Compliance Manager.

### FINDINGS:

The audited facility does not house youthful inmates.

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

115.15(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

PREA Coordinator.

FINDINGS:

PS 5324.12B and PS 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas address the requirements of the standard. FCI Big Spring does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There was no cross-gender visual body cavity or strip searches conducted at the facility during the audit period. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances. Staff interviews also confirmed that male and female officers had been trained to conduct cross-gender pat searches. As confirmed by observations during the on-site review of housing units, inmates are permitted to shower, perform bodily functions, and change clothing privately. The agency and facilities have a “knock and announce” policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates when entering an inmate housing unit. Inmate interviews confirmed that female staff members announce their presence in this manner when entering housing units. The practice was observed during the on-site review of the entire facility. Staff would not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Interviews with inmates confirmed that they had been pat searched by officers properly and professionally. Interviews with staff/inmates, auditor observations and an examination of policy/supporting documentation confirm compliance with this standard.

The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. A formal interview with the PREA Coordinator confirmed this practice.

115.15(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Random Selection of Staff, and Random Selection of Inmates.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency directive requires strip searches are conducted by staff of the same gender as the inmate.

The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. The Auditor interviewed a random selection of staff and random selection of inmates.

Female staff reported they are prohibited from conducting cross-gender strip searches but are trained to conduct cross-gender pat-down searches.

Staff reported there is always adequate levels of staffing to ensure cross-gender strip searches do not occur. All staff reported they had not conducted a cross-gender strip search or heard of one taking place since their employment with the agency. All inmates interviewed reported they have been always searched only by same-gender staff. A review of the agency directive and staff interviews indicates no cross-gender strip searches have been conducted. Inmate interviews confirmed no cross-gender strip searches are conducted.

The Auditor noted, although agency directive prohibits cross-gender strip searches, staff are trained to conduct cross-gender pat-down searches in the event of an emergency or exigent circumstance.

115.15(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency directive requires strip searches are conducted by staff of the same gender as the inmate.

The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates, therefore, there was no documentation to review.

115.15(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Random Selection of Staff, and Random Selection of Inmates.

**ON-SITE REVIEW:**

During the on-site review of the facility, the Auditor noted every time staff of the opposite gender entered a housing unit, the staff would announce themselves accordingly.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. During the on-site audit, the Auditor observed there is no opportunity for staff of the opposite gender to view inmates while performing bodily functions.

Staff interviews reflected staff are aware of this standard and are required to announce themselves when entering a housing unit with inmates of the opposite gender and inmate interviews reflected staff of the opposite gender consistently announce themselves upon entering their housing units.

Inmates interviewed reported staff of the opposite gender do announce themselves and that they would never be in a state of undress in front of opposite gender staff.

A review of the agency directive, staff and inmate interviews, and observations of staff announcing themselves when entering a housing unit with inmates of the opposite gender has demonstrated every precaution is made to ensure inmates are afforded privacy when using the toilet, showering, and changing clothes.

115.15(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Random Sample of Staff.

Inmate interviews.

**FINDINGS:**

Agency Directives and BOP PREA Plan address this provision. Staff interviews reflected staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff also reported the determination of the inmate's genital status would be made by medical staff. The inmates interviewed revealed the same.

115.15(f)

**DIRECTIVE AND DOCUMENT REVIEW:**

Training Curricula and Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Random Sample of Staff.

**FINDINGS:**

Training documentation reflected staff attended and participated in "Cross-Gender and Transgender Pat Searches" training during pre-service and refresher training is available online.



A review of the agency directive, training documentation, and staff interviews indicate staff are prohibited from conducting cross-gender strip searches and staff cannot conduct cross-gender pat down or strip searches, however, all staff are trained on how to conduct cross-gender pat-down searches if exigent circumstances exist which exceeds the requirements of this provision.

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

### **115.16 (a)**

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

115.16(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Posters, inmate handbooks, training certificates.

INTERVIEWS:

Inmates

Random Staff

## FINDINGS:

PS 5324.12B and the Admission and Orientation (A&O) Handbook address the requirements of the standard.

Through policy and practice, the facility ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. All PREA related information (written information), including postings, brochures and handouts are available in English, Spanish and other languages. Staff also read information to inmates when necessary. Translation services are available through a contracted language service for inmates who are not English proficient, and the facility has staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistance in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interview with 1 non-English proficient inmate confirmed the availability and use of the staff and telephonic interpretive services. Interviews with staff, other inmates and an examination of policy/supporting documentation also confirm compliance with this standard.

115.16(b)

## DIRECTIVE AND DOCUMENT REVIEW:

Agency directive, BOP PREA Plan and review of posters, inmate handbooks, training certificates. Multiple staff have been identified as bilingual and are available as needed.

## INTERVIEWS:

Inmates.

## FINDINGS:

Agency directive, BOP PREA Plan and review of posters, inmate handbooks, training certificates, addresses this provision. At the time of the audit, 1 Limited English Proficient (LEP) inmate was interviewed. The inmates reported getting the PREA related information in Spanish and the posters are translated correctly.

115.16(c)

## DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives, BOP PREA Plan and review of posters, inmate handbooks, and training certificates.

## INTERVIEWS:

Random Sample of Staff. At the time of the audit, there was 1 LEP inmate (Spanish only) interviewed.

## FINDINGS:

Agency directive, BOP PREA Plan and review of posters, inmate handbooks, training certificates, address this provision. Multiple staff have been identified and can translate in Spanish. Staff interviewed reported they would never use inmates to interpret for another inmate unless there was an emergency and there was not enough staff to interpret.

The LEP inmates interviewed reported being provided PREA related information verbally from staff and understanding their rights as it pertained to PREA and had an understanding on how to report an allegation.

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

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

### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

## Auditor Overall Compliance Determination

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

115.17(a) (e)(h)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Supporting Documentation.

### FINDINGS:

PS 3000.03 Human Resource Management Manual, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions) and a BOP recruitment document address the requirements of the standard. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant.

The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency, not the FCI Big Spring Human Resource Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work. The agency, not the FCI Big Spring Human Resource Department, notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy, personnel forms, and relevant supporting documentation, including staff interviews, confirm compliance with this standard.

115.17(b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

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

115.17(c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. The agency directive requires job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed prior to any inmate contact. All contractors are screened by using the same process. The Auditor interviewed the Administrative (Human Resources) Staff.

115.17(d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

The Auditor interviewed the Administrative (Human Resources) Staff.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) the elements of this provision. Agency directive defines staff to include volunteer or contracted program services staff. All staff are also subjected to a criminal background check.

115.17(f)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan. HR Files.

INTERVIEWS:

Administrative (Human Resources) Staff.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision.

The application process includes the "Affirmative Duty to Disclose" form for new hires, volunteers and contractors, and a review of the HR files indicated this process was being implemented. All staff HR files reviewed indicated the forms had been signed in accordance with directive.

A review of agency directive and HR files, and staff interview, indicate the practice is in place and meets the requirements of this provision.

115.17(g)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

Agency Directives and BOP PREA Plan address this provision. Agency directive defines staff to include volunteer or contracted program services staff.

**Standard 115.18: Upgrades to facilities and technologies**

**115.18 (a)**

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

**115.18 (b)**

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



## Auditor Overall Compliance Determination

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

115.18(a)

### INTERVIEWS:

Interviews of the Agency Head and Acting Warden confirm that the standard is being met.

### FINDINGS:

The facility has an ongoing plan for upgrading and enhancing the security and safety within FCI Big Spring. The facility has not made any expansions or modifications to the physical plant since August 20, 2012. Agency Head and facility Acting Warden noted they would consider how modifications to FCI Big Spring may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the any enhancements/upgrades.

115.18(b)

### DIRECTIVE AND DOCUMENT REVIEW:

Video Surveillance Schematic.

### INTERVIEWS:

Interviews of the Agency Head and Acting Warden confirm that the standard is being met.

### FINDINGS:

Interviews revealed the Agency Head and facility Acting Warden did consider how such technology may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the video enhancements/upgrades.

## RESPONSIVE PLANNING

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### 115.21(a)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Memos, employee training certificate.

##### INTERVIEWS:

Random Sample of Staff.

Interviews of the Agency Head and Acting Warden confirm that the standard is being met.

##### FINDINGS:

PS 5324.12B; IS 5324.12B; the Guide for First Responder/Operations Lieutenant-When Approached with an Inmate Allegation of Sexual Abuse or Harassment, PS 6031.04, Patient Care, and the PREA Checklist & Instructions address the requirements of the standard.

Staff interviewed indicated a clear knowledge of their responsibilities as potential first responders and knowledge of agency directive and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse.

115.21(b)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The audited facility offers all inmates a forensic examination if sexually abused.

The medical staff will contact Utilization Review who determines the best location with the available services for SANE/SAFE requirements.

The facility conducted zero SAFE/SANE examinations during the last 12 months. All forensic exams are at no cost to the inmate and are available at any time. Victim advocates to provide victim services are located at the facility.

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

115.21(c) (f)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

SAFE/SANE Staff

**FINDINGS:**

Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving, and securing physical evidence, when sexual abuse is alleged. Staff were aware that the Special Investigative Services (SIS) Lieutenant, the Office of Internal Affairs (OIA), Office of the Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conduct investigations relative to sexual abuse/harassment allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Victims of sexual assault are referred to health services for initial examination and treatment.

Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner (SANE). All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. Facility staff members also have been trained as victim advocates. Routinely, administrative investigations are conducted by trained investigators who are full-time employees of the facility. The Acting Warden generates the referral to the outside agency (OIG or FBI). The review of training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and harassment in confinement settings. Interviews with staff, an investigator, and a SANE representative from the local hospital. An examination of policy/supporting documentation also confirm compliance with this standard. No forensic exams were performed at a local hospital within the last year.

115.21(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager.

Inmates who had reported a sexual abuse during screening.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision.

Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner. All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. Facility staff members also have been trained as victim advocates.

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

115.21(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager.

Inmates who had reported a sexual abuse during screening.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The Auditor interviewed the facility PREA Compliance Manager who reported the facility has staff members who have been trained as victim advocates.

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

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

### **115.22 (a)**

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

### **115.22 (b)**

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

### **115.22 (c)**

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

### **115.22 (d)**

- Auditor is not required to audit this provision.

### **115.22 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

115.22(a) (b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### INTERVIEWS:

Interviews of the Agency Head, the SIS Lieutenant, the PREA Coordinator, and the PREA Compliance Manager.

### FINDINGS:

PS 5324.12B addresses the requirement of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Services Lieutenant.

If, during an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the FBI for criminal investigation. The SIS Lieutenant was interviewed and was aware of his responsibilities in the investigative process.

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

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

115.22(c)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency's directive posted on the agency's website.

### FINDINGS:

The agency's directive is posted on the agency's website in accordance with this provision.

115.22(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

The agency is not required to respond to this provision.

**FINDINGS:**

This provision is not applicable as the agency is not required to respond to this provision.

115.22(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

The agency is not required to respond to this provision.

**FINDINGS:**

This provision is not applicable as the agency is not required to respond to this provision.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

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



- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

115.31(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Agency curriculum.

Randomly selected staff training documents.

## INTERVIEWS:

Random Sample of Staff

## FINDINGS:

Agency Directives and BOP PREA Plan address this provision. A review of the agency directive, training curriculum, various training documents, and staff interviews demonstrate PREA related training is conducted, and staff attend, participate, and complete the training. The agency directive and curriculum address all the required topics. The Auditor interviewed a total of 13 randomly selected staff.

Staff interviewed acknowledged attending and participating in the PREA training and confirmed the required topics were covered during the training. The staff interviewed reported receiving training in all the required topics within the past year. Interviews revealed the staff have PREA training annually with their annual employee training, they are given PREA refresher training periodically throughout the year and the employees carry a PREA response card. This exceeds the requirements of this provision.

115.31(b)

## DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-service and In-service curriculum.

Pre-audit questionnaire.

## FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. All agency employees, contractors, and volunteers are trained to meet the PREA standards. In the past 12 months, 223 (100%) staff were trained or retrained.

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

The interview process also documented those employees understood the materials presented. Refresher information is available in the employee handbook and in-shift briefings. Staff reported everyone gets the exact same training regardless of working with male or female inmates in the agency.

115.31(c)

## DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan

Pre-service and In-service curriculum.

Pre-audit questionnaire.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency directive requires staff receive PREA related training during orientation and on an annual basis.

The Auditor reviewed randomly selected employee/contractor/volunteer training documents. A review of the randomly selected training documents reflected all had participated and completed the required PREA training.

Training documentation reviewed supported the participation of all correctional staff, including participation by management and administrative support staff, in the PREA training.

115.31(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Pre-service and In-service curriculum.

Pre-audit questionnaire.

Training Acknowledgement Form.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The agency maintains the signed acknowledgement forms which affirm the trainees understand the training they have received. Through staff interviews, it was made clear to the Auditor that the staff understood the PREA training.

**Standard 115.32: Volunteer and contractor training**

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

#### **Auditor Overall Compliance Determination**

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

115.32(a)

#### **DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

Pre-audit questionnaire.

Volunteer and contract staff training documentation.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

#### **INTERVIEWS:**

Contractor.

#### **FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) volunteer and contractor training.

All volunteers and contractors who have contact with inmates at this facility have been trained to understand the requirements of PREA and the zero-tolerance directive. 100% of the volunteers and contractors were trained about PREA.

This was verified by examination of training documentation and the signatures that documented that they understood the training presented. An interview with two contractors verified that they understood the PREA requirements associated with being a contractor. Interviews revealed the contracted staff received PREA training in accordance with this standard and exceeds this provision's expectation by also receiving monthly PREA training with the unit staff.

115.32(b)

#### **DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Volunteer/Contractor Training Plan.

Pre-audit questionnaire.

Volunteer and contract staff training documentation.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

#### INTERVIEWS:

Contractor.

#### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) volunteer and contractor training. The agency's PREA training addresses the zero-tolerance directive. Training documentation reflected training events held specifically for contract staff and volunteers.

The Auditor interviewed two randomly selected contractors. The contracted staff interviewed reported being trained on the agency's zero-tolerance directive regarding sexual abuse and sexual harassment and of the reporting requirements. Due to COVID-19 safety protocols, there were no volunteers at the facility during the on-site review.

115.32(c)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Signed Volunteer and Contractor Acknowledgement Forms.

#### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) volunteer and contractor training. The acknowledgment forms contained the proper affirmation statement. Through interviews, it was made clear the contract staff understood the PREA training.

### **Standard 115.33: Inmate education**

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

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

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

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

## Auditor Overall Compliance Determination

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

115.33(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Inmate assessment forms.

Orientation schedule.

Training rosters.

Pre-audit questionnaire.

Bilingual Posters.

Inmate Handbook (English and Spanish).

Brochures (English and Spanish).

### INTERVIEWS:

Inmates.

### FINDINGS:

Agency Directives and BOP PREA Plan address this provision. The intake staff reported the orientation packet contains all the PREA related information which is provided to all the inmates during the intake process. Staff reported the information may be provided to the inmate in Spanish or it could be read out loud to the inmates to ensure they understand it and that inmates are asked if they have any questions before they are assigned to a housing unit.

Staff reported information on the zero-tolerance directive and how to report allegations are also contained on posters, which are posted throughout the facility, and that the PREA information is presented again on weekends to the groups in the housing units.

115.33(b) (d)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Inmate assessment forms.

Orientation schedule.

Training rosters.

Pre-audit questionnaire.

Inmate Handbook (English and Spanish).

Brochures (English and Spanish).

#### INTERVIEWS:

The Auditor interviewed staff assigned to intake duties and randomly selected inmates.

#### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. In the past 12 months, 714 (100%) inmates admitted to FCI Big Spring in the past 12 months were trained on the principals of PREA.

Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population and are available in English and Spanish. Inmates also have unrestricted access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Inmate telephones, examined by the auditor, also provide a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English or are otherwise unable to communicate (deaf, blind, mentally impaired, etc.). During the on-site review, the facility did not have proper documentation for the Auditor to review to show all inmates have received the required PREA Training within 30 days of their intake date, they did not have proper documentation showing all inmates have received the required PREA Training and some of the training documentation was not signed by the inmate acknowledging they have received the PREA training. On October 18, 2021, the forementioned documentation was provided and this facility is determined to be in compliance with this provision.

115.33(c)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Case files.

#### INTERVIEWS:

The Auditor interviewed randomly selected staff assigned to intake duties.

#### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision.



A review of the training logbook, the facility did not have proper documentation to show all inmates have received the required PREA Training within 30 days of their intake date, they did not have proper documentation showing all inmates have received the required PREA Training and some of the training documentation was not signed by the inmate acknowledging they have received the PREA training. PREA Training was stopped from 11 March 2020-16 March 2021, according to the dates in the training logbook. On October 18, 2021, the forementioned documentation was provided and this facility is determined to be in compliance with this provision.

115.33(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Case files.

Acknowledgement Statement

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. During the on-site review, the facility did not have proper documentation to show all inmates have received the required PREA Training within 30 days of their intake date, they did not have proper documentation showing all inmates have received the required PREA Training and some of the training documentation was not signed by the inmate acknowledging they have received the PREA training. Inmates that did participate in the subsequent PREA education have their participation entered into the inmate's record.

On October 18, 2021, the forementioned documentation was provided and this facility is determined to be in compliance with this provision.

A review of case files reflected all inmates had been provided the required PREA related information and education.

The completed Acknowledgement Statement is used to document when inmates are provided the PREA information at intake. Inmates that participate in the subsequent PREA education have their participation entered into the inmate's record.

115.33(f)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**ON-SITE REVIEW:**

PREA educational and informational materials, including PREA posters are available in each respective housing unit.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. PREA educational and informational materials, including PREA posters are continuously available in each respective housing unit. The Inmate Handbook is available to the inmates during the intake process and made available upon request any time during their stay at FCI Big Spring.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

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

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

115.34(a) (b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

Investigative staff training certificates.

### INTERVIEWS:

Investigative Staff.

### FINDINGS:

PS 5324.12B, the SIS/SIA Training Lesson Plan, Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard.

The facility investigators, OIA, OIG and FBI investigators have received PREA specialized training through the Department of Justice (this training includes all requirements under 115.34b).

The auditor reviewed specialized training documentation to include the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full-time employees of FCI Big Spring. No agency investigators were available to be interviewed. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or Office of the Inspector General. Interviews with staff, the SIS investigator, and an examination of policy/supporting documentation confirm compliance with this standard.

115.34(c)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Training records.

Investigation records.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the specialized training documents reflects all investigators had completed the required training. Training documentation reflected the investigators listed in the investigative files audited were trained on the specialized investigator training.

115.34(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

The agency is not required to respond to this provision.

**FINDINGS:**

This provision is not applicable as the agency is not required to respond to this provision.

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

**115.35 (a)**

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

**115.35 (b)**

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

**115.35 (c)**

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### 115.35(a)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Training records: Randomly selected training files.

#### INTERVIEWS:

Medical and Mental Health Staff

#### FINDINGS:

PS 5324.12B and IS 5324.12B address the requirements of this standard. Training documentation reviewed indicated medical and mental health staff participated in the specialized medical and mental health PREA training.

### 115.35(b)

#### DIRECTIVE AND DOCUMENT REVIEW:

The agency reported the facility's medical staff do not conduct forensic exams; therefore, this provision is not applicable.

## INTERVIEWS:

Medical Staff

## FINDINGS:

The agency reported the facility's medical staff do not conduct forensic exams; therefore, this provision is not applicable. Medical staff interviewed confirmed they do not conduct forensic exams on-site.

115.35(c)

## DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Training records.

Certificates of Completion.

## FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. The review of medical and mental health personnel training records by the auditor confirmed that these employees (part-time, full-time and contractors) receive the same PREA training as all other correctional staff and have a duty to report when they have knowledge of sexual abuse/harassment, even when disclosed during a healthcare encounter. Further review of training records confirmed that all mental health and medical staff have also received specialized training on victim identification, interviewing, evidence preservation, reporting and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations.

All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners are always available (staff at the local hospital was interviewed and confirmed access to these services).

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

115.35(d)

## DIRECTIVE AND DOCUMENT REVIEW:

Training records.

## FINDINGS:

Training documentation reviewed reflected medical and mental health staff, including contract staff, participated in the general PREA training.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No



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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

115.41(a) (f) (g) (h)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Randomly selected inmate files.

#### INTERVIEWS:

Staff responsible for risk screening: Intake and medical staff, and randomly selected inmates.

#### FINDINGS:

PS 5324.12B addresses the requirement of the standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the Receiving and Discharge (R&D) area in accordance with the requirements listed in 115.41 d and e. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. If transferred to another facility, the inmate would receive an entirely new screening upon arrival. A member of the inmate's housing unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the day of arrival.

The review of screening documents by the auditor confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. Staff also conduct screenings by reviewing records or other information from other facilities, new referrals, or for any other relevant reason. A unit team member reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 28 days of his arrival.

Intake staff who screen for abusiveness and victimization and inmate interviews, a review of policy/supporting documentation and observations of the intake process confirmed compliance with this standard.

115.41(b)

DIRECTIVE AND DOCUMENT REVIEW:

PREA Screening Tool

FINDINGS:

The objective screening instrument is accomplished within the first 72 hours of arrival. The screening document does ask questions to determine if any inmate might have any prior history as a sexual abuser and the responses are documented. Based on the inmate record and responses, a decision is made to properly house the inmate. Intake staff conduct the screening, and the information is secured.

115.41(c)

DIRECTIVE AND DOCUMENT REVIEW:

PREA Screening Tool

INTERVIEWS:

Staff responsible for risk screening

FINDINGS:

The agency's PREA Screening Tool reflect all the required elements in this provision. Staff interviewed confirmed they use the agency's screening tool during intake. Staff interviewed properly referenced the required elements inmates are screened for during the risk screening process.

115.41(d)

INTERVIEWS:

Staff responsible for risk screening: Intake and medical staff.

FINDINGS:

Staff reported the information is ascertained through inmate interviews, and from information collected through the PREA Screening tool, medical screening, and case file records.

115.41(e)

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager, and staff responsible for risk screening.

FINDINGS:

Intake staff interviewed reported they do not have access to the inmate's medical or mental health information. The inmate's medical information is retained and only available to medical staff. Staff reported the treatment modality drives which staff need the information.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to

a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

## Auditor Overall Compliance Determination

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

115.42(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directive and the PREA Screen Tool.

### INTERVIEWS:

PREA Compliance Manager.

LGBTI Inmates.

Staff responsible for risk screening.

### FINDINGS:

PS 5324.12B addresses the requirement of the standard. The information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety. This information is used to make decisions to place each inmate in appropriate housing, work, and program assignments. The placement decisions are made by a classification committee. Staff interviewed reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors.

115.42(b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### INTERVIEWS:

Staff, Medical and Mental Health Staff.

Inmates who are at risk of sexual victimization.

Inmates who reported sexual abuse at and after in-processing.

### ON-SITE REVIEW:

During the on-site review, there was no indication that special housing units are used on a regular basis due to PREA risk factors.

## FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported special housing is used as a last resort and staff look for other options, such as housing unit changes. Staff reported the welfare of the inmate is always a high consideration. Medical and mental health staff reported they would conduct daily visits for any inmates placed in special housing for PREA risk factors.

115.42(c)

## DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

## INTERVIEWS:

PREA Coordinator, and PREA Compliance Manager.

LGBTI Inmates.

## FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported the facility does not have specific housing units designated for lesbian, gay, bisexual, transgender, or intersex inmates. All housing, program and work assignments are made on a case-by-case basis.

## Standard 115.43: Protective Custody

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary special 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 special housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in special 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 special 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 special 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 special 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 special 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 special 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 special 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*)

115.43(a)-1

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

PREA Compliance Manager.

SHU Correctional Staff.

Inmates.

FINDINGS:

PS 5324.12B addresses the requirement of the standard. FCI Big Spring's Special Housing Unit (SHU) houses both administrative (protective custody) and disciplinary cases.

Policy states inmates at high risk for sexual victimization shall not be placed in involuntary special housing status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. The inmates would be reassessed every 7 days after entering special housing.

If protection is necessary for an inmate, they may be transferred to another housing unit. Interviews with a SHU correctional staff confirmed, that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to inmates placed in the SHU for the purposes of protective custody, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Mental health and unit staff meet with each inmate in special housing status at least once each week. A Safeguarding of Inmates Alleging Sexual Abuse/harassment Allegation form is completed when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff, an examination of SHU operations and an examination of policy/supporting documentation confirm compliance with this standard. There were no instances of involuntary placement in special housing in the previous 12 months.

115.43 (a)-2

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

PREA Compliance Manager, and staff responsible for risk screening.

LGBTI Inmates.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported the inmate's health and safety are taken into consideration during placement and



programming assignments. The audited facility reported zero inmates were held in special housing in the past 12 months for the purpose of protecting a possible sexual abuse victim. Directives require review every 30 days for any inmate in special housing.

115.43(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager, and staff responsible for risk screening.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The audited facility reported zero inmates were held in Special housing in the past 12 months for longer than 30 days awaiting alternative placement.

115.43 (d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager, and staff who supervise Special housing.

Acting Warden

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The audited facility reported zero inmates were involuntarily held in Special housing in the past 12 months awaiting alternative placement.

115.43(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

The agency reported there have been no PREA related incidents involving the involuntary assignment of any inmate in the past 12 months to Special housing. Agency directive does afford an inmate who is involuntarily assigned to Special housing to be reviewed every 30 days.

**FINDINGS:**

The agency reported there have been no PREA related incidents involving the isolation of any inmate in the past 12 months, therefore there were no case files to review specific to this provision.

# REPORTING

## Standard 115.51: Inmate reporting

### 115.51 (a)

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

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

115.51(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Inmate Handbook.

Grievance Form.

Writing Instruments (pens, pencils, markers, etc.)

### INTERVIEWS:

Random Sample of Staff and Random Sample of Inmates.

### ON-SITE REVIEW:

The Auditor noted PREA Posters, PREA reporting hotline are posted near the phones and grievance forms are accessible to the inmates in each housing unit and in common areas.

### FINDINGS:

PS 5324.12B; IS 5324.12B; the Admission and Orientation (A&O) Handbook and PREA postings address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third-party and anonymously) for inmates and staff to report sexual abuse or sexual harassment.

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

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

#### 115.51(b)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

PREA Posters.

##### INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

##### ON-SITE REVIEW:

During the on-site review, the Auditor noted PREA Posters and phones are accessible to the inmates in each housing unit.

##### FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Staff interviewed reported inmates could make anonymous reports to anyone.

Inmates interviewed reported they could call a family member, write to a Rape Crisis Center, or contact OIG if they needed to contact someone outside of the facility. The inmates reported they were aware they could make reports anonymously.

#### 115.51(c)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

##### INTERVIEWS:

Random Sample of Staff and Random Sample of Inmates.

##### FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. Inmates interviewed reported they could make reports anonymously, in writing, file grievance, verbally, through a family member, or staff member.

#### 115.51(d)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

## INTERVIEWS:

PREA Compliance Manager.

Inmate who reported sexual abuse during screening.

## FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Staff are informed of how to report privately any sexual abuse or harassment. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirements with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### 115.52(a)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Inmate Handbook.

Grievance Form.

#### INTERVIEWS:

Random Sample of Staff and Inmates who report sexual abuse.

#### FINDINGS:

PS 1330.18, Administrative Remedy Program, addresses the requirement of the standard. In accordance with agency directive, the inmate grievance process meets the requirements of PREA. The process allows the inmate to file an oral or written complaint/grievance at any time about sexual abuse or on any correctional issue.

The complaint can be filed with any staff and will be directed to the Warden or designee for response if necessary. Inmates interviewed reported they would go directly to a staff member.

115.52(b) (f)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directive and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager, and Random Sample of Staff.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision.

Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment and does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment.

Allegations of physical abuse by staff is referred to the Office of Internal Affairs (OIA), in accordance with procedures established for such referrals.

Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes they are under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, the inmate may submit the remedy directly to the appropriate Regional Office. There is no prohibition that limits third parties, including other inmates, staff members, family members, attorneys, and outside victim advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were four grievances alleging sexual abuse/harassment filed within the last 12 months.

115.52(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Inmates who reported sexual abuse.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately.



By directive, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

115.52(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan page 14.

**INTERVIEWS:**

PREA Compliance Manager.

**FINDINGS:**

Agency Directives and BOP PREA Plan address this provision. In the past 12 months, there has been four grievances filed that alleged sexual abuse/harassment. Agency directive allows third-party assistance to inmates in the grievance process. If the inmate declines assistance of a third-party, that decision to decline assistance would be documented. No assistance has been requested.

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

Agency directive requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within five calendar days. Directive does limit any sanctions to an inmate who filed the grievance in bad faith.

115.52(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager.

**FINDINGS:**

Agency Directives and BOP PREA Plan address this provision. In the past 12 months, there has been four grievances filed concerning sexual abuse/harassment. Agency directive allows third-party assistance to inmates in the grievance process.

If the inmate declines assistance of a third-party, that decision to decline assistance would be documented.

115.52(g)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Compliance Manager.

FINDINGS:

Agency Directive does limit any sanctions to an inmate who filed the grievance in bad faith. In the past 12 months, there were zero grievances filed concerning sexual abuse that was found to be in bad faith and resulted in disciplinary action.

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

**115.53 (a)**

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

**115.53 (b)**

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

**115.53 (c)**

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

## Auditor Overall Compliance Determination

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

115.53(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan. Inmate handbook.

### INTERVIEWS:

Random inmates and an inmate who reported a sexual abuse during screening.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. The audited facility provides to the inmates, confidential access to outside victim advocates by providing the name of the organization, toll-free telephone number, posters, and the information is in the inmate handbook.

The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the inmate.

115.53(b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### INTERVIEWS:

Random Sample of Inmates.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Inmates interviewed reported they had never requested support services from outside agencies. Advocate services informs the inmates of limits to confidentiality prior to receiving services.

115.53(c)

### FINDINGS:

PS 5324.12B addresses the requirement of the standard. SANE/SAFE staff at the local hospital provides victim advocate services to the inmate population at FCI Big Spring.

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

Interviews with staff, inmates, an examination of postings in the housing unit with contact information to the national victim sexual assault hotline, and an examination of policy/supporting documentation confirm compliance with this standard.

## Standard 115.54: Third-party reporting

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

115.54(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Inmate handbook.

INTERVIEWS:

PREA Coordinator

## FINDINGS:

The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention—An Overview for Offenders," the Admission and Orientation Handbook, PREA posters throughout the facility, the posted Office of the Inspector General address, and the BOP website ([www.bop.gov](http://www.bop.gov)) addresses the requirements of the standard. The website and posted OIG address, observed by the auditor, assist third-party reporters on how to report allegations of sexual abuse/harassment. Interviews with staff and inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### 115.61(a)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

##### INTERVIEWS:

Interviews with Acting Warden, random staff, medical/mental health staff, & PREA Coordinator.

##### FINDINGS:

Agency Directives and BOP PREA Plan address this provision. All staff interviewed reported they would immediately report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment.

Staff also reported they would report any retaliation against staff or inmates who reported an incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

#### 115.61(b)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

##### INTERVIEWS:

Interviews with Acting Warden, random staff, medical/mental health staff, & PREA Coordinator.

## FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. All staff interviewed reported all staff including medical and mental health staff are required to report all sexual abuse allegations. Medical/Mental Health staff inform the inmate of their duty to report. The facility reports all allegations to OIG after being reviewed by the facility's investigators, as applicable. All staff are informed of the importance of confidentiality being maintained in the reporting process.

No inmate is under the age of 18 at the audited facility.

## Standard 115.62: Agency protection duties

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### 115.62(a)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

#### INTERVIEWS:

Interviews with Acting Warden, random staff, medical/mental health staff, & PREA Coordinator.

#### FINDINGS:

PS 5324.12B addresses the requirement of the standard. Staff interviewed reported immediate action would be taken if staff were to become aware of any inmate being at substantial risk of imminent sexual abuse. Staff reported any allegation would be taken seriously and due diligence would be followed to ensure staff respond to inmates immediately. Management staff reported the key is creating a safe culture. Randomly selected staff reported in detail the immediate steps they would take to respond to any allegation of an inmate reporting they are at a substantial risk of imminent sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

115.63(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

INTERVIEWS:

Acting Warden.

FINDINGS:

PS 5324.12B addresses the requirement of the standard.

The agency has a directive that requires notification of another facility when they learn of an inmate that had been sexually abused at that other facility. In the past 12 months, the facility reported zero allegations of sexual abuse from an inmate that occurred at another facility.



115.63(b) (c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

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

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

115.63(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Acting Warden.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported they would initiate an investigation just like any other. Inmates making allegations at the audited facility regarding incidents from another facility were being investigated through cooperation from both facilities. The same would occur if the inmate made an allegation at a new facility after leaving the audited facility regarding an alleged incident that happened prior to leaving. The facilities would work together to conduct the investigation to include interviews, statements, and evidence collection. All information and evidence would be provided to the facility responsible for completing the investigation, which is the facility that received the complaint.

**Standard 115.64: Staff first responder duties**

**115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes    No

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### 115.64(a)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

Samples of the PREA First Responder cards.

##### INTERVIEWS:

First Responders: Correctional and Non-Correctional Officers.

##### FINDINGS:

PS 5324.12B and IS 5324.12B address the requirements of the standard. The practices to this directive were verified by the responses from the staff being questioned in the interview process.

All staff are provided training on the first responder actions required in the event of a sexual abuse. This would include any correctional officer that might be a first responder.

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

Staff interviewed outlined the response taken in response to an allegation. The agency protocol, which meets the standard requirements, was followed.

115.64(b)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Pre-audit questionnaire.

Samples of the PREA First Responder cards.

#### INTERVIEWS:

First Responders: Correctional and Non-Correctional Officers.

#### FINDINGS:

Agency Directives and BOP PREA Plan address this provision. In the past 12 months, there were four allegations of sexual abuse or sexual harassment from an inmate where correctional officers reported as the first responder and proper evidence collection protocols were taken, as applicable. A review of documentation shows proper notification/evidence collection protocols were taken.

### Standard 115.65: Coordinated response

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

115.65(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Acting Warden

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Agency directive required a coordinated response by correctional staff, supervisory/management staff, medical/mental staff, investigators, and SANE/SAFE services. The document clearly outlines the institutional plan to coordinate actions taken in response to an incident. Staff interviewed reiterated the protocols outlined in the agency's institutional plan.

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

115.66(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Acting Warden

FINDINGS:

The Collective Bargaining Agreement (CBA) examined by the auditor, between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor was advised that the CBA is currently being renegotiated and will contain the required language in its final form.

## Standard 115.67: Agency protection against retaliation

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### 115.67(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

PS 5324.12B addresses the requirement of this standard. Directive requires the protection of inmates and staff who report sexual abuse/harassment from retaliation. Senior management is assigned to supervise the monitoring and prevention of retaliation.

115.67(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Staff reported when an investigation is initiated, the individual making the report is told what the expected process will be and if anyone threatens or otherwise makes them feel uncomfortable, they are provided with the name of the person to notify.

Staff and inmates are informed that any retaliation will be taken seriously and acted upon. Staff reported the process followed and strategies used when monitoring for potential retaliation against both inmates and staff. Staff is offered emotional support services.

115.67(c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. Staff reported in detail what they look for when monitoring for retaliation for both inmates and staff, and the duration of the monitoring, which meet the standard requirements.

115.67(d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. All required monitoring will be promptly conducted for a minimum of 90 days or longer if needed.

The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the inmate victim. This directive would also protect anyone who assisted in the investigation. The Directives also require periodic status checks designed to protect an individual from retaliation.

115.67(e)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Acting Warden.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported any type of retaliation is treated seriously and any allegations made would be reviewed and investigated. If an allegation were to be found true, the appropriate necessary actions would be taken.

115.67(f)

DIRECTIVE AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

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

**115.68 (a)**

- Is any and all use of special 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*)

115.68(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### INTERVIEWS:

Acting Warden

Medical and Mental Health Staff. At the time of the on-site audit, there were no inmates in isolation for risk of sexual victimization/who alleged to have suffered sexual abuse, therefore no inmate was interviewed specific to this provision.

### ON-SITE REVIEW:

During the on-site review, there was no indication that Special housing is used on a regular basis for PREA related events.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported protective custody/Special housing would be used only as a true last resort and efforts would continue to find alternatives during Special housing assignment.

No inmates are placed in Special housing involuntary without an assessment of all available alternatives.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

115.71(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Training Documentation.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of investigative files reflected investigations were conducted promptly, thoroughly, and objectively.

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

115.71(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the investigative staff training documents indicated all investigative staff are trained in the required specialized investigative staff training. Staff interviewed reported receiving the required training.

115.71(c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the files reflected the required supporting documentation was maintained in the files.

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

115.71(d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported investigations are not terminated solely because the victim recants the allegation and would move forward with the investigation.

115.71(e) (h)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Investigative files.

INTERVIEWS:

Investigative Staff

FINDINGS:

PS 5324.12B addresses the requirement of the standard. The institution's investigator (SIS) may conduct administrative investigations within the facility and was interviewed by the auditor. When an allegation appears to be criminal in nature, the SIS, in conjunction with the BOP's Office of Internal Affairs and the facility Acting Warden, will refer the incident to the FBI for a criminal investigation, if the investigation involves an inmate-on-inmate allegation. Staff-on-inmate criminal investigations are conducted by Office of the Inspector General. The FBI or the OIG investigator consults with the Assistant U.S. Attorney when necessary.

If the FBI or the OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff.

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

115.71(f)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Investigative Staff.

**FINDINGS:**

Agency Directives and BOP PREA Plan. Staff interviewed reported all information would be considered, documented, and assessed as part of the investigation. Staff also reported a polygraph is not a part of the investigative process.

115.71(g)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Investigative files.

**INTERVIEWS:**

Investigative Staff.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported everything is considered as part of the investigation including whether staff actions or failures to act contributed to the abuse.

A review of the investigative files indicated the investigations were thorough. The incident review process, which addresses this provision, was completed.

115.71(i)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision.

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

115.71(j)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision and requires investigation reports will be kept in perpetuity. A review of the investigative files shows compliance with this provision.

115.71(k)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

Staff interviewed reported an investigation would continue regardless of whether the alleged abuser or alleged victim left the facility.

115.71(l)

**DIRECTIVE AND DOCUMENT REVIEW:**

The agency is not required to respond to this provision.

**FINDINGS:**

This provision is not applicable as the agency is not required to respond to this provision.

**Standard 115.72: Evidentiary standard for administrative investigations**

**115.72 (a)**

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

**Auditor Overall Compliance Determination**

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

115.72(a)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Investigative files.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. A review of the investigative files indicated the proper standard was used in determining that the allegations were founded/substantiated. Staff reported the standard of evidence used to substantiate allegations is the preponderance of the evidence.

### Standard 115.73: Reporting to inmates

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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



has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

115.73(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Acting Warden.

Investigative staff.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision and requires notification for both sexual abuse and sexual harassment investigations. Staff interviewed reported the inmate would be notified in writing.

The agency directive requirements to notify the inmate on the outcome of sexual abuse and sexual harassment investigations meets the standard requirements.

115.73(b)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

The agency contacts FBI or OIG to conduct criminal investigations on PREA related allegations.

115.73(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Random Inmates.

**FINDINGS:**

Agency Directive PS5324.12B was reviewed, and case files are thoroughly investigated in accordance with PREA protocols and proper action was completed. There were no substantiated allegations against staff during the audit period where staff would be removed from all inmate contact.

115.73(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

Random Inmates.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Agency directive requires that the inmate be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the inmate has filed.

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

115.73(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

FINDINGS:

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

<b>DISCIPLINE</b>
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**Standard 115.76: Disciplinary sanctions for staff**

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

**Auditor Overall Compliance Determination**

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

115.76(a)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The audited agency has disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment Directives.

The facility reported zero cases where an employee was terminated for sexual abuse of an inmate and zero cases where a staff member was reported to law enforcement for violating sexual abuse or harassment Directives.

115.76(b)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan. The agency reported zero staff have violated agency sexual abuse or sexual harassment Directives in the past 12 months.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Zero staff members were administratively investigated for possible PREA violations.

115.76(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency BOP PREA Plan. The agency reported zero staff members have been disciplined for violation of agency sexual abuse or sexual harassment Directives in the past 12 months.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Zero staff members were administratively investigated for possible PREA violations.

115.76(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan. The agency reported zero staff members have been disciplined/terminated for violation of agency sexual abuse or sexual harassment Directives in the past 12 months.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Zero staff members have been administratively investigated for possible PREA violations.

**Standard 115.77: Corrective action for contractors and volunteers**

**115.77 (a)**

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

#### 115.77 (b)

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

#### Auditor Overall Compliance Determination

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

#### 115.77(a)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan. The agency reported there had been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months.

##### FINDINGS:

Agency Directives and BOP PREA Plan address this provision.

The agency reported there had been zero contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months, therefore there was no documentation to review specific to this provision.

#### 115.77(b)

##### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

##### INTERVIEWS:

Acting Warden

## Random Staff

### FINDINGS:

Agency Directives and BOP PREA Plan. The agency reported there had been zero contractors or volunteers reported for engaging in sexual abuse of inmates in the past 12 months, therefore there was no documentation to review specific to this provision. Staff interviewed reported any allegations of sexual abuse of inmates by contractors or volunteers would be treated the same as if they were regular staff. Agency personnel with the need-to-know would be notified, who would then contact the contractor's point of contact and cease the contract with the contractor. Both volunteers and contractors would be prohibited from having further contact with inmates in substantiated cases.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

115.78(a) (b)(c)

#### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan. Inmate Orientation Packet. Inmate Handbook.

#### FINDINGS:

PS 5270.09, Inmate Discipline Program and PS 5324.12B, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of the standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act.

The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse.

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

FCI Big Spring does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the investigator confirmed compliance with this standard.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be

imposed. If mental disabilities or mental illness is a factor, FCI Big Spring considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

115.78(d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

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

115.78(e)(f)(g)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

Agency Directives and BOP PREA Plan address this provision. The agency reported there were zero reported incidents involving sexual contact of inmates with staff with a finding of guilt, therefore there was no documentation to review specific to this provision.

## MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure



that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

115.81(a)

#### DIRECTIVE AND DOCUMENT REVIEW:

PS 5324.12B addresses the requirement of the standard. The agency reported 100% of the inmates that disclosed prior victimization during screening were offered a follow-up meeting with medical or a mental health practitioner.

Random selection of inmate files.

#### INTERVIEWS:

Inmates who Disclosed Sexual Victimization at Risk Screening.

Staff Responsible for Risk Screening.

#### FINDINGS:

PS5324.12B addresses the requirement of the standard.

A review of the forms used by the agency demonstrate how the intake screening staff, medical and mental health staff document the follow-up services to inmates with prior sexual victimization disclosed during the screening process. Staff interviewed reported they work with the medical and mental health professionals by notifying them immediately which generates a referral. Inmates interviewed reported being referred to medical and mental health staff for follow-up. A review of the inmate files reflected the inmates did receive a follow-up meeting with medical and mental health practitioners as required.

115.81(b)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan. The agency reported 100% of the inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner.

Randomly selected inmate files.

**INTERVIEWS:**

Staff Responsible for Risk Screening.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported inmates are referred to mental health staff for follow-up. A review of a randomly selected inmate files reflected the inmates did receive a follow-up meeting with a mental health practitioner as required.

115.81(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**ON-SITE REVIEW:**

During the on-site review, the Auditor noted medical and mental health staff have designated space where staff can privately meet with inmates. Medical and Mental Health records are maintained separately and shared according to directive.

**FINDINGS:**

Agency Directives and BOP PREA Plan address this provision.

115.81(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported they use the consent form for inmates over 18 years of age.

**Standard 115.82: Access to emergency medical and mental health services**

**115.82 (a)**

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

**115.82 (b)**

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

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

115.82(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Medical and Mental Health Staff

Inmates who reported a sexual abuse.

FINDINGS:

PS 5324.12B; IS 5324.12B and PS 6031.04 address the requirements of the standard.

Staff interviewed reported inmates would be provided emergency medical treatment immediately and that the nature and scope of the services are determined according to their professional judgment.

115.82(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

First Responders: Correctional and Non-Correctional Officers.

FINDINGS:

Agency Directives and BOP PREA Plan requires staff to notify mental health staff if they believe an inmate is actively experiencing a mental health crisis. Staff who were interviewed reported protective measures were taken for the alleged victim, and the victim was referred for counseling.

115.82(c) (d)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported the required information and services would be provided immediately and unimpeded.

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

**115.83 (a)**

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

## Auditor Overall Compliance Determination

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

115.83(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### ON-SITE REVIEW:

During the on-site review, the Auditor observed the Health Services Department at the facility. Medical services are available 24/7 at the facility or at the nearest available hospital, if needed. Mental health counselors provide treatment and counseling to inmates.

### FINDINGS:

PS 5324.12B addresses the requirement of the standard.

115.83(b)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### INTERVIEWS:

Medical Staff.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported follow-up services would be matched with appropriate intervention services.

115.83(c)

### DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

### INTERVIEWS:

Medical and Mental Health Staff.

### FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported the services provided meet the community level of care.

115.83(d) (e)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

This provision does not apply, this is an all-male facility.

115.83(f)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Inmates.

FINDINGS:

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

115.83(h)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Medical and Mental Health Staff.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported the inmate would be referred, and the treatment provider would respond immediately.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### 115.86(a)



DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Investigative files.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision.

A review of the investigative files reflected the facility had completed a sexual abuse incident review at the end of previous investigations, there were three reports of administrative and/or criminal investigations of alleged sexual abuse completed within the past 12 months, excluding investigations that were unfounded.

115.86(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

Investigative files.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the investigative files reflected the facility has completed a sexual abuse incident reviews in the past, as required.

115.86(c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

Acting Warden

PREA Compliance Manager

Members of the Incident Review Team

FINDINGS:

The Incident Review Team consists of the Warden, Institution PREA Compliance Manager (IPCM), the Chief Psychologist, the Captain, and other administrative staff. Based on interviews with members of the Incident Review Team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, physical barriers and status or gang affiliation. The team also decides as to whether additional monitoring technology or staffing/monitoring procedures should be added to enhance inmate supervision. The facility implements the

recommendations for improvement or documents its reasons for not doing so. All required reviews by the team were completed within 30 days of the conclusion of all investigations and are thoroughly documented.

115.86(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Incident Review Report

**INTERVIEWS:**

PREA Compliance Manager

Incident Review Team

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed referenced all the elements needing to be considered, examined, and assessed.

The Incident Review Team member provided detailed information of all the elements addressed by the team. Staff interviewed acknowledged a report is completed and includes any recommendations for improvement.

115.86(e)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision.

## **Standard 115.87: Data collection**

### **115.87 (a)**

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

### **115.87 (b)**

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

### **115.87 (c)**

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

115.87(a and c)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

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

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

115.87(b)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the facility tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.

115.87(d)

Agency Directives and BOP PREA Plan.

FINDINGS:

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

115.87(e)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision.

115.87(f)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision.

## **Standard 115.88: Data review for corrective action**

### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

115.88(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan. Annual report.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

Agency Directive(s) and BOP PREA Plan address(es) this provision. A review of the annual report reflects all the elements required by this provision.

Staff interviewed reported in detail the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.

115.88(b)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision.

115.88(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Annual report.

**INTERVIEWS:**

PREA Coordinator

PREA Compliance Manager

**FINDINGS:**

PS 5324.12B addresses the requirement of the standard. The Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The Institution PREA Compliance Manager (IPCM) forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: [www.bop.gov](http://www.bop.gov).

115.88(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

**INTERVIEWS:**

PREA Coordinator

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. Staff interviewed reported all personal identifying information and personal health information is redacted. The reports would reflect only basic demographic information.

## Standard 115.89: Data storage, publication, and destruction

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

115.89(a)

DIRECTIVE AND DOCUMENT REVIEW:

Agency Directives and BOP PREA Plan.

INTERVIEWS:

PREA Coordinator

FINDINGS:

PS 5324.12B addresses the requirement of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the BOP and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information.

115.89(b)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Aggregated data on website.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The data posted on the agency website includes agency data from the previous year.

115.89(c)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Aggregated data on agency website.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The data posted on the agency website has all personal identifiers removed.

115.89(d)

**DIRECTIVE AND DOCUMENT REVIEW:**

Agency Directives and BOP PREA Plan.

Aggregated data on agency website.

**FINDINGS:**

Agency Directive(s) and BOP PREA Plan address(es) this provision. The data and records collected are to be retained in accordance with agency retention requirements.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**



#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, 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*)

115.401(a)

### DIRECTIVE AND DOCUMENT REVIEW:

Aggregated data on website.

### FINDINGS:

The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.

115.401(b)

### DIRECTIVE AND DOCUMENT REVIEW:

Aggregated data on website.

### FINDINGS:

This is the Agency's second year of cycle 3 and two thirds has been audited in the second year. The agency is following their audit cycle and planned future audits. The data posted on the agency website.

115.401(h)

### DIRECTIVE AND DOCUMENT REVIEW:

There is no agency directive for this provision.

### FINDINGS:

The Auditor had full access to, and the ability to observe, all available areas of the facility. The Auditor reviewed areas of this facility multiple times in person, by photographs and/or via security cameras during the on-site review.

115.401(a)

### DIRECTIVE AND DOCUMENT REVIEW:

There is no agency directive for this provision.

### FINDINGS:

The Auditor was permitted to request and did receive copies of any relevant documents needed for this audit.

115.401(m)

**DIRECTIVE AND DOCUMENT REVIEW:**

There is no agency directive for this provision.

**FINDINGS:**

The Auditor was permitted to conduct private interviews with inmates. The staff at this facility were very professional and efficient with regards to this provision.

115.401(n)

**DIRECTIVE AND DOCUMENT REVIEW:**

There is no agency directive for this provision.

**FINDINGS:**

Inmates were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive confidential and unimpeded letters from inmates residing at this facility.

### **Standard 115.403: Audit contents and findings**

#### **115.403 (f)**

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

#### **Auditor Overall Compliance Determination**

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

115.403(f)

**DIRECTIVE AND DOCUMENT REVIEW:**

There is no agency directive for this provision.

**FINDINGS:**

BOP has published on its agency website all Final Audit Reports within 90 days of issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405.

<b>AUDITOR CERTIFICATION</b>
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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.

*Marc L. Coudriet*  
Marc L. Coudriet  
**Auditor Signature**

9 November 2021  
**Date**