

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

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: April 14, 2022

Auditor Information

Name: Dr. Valerie Wolfe Mahfood

Email: Valerie@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: P.O. Box 1071

City, State, Zip: Cypress, Texas, 77410

Telephone: (713) 818-9098

Date of Facility Visit: March 8-10, 2022

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:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:

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

Agency Chief Executive Officer

Name: M.D. Carvajal, Director

Email: BOP-RSD-PREACoordinator@bop.gov

Telephone: (202) 616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator

Email: BOP-RSD-PREACOORDINATOR@bop.gov

Telephone: (202) 616-2112

PREA Coordinator Reports to:

Sonya D. Thompson, Assistant Director, Reentry Services Division

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: Metropolitan Detention Center (MDC) Guaynabo

Physical Address: 652 Buchanan Street

City, State, Zip: Guaynabo, Puerto Rico 00965

Mailing Address (if different from above):
P.O. Box 2008

City, State, Zip: Catano, Puerto Rico 00965

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe: AAHC)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
COVID-19 Compliance Review Audit

Warden/Jail Administrator/Sheriff/Director

Name: Angel L. Adan

Email: GUA-PREAComplianceMgr-S@bop.gov

Telephone: (787) 749-4480

Facility PREA Compliance Manager

Name: David Ramos

Email: GUA-PREAComplianceMgr-S@bop.gov

Telephone: (787) 749-4480

Facility Health Service Administrator N/A

Name: Jose L. Ramos

Email: GUA-PREAComplianceMgr-S@bop.gov

Telephone: (787) 749-4480

Facility Characteristics

Designated Facility Capacity:

1276

Current Population of Facility:

1300

Average daily population for the past 12 months:

1262

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|---|---|
| Has the facility been over capacity at any point in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Which population(s) does the facility hold? | <input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males |
| Age range of population: | 19-73 Years |
| Average length of stay or time under supervision: | Work Cadre Unit: 181.9 Days / Jail 354.1 Days |
| Facility security levels/inmate custody levels: | Administrative Facility - All |
| Number of inmates admitted to facility during the past 12 months: | 937 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 937 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 937 |
| 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. GUAshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies): | <input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A |
| Number of staff currently employed by the facility who may have contact with inmates: | 282 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 16 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 7 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 7 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 34 |
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Physical Plant

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| Number of buildings: 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. | 2 |
| Number of inmate housing units: 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. | 12 |
| Number of single cell housing units: | 0 |
| Number of multiple occupancy cell housing units: | 12 |
| Number of open bay/dorm housing units: | 0 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 30 |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Medical and Mental Health Services and Forensic Medical Exams | |
| Are medical services provided on-site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are mental health services provided on-site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

Criminal Investigations

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

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

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

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

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.11, 115.13, 115.83, 115.401

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

Post-Audit Reporting Information

| General Audit Information | |
|---|---|
| Onsite Audit Dates | |
| 1. Start date of the onsite portion of the audit: | March 8, 2022 |
| 2. End date of the onsite portion of the audit: | March 10, 2022 |
| Outreach | |
| 3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If yes, identify the community-based organizations or victim advocates with whom you corresponded: | Just Detention International, Centro de Ayuda a Victima de Violacion |
| Audited Facility Information | |
| 4. Designated Facility Capacity: | 1276 |
| 5. Average daily population for the past 12 months: | 1262 |
| 6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the priGUAY entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units. | 12 |
| 7. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

Inmates/Residents/Detainees

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| 8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit: | 1,301 |
| 9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit: | 0 |
| 10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit: | 19 |
| 11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit: | 0 |
| 12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit: | 4 |
| 13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit: | 1 |
| 14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit: | 1292 |
| 15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit: | 7 |
| 16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit: | 1 |
| 17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit: | 0 |
| 18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit: | 0 |
| 19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit: | 7 |
| 20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit: | 0 |
| 21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit: | 0 |
| 22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit: | 0 |

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| <p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | NA |
| <p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p> | |
| <p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p> | 282 |
| <p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | 7 |
| <p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | 34 |
| <p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | NA |
| <p>Interviews</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p><i>Random Inmate/Resident/Detainee Interviews</i></p> | |
| <p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | 20 |
| <p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other (describe) Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population inmates</p> <p><input type="checkbox"/> None (explain)</p> |
| <p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p> | Housing Rosters |
| <p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| <p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p> | <p>NA</p> |
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| <p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | <p>NA</p> |
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| <p><i>Targeted Inmate/Resident/Detainee Interviews</i></p> | |
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| <p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p> | <p>22</p> |
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| <p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the “Youthful Inmates” protocol:</p> | <p>0</p> |
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| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
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| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Reviewed birth dates of assigned inmates, question ages of all interviewed inmates</p> |
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| <p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p> | <p>2</p> |
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| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p> | <p>1</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p> | <p>1</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p> | <p>1</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p> | <p>33</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p> | <p>8</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p> | <p>1</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p> | <p>2</p> |

| | |
|--|---|
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p> | <p>9</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>NA</p> |
| <p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p> | <p>0</p> |
| <p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Reviewed current assignment rosters, interviewed inmates having filed previous allegations of sexual abuse</p> |
| <p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | <p>NA</p> |

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

| | |
|--|---|
| 46. Enter the total number of RANDOM STAFF who were interviewed: | 12 |
| 47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply): | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) Race, gender, ethnicity <input type="checkbox"/> None (explain) |
| 48. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply): | <input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) |
| b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews: | NA |
| 49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i> | NA |

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

| | |
|--|---|
| 50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 28 |
| 51. Were you able to interview the Agency Head? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If no, explain why it was not possible to interview the Agency Head: | NA |
| 52. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee: | NA |
| 53. Were you able to interview the PREA Coordinator? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If no, explain why it was not possible to interview the PREA Coordinator: | NA |

| | |
|---|---|
| <p>54. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |
| <p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p> | <p>NA</p> |
| <p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p> | <p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other (describe) Mailroom, Education, Religious Services</p> |
| <p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>a. Enter the total number of VOLUNTEERS who were interviewed:</p> | <p>0, COVID restrictions precluded such</p> |
| <p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p> | <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p> |
| <p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>3</p> |

| | |
|---|---|
| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p> | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| <p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | <p>NA</p> |
| <p>Site Review and Documentation Sampling</p> | |
| <p>Site Review</p> | |
| <p><i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p> | |
| <p>59. Did you have access to all areas of the facility?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>a. If no, explain what areas of the facility you were unable to access and why.</p> | <p>NA</p> |
| <p>Was the site review an active, inquiring process that included the following:</p> | |
| <p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p> | <p>NA</p> |
| <p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p> | <p>NA</p> |
| <p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>63. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| | |
|--|-----------|
| <p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | <p>NA</p> |
|--|-----------|

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

| | |
|--|---|
| <p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

| | |
|---|--|
| <p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | <p>Additional documentation sampling respective to the triangulation process</p> |
|---|--|

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <u>Inmate-on-inmate sexual abuse</u> | 2 | 0 | 2 | 0 |
| <u>Staff-on-inmate sexual abuse</u> | 0 | 0 | 0 | 0 |
| Total | 2 | 0 | 2 | 0 |

| | |
|--|-----------|
| <p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p> | <p>NA</p> |
|--|-----------|

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

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

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

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

No sexual harassment allegations filed during the audit time frame.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

No criminal sexual abuse allegations filed during the audit time frame.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <u>Inmate-on-inmate sexual abuse</u> | 0 | 0 | 2 | 0 |
| <u>Staff-on-inmate sexual abuse</u> | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 2 | 0 |

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

NA

Sexual Harassment Investigation Outcomes

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

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

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

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

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

No criminal sexual harassment allegations filed during the audit time frame.

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

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

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

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

No administrative sexual harassment allegations filed during the audit time frame.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

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

NA

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

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

Inmate-on-inmate sexual abuse investigation files

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

2

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

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

| | |
|---|--|
| 77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
|---|--|

Staff-on-inmate sexual abuse investigation files

| | |
|--|---|
| 78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
|--|---|

| | |
|--|---|
| 79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files) |
|--|---|

| | |
|--|---|
| 80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files) |
|--|---|

Sexual Harassment Investigation Files Selected for Review

| | |
|---|---|
| 81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
|---|---|

| | |
|---|---|
| a. If 0, explain why you were unable to review any sexual harassment investigation files: | No sexual harassment allegations filed during the audit time frame. |
|---|---|

| | |
|--|--|
| 82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files) |
|--|--|

Inmate-on-inmate sexual harassment investigation files

| | |
|--|---|
| 83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
|--|---|

| | |
|--|---|
| 84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
|--|---|

| | |
|--|---|
| 85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
|--|---|

Staff-on-inmate sexual harassment investigation files

| | |
|---|---|
| 86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
|---|---|

| | |
|---|--|
| 87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files) |
|---|--|

| | |
|---|--|
| 88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files) |
|---|--|

| | |
|---|--|
| <p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p> | <p>No sexual harassment allegations filed during the audit time frame.</p> |
|---|--|

Support Staff Information

DOJ-certified PREA Auditors Support Staff

| | |
|--|---|
| <p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p> | <p>NA</p> |

Non-certified Support Staff

| | |
|--|---|
| <p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p> | <p>NA</p> |

Auditing Arrangements and Compensation

| | |
|---|--|
| <p>92. Who paid you to conduct this audit?</p> | <p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p> |
|---|--|

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- Program Statement P5270.09, Inmate Discipline Program, 7-8-11
- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- Reentry Service Division, Assistant Director's Office
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, English, July 2018
- BOP Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, Spanish, July 2018
- GUA 5324.12F, PREA Institution Supplement, 8-5-20
- GUA Admission and Orientation Booklet, English, 7-19-21

Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Federal Bureau of Prisons (BOP) Agency PREA Coordinator provides guidance to Central Office Management Analysts, who subsequently provide guidance to facility based PREA Compliance Managers (PCM), to include the PCM assigned to the Metropolitan Detention Center (MDC) in Guaynabo, Puerto Rico.
- The MDC Guaynabo (GUA) PREA Compliance Manager is physically assigned to the MDC Guaynabo and maintains a permanent office, with routine activities, within said institution as a function of that facility assignment.

Standard Subsections:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15; and Institution Supplement GUA 5324.12F, PREA, 8-5-20, provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. They each outline both the agency's, and the facility's, approach to preventing, detecting, and responding to such conduct.
- The BOP has employed an agency wide PREA Coordinator. This position, Agency PREA Coordinator, is within the upper hierarchy of organizational authority within the BOP. The

Agency PREA Coordinator provides guidance at the national level to six Central Office Management Analysts assigned to the BOP. The Central Office Management Analysts, in turn, provide guidance to the institutional PREA Compliance Managers assigned to agency facilities. As a collective effort, these persons help facilitate institutional needs specific to the implementation and advancement of the PREA standards. As such, the Agency PREA Coordinator, in coordination with the six Central Office Management Analysts, facility wardens, and facility based PREA Compliance Managers, guide the implementation of PREA standards throughout the agency.

- The BOP operates 122 penal institutions. Each warden within these institutions has been charged with designating a PREA Compliance Manager, who holds the supervisory rank of Associate Warden. The MDC Guaynabo Warden affirms the designation of an Associate Warden assigned to the MDC Guaynabo to serve in this capacity. The Associate Warden serving as the MDC Guaynabo PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of inmates. Additionally, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. Though the standard requires the minimum staffing of one agency wide PREA Coordinator and then individual PREA Compliance Managers assigned to each facility, the BOP has exceeded this requirement through the additional employment of six Central Office Management Analysts. The sole function of the Central Office Management Analyst position is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all inmates incarcerated within the BOP. As such, the agency, and by extension the facility, has clearly exceeded the basic requirements of this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator

Site Review Observations:

- The MDC Guaynabo is a publicly operated correctional facility through the Federal BOP.

Standard Subsections:

- The BOP contracts for the confinement of its inmates with multiple private agencies. The current contracts governing these relationships contain explicit language directing said agencies to adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).
- These contracts also contain language requiring that the BOP monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under BOP's policy on prevention, detection, and response to sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the federal BOP, comply with the PREA standards. In this, prior to engaging any contractual relationship with a private agency, the BOP ensures that all private agencies understand that it is the private agencies' absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the BOP, private agencies understand their continuing duty to remain in compliance with PREA standards. To assist in their compliance with BOP regulations, to include PREA policies, all privately operated facilities are assigned a BOP liaison. Lastly, private facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the agency meets the established requirements under this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3000.03, Human Resource Management Manual, 12-19-07
- Program Statement P5216.06, Juvenile Delinquents, 4-26-19
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- GUA 5324.12F, PREA, 8-5-20
- GUA PREA Staff Assurance, 2-23-21
- GUA 5502.11C, IS Duty Officer, 11-17-20
- GUA Unannounced Institutional Rounds
- GUA Unannounced Institutional Rounds, 3-8-22a, 3-8-22b, 3-8-22c, 3-8-22d, 3-8-22e, 3-8-22f, 3-8-22g, 3-8-22h

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Random Inmates

Site Review Observations:

- All inmate housing areas contain at least one custody post that is continuously monitored by staff. All areas of high inmate traffic are assigned staffing positions while in operation.
- During the site review, supervisory staff were observed making routine rounds throughout the facility. All random staff interviewed did indicate that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.
- During supervisory rounds, ranking officials were observed reviewing required documentation completed by line staff as a function of their duty posts.

- During the onsite portion of the audit, 8 MDC Guaynabo IDO Unannounced Institutional Rounds (Chronological Housing/Building Logs) were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds. Supervisory signatures were observed in red or blue ink.
- IDO Unannounced Institutional Rounds were also reviewed to ensure that opposite gender announcements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

- The MDC Guaynabo has developed and documented a staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse (P5324.12). Per the GUA facility warden, a weekly camera update is prepared and reviewed by Executive Staff to ensure that all video equipment is functioning properly or to ensure that work orders have been submitted if repairs are needed. Per the GUA facility warden, the facility's staffing plan is reviewed at least twice a year, as well as on a quarterly basis during the Quarterly Salary/Workforce Utilization Committee meetings. In this, the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. Per the GUA Facility Warden, the staffing plan review requires that the facility considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. When asked, random staff consistently remarked that facility administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels. As noted by the MDC Guaynabo PREA Compliance Manager, the facility staffing plan was predicated consistent with average daily number of inmates assigned to the MDC Guaynabo.
- BOP policy governs the minimum use of employee staffing (P5324.12). If facility staffing levels fall below these minimum requirements, BOP policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of MDC Guaynabo have not fallen below the required levels.
- Per the GUA facility warden, the facility conducts quarterly reviews of its staffing plan. As evidenced via interviews with agency and facility staff, in completing the MDC Guaynabo staffing plan review, the facility does coordinate with the Central Office Management Analyst, as well as the MDC Guaynabo PREA Compliance Manager, to develop the facility staffing plan in accordance to the aforementioned 115.13(a). PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan, as well as the use of video monitoring technologies within the facility.
- The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (P5324.12). This policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are

being conducted. The timing of the site review allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. Said documentation did reflect that not only were supervisory staff conducting unannounced rounds, but these rounds were also clearly documented using red or blue ink. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds. Staff also noted that it was a violation of policy for supervisors to announce their rounds or for other staff to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, most offenders stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas. As well, during the site review, inmates were observed approaching supervisory staff and speaking with ease; thus, further supporting that said staff are routinely present in inmate housing and facility areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all institutional staff, volunteers, and contractors within the institution. During the past 12 months, the MDC Guaynabo did not deviate from its staffing plan. To ensure that the sexual safety of inmates assigned to the MDC Guaynabo is given sufficient weight in determining facility staffing needs, the MDC Guaynabo staffing plan is reviewed on a quarterly basis in coordination with all MDC Guaynabo PREA staffing components. Lastly, to ensure meaningful and effective correctional supervision, MDC Guaynabo supervisors routinely conduct and document unannounced rounds. The auditor observed evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility warden. Collectively, the MDC Guaynabo facility has certainly exceeded the minimum requirements of this provision.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P5216.06, Juvenile Delinquents, 4-26-19
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff
- Random/Targeted Offenders

Site Review Observations:

- While conducting the onsite review, the auditor did not observe any inmates who appeared excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less than 18 years younger than the date of the onsite review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any knowledge of any inmates assigned to the MDC Guaynabo who were not at least 18 years of age.

Standard Subsections:

- The BOP policy (P5216.06) prohibits the placement of any inmate less than 18 years of age in an adult jail or correctional institution.
- As MDC Guaynabo does not house any inmates less than the age of 18 years, the facility has maintained absolute sight and sound separation between youthful offenders and adult inmates.
- As MDC Guaynabo does not house any offender less than 18 years of age, its facility administration has avoided placing any adolescent offender in isolation in order to prevent said offender from living within sight and sound of adult offenders. Hence, the MDC Guaynabo has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between youthful offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when youthful offenders and adult inmates have the possibility of sight, sound, or physical contact. The BOP prohibits the assignment of youthful offenders to adult housing units. Hence, as MDC Guaynabo contains only adult housing units, MDC Guaynabo is prohibited from receiving, and subsequently housing, youthful offenders. As such, the facility has demonstrated compliance with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement, P5216.06, Searches of Housing Units, Inmates, and Inmate Work Areas, 6-4-15
- BOP Transgender Offenders, Annual Refresher Training
- BOP Inmate Pat Searches (Male, Female, Transgender) Training PowerPoint
- BOP Escort Procedures Annual Training FY2021 Instructor Guide
- BOP Escort Procedures Annual Training 2021 PowerPoint
- GUA 5324.12F, PREA, 8-5-20
- GUA Search and Restraint Procedures for Special Populations Training Roster, 1-1-21
- GUA Inmate Pat Search Training Roster, 1-31-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Random Offenders

Site Review Observations:

- During the site review, staff were routinely observed making announcements when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing areas. Announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the Institution Duty Officer (IDO) Unannounced Institutional Rounds where appropriate.

- MDC Guaynabo documentation reflects that during the past twelve months, the facility has not had any cross-gender visual or body cavity searches of inmates.
- Privacy shields were in place inhibiting views of all inmate toilets.
- Privacy screens were noted in all shower areas.
- Privacy shields were in place and/or available in all medical examination rooms.
- Video reviews did not reveal that any cameras were trained on inmate restrooms, showers, or other areas where inmates might be in a state of undress.

Standard Subsections:

- BOP Policy (P5324.12) prohibits cross-gender strip or visual body cavity search of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all inmates interviewed noted that they had not, nor had they witnessed any other inmate, being stripped or body cavity searched by a custody staff member of the opposite gender.
- BOP Policy (P5324.12) mandates that staff refrain from conducting cross-gender pat-down searches of female inmates, unless in exigent circumstances. As noted by staff, as well as confirmed via female inmates during interviews, the facility has never denied any female inmate access to a regularly available program or out of cell activity to prevent a cross-gender pat down search. Rather, there are sufficient female staff available to conduct said searches as the need arises.
- Agency policy (P5324.12) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any cross-gender strip searches or cross-gender body cavity searches of its prisoners within the audit period. However, under exigent circumstances, should the need arise, staff interviewed understood that such action, while extremely unlikely, would require extensive justification.
- The MDC Guaynabo does have a policy (P5324.12, GUA 5324.12F) in place that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks, genitalia, or breasts except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility does follow policy (P5324.12, GUA 5324.12F) requiring that staff of the opposite gender announce their presence when entering an inmate housing unit. In speaking with agency staff, all staff members were aware of the agency's prohibition against cross-gender strip and visual body cavity searches. Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15, requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All staff interviewed did confirm their adherence to said policy. Additionally, most inmates interviewed confirmed this statement. During the facility site review, modesty barriers and curtains were in place to inhibit the viewing of any inmate in a state of undress. As well, inspected video footage did not capture, nor was it trained to capture, inmates in a state of undress during routine activities, to include strip searches.
- BOP Policy (P5324.12) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. It was generally expressed that to determine gender, staff would contact

the medical department, their supervisor, or simply ask the inmate.

- Records reflect that 100% of MDC Guaynabo custody staff have been trained on proper procedure specific to conducting cross-gender inmate pat searches and transgender pat searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. BOP Policy (P5324.12) specifies that transgender “inmates will be pat-searched in accordance with the gender of the institution, or housing assignment, in which they are assigned. Transgender inmates may request an exception.” Policy (P5324.12) provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random custody staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the MDC Guaynabo. As well, facility training rosters reflect that all correctional staff assigned to the MDC Guaynabo have been trained on how to conduct searches in a professional and least intrusive manner as possible. During an interview with the facility’s only transgender inmate, said inmate confirmed that the use of a transgender search exception card would subsequently require a search by female staff.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The BOP has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. Neither documentation nor staff/inmate interviews reflect that any inmates have been subject to cross-gender strip or cavity searches within the auditing time frame. Agency custody staff are trained on the proper procedures to conduct pat searches on transgender or intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. As well, transgender inmates may seek an exception to being searched by a specific staff gender. The agency requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. As such, the MDC Guaynabo facility meets all provisions within this standard.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Memorandum, Telephonic Language Translations, 9-27-21
- BOP Memorandum, Telephonic Language Translations, 9-29-20
- BOP Memorandum, Telephonic Language Translations, 10-23-19
- BOP Sexually Abusive Behavior Prevention and Intervention
- BOP Sexually Transmitted Diseases
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- BOP Annual Refresher Lesson Plan for Sexually Abusive Behavior Prevention and Intervention Program, FY2021
- LanguageLine Services Blanket Purchase Agreement, 10-7-14, 9-29-20, 1-26-22
- LanguageLine Solutions, Language Identification Card, 2013
- LanguageLine Services Important Instructions
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo for PREA file, Language line available, 12-31-21
- GUA Admission and Orientation Booklet, English, 7-19-21
- GUA Admission and Orientation Booklet, Spanish, 7-19-21

Interviews:

- Agency Head

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Offenders with Disabilities
- Offenders with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each dayroom area within the building to loudly announce inmate information, to include when opposite gender staff entered the housing area.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the offender population; namely, English and Spanish.
- PREA information is provided verbally during the inmate admission process, as well as provided verbally via an instructional film viewed during the inmate orientation process.
- LanguageLine Solutions are available for staff to communicate with offenders who do not speak English or Spanish.
- Staff translators are also available if needed.

Standard Subsections:

- BOP policy (P5324.12) requires that institutions enhance communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (LEP); so as to provide said inmates with 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. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The BOP maintains a mandatory for use contract for telephonic translation and interpretation services to assist inmates who do not speak a language common to MDC Guaynabo staff. The facility offers video-based interpretation for American Sign Language assistance. In this, the LanguageLine Solutions services can be used to translate PREA, as well other confidential information.
- When interviewing staff, it was noted that employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. Staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. During the inmate interview process, when speaking with a LEP inmate, this inmate noted that his inability to speak English proficiently had not prevented him from participating in any facility-based services, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were interviewed. These inmates also stated that their disabilities did not prevent them from participating in any facility-based services and/or that MDC Guaynabo has made accommodations for their disabilities, to include ensuring their access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA informational brochure is printed in two different languages: English and Spanish. As needed, LanguageLine Solutions services can also be used to translate PREA information into

other languages. Also, it should be noted that GUA is located on the island of Puerto Rico, where the most commonly spoken language is Spanish. As such, the overwhelming majority of staff speak both English and Spanish.

- The BOP has developed agency-wide policies that prohibit the use of inmate interpreters or other types of offender-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (P5324.12). The agency has also developed agency-wide policies to enhance communication efforts with disabled offenders; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (P5324.12); so as to provide these offenders with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of offender-based assistance. MDC Guaynabo staff are aware of these agency policies and do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to directly access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving that access. Hence, it is necessary for the agency to provide additional measures to ensure these inmates have equal access. The BOP recognizes this need and has created policies to address it. The MDC Guaynabo maintains sufficient stocks of PREA informational brochures in both English and Spanish. Additionally, the MDC Guaynabo routinely shows PREA informational videos in Spanish, the most commonly spoken language inside of MDC Guaynabo. Lastly, it should be noted that at no time during the past 12 months, has MDC Guaynabo used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. As such, MDC Guaynabo has met all of the provisions of this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- Program Statement P3000.03, Human Resource Management Manual, 12-19-07
- BOP A Blend of Good Talents and a Commitment for Diversity: General Information Resource Guide
- BOP General Employment Considerations for Staff
- BOP Questionnaire for Public Trust Positions, 1995
- BOP National Background Investigations Bureau, Fingerprint Submissions
- BOP PREA-Reference Check Background Materials, 28 C.F.R., Section 115.17(h)
- BOP Pre-Conditional Offer of Employment Questionnaire, 10-30-14
- BOP Contractor Pre-Employment Questionnaire, Attachment 10
- GUA 5324.12F, PREA, 8-5-20

- GUA Employment Verification Roster Data, 2-23-22
- GUA Promoted Staff Roster, February 2021 – February 2022
- GUA Listing of Accessions, February 2021 – February 2022
- GUA Employee Security Background Investigation, 9-27-18
- GUA Employee Security Background Investigation, 10-17-18
- GUA Employee Security Background Investigation, 11-5-19
- GUA Volunteer/Contractors, NCIC, 1-25-22
- GUA Volunteer and Contract Employee Information, 2-23-22
- GUA USA Jobs Application requiring disclosure of PREA information, 2-24-22

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Review of employee files

Standard Subsections:

- The BOP has developed agency-wide policies (P3420.11, P3000.03, P5324.12) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with offenders while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutional setting. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, MDC Guaynabo Human Resource staff ensure that criminal background checks have been conducted on the prospective employee via the National Crime Information Center. As well, as required by policy, MDC Guaynabo Human Resource staff ensure that all previous institutions of employment are contacted in order to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Policy (P5324.12) also requires that the MDC Guaynabo cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.
- BOP policy (P5324.12) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the MDC Guaynabo Human Resource representative, agency policy (P3000.03) requires Human Resource staff to also verify contractor employment history.
- Before hiring or promoting employees, policy (P3000.03, P5324.12) requires the agency to perform criminal background checks. This is done via the Electronic Questionnaires for

Investigations Processing system, which is overseen by the Office of Personnel Management and facilitated by the Security and Background Investigations Section. Policy (P3000.03) also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. During the audit time frame, the MDC Guaynabo has hired 16 people who may have contact with inmates who have had a criminal background record check.

- Agency policy requires that prior to enlisting the services of any contractor who may have contact with offenders, the agency performs a criminal background record check on said contractor. In speaking with the MDC Guaynabo Human Resource representative, it was noted that all persons contracted with the MDC Guaynabo received an initial background check, as well as, where applicable, required subsequent checks within the required time frames. During the audit time frame, the MDC Guaynabo has contracted with seven people who may subsequently have contact with inmates. As such, there has been the need to conduct seven such criminal background record checks.
- Once employed, agency policy (P3000.03, P5324.12) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (P3000.03). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (P3000.03).
- All applicants, as well as current employees, are required to submit a Questionnaire for Public Trust Positions form (P5324.12). This document directly asks employees who may have contact with inmates to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (P3000.03). Additionally, the BOP does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (P5324.12).
- Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.
- Agency policy allows that unless prohibited by law, the BOP shall 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 (P5324.12).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. To maintain compliance with the standard, the MDC Guaynabo Human Resource Department utilizes an index reference for each employee that clearly demonstrates when and why such criminal background checks are completed. Review of employee and contractor training files reflect that the MDC Guaynabo Human

Resource Department is in compliance with agency policy. As such, the MDC Guaynabo has met the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff

Site Review Observations:

- Observed video monitoring technologies present within the facility.
- Observed video feed from video monitoring technologies.

Standard Subsections:

- Per the MDC Guaynabo Warden, the MDC Guaynabo has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities within the previous 12 months. However, when substantial modifications are made, the agency does consider the effect that the design, acquisition, expansion, or modification that the preexisting condition has upon the agency's ability to protect inmates from sexual abuse.
- The MDC Guaynabo has not installed or significantly updated the video monitoring system or other monitoring technology since the last PREA audit. Per the MDC Guaynabo Warden, when adding addition video monitoring technology, the facility does consider and focus the placement of monitoring technology in areas where inmates are housed, work, and program in order to enhance inmate protection from sexual abuse. As well, in adding video monitoring technology, the facility does consider inmates' right to privacy when showering, changing clothes, or otherwise being in an expected state of undress.

Reasoning & Findings Statement:

Within the audit time frame, MDC Guaynabo has not designed or acquired any substantial expansion or modification of its existing facilities. Also, the MDC Guaynabo has not significantly updated its video monitoring system. As a function of its quarterly staffing review, the MDC Guaynabo does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies to help improve the overall safety of the facility, to include the sexual safety of inmates. During the onsite inspection, a review of available video monitoring was conducted. Currently, the MDC Guaynabo has cameras inside the facility that provide sufficient coverage throughout the institution to supplement and assist with in-person supervision and monitoring. In speaking with the MDC Guaynabo Warden, it was noted that with all staffing decisions, as well as decisions involving the use of video monitoring technology, the MDC Guaynabo Administration seeks to maximize the facility's ability to protect inmates from sexual abuse. Accordingly, the MDC Guaynabo has met all the provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.04, Patient Care, 6-3-14

- BOP Guide for First Responders/Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Harassment
- BOP One Source First Responder Reference Guide, 6-5-15
- Email regarding DOJ OIG Authority and AG Memo of Duty to Report Misconduct and Cooperate, 3-12-14
- Memorandum of Understanding, FBI and BOP on Violations of Federal Criminal Statutes, 11-21-96
- FBI's Domestic Investigations and Operations Guide (DIOG) Web Link
- DOJ/OIG PREA Training, Topics List, 1-14-14
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo Evidence Protocol and Forensic Medical Examination, 8-30-21
- GUA Forensic Medical Exams: An Overview for Victim Advocates Training Roster, 2-3-22
- GUA Puerto Rico Department of Health Psychology License, 4-18-21
- GUA Puerto Rico Department of Health Psychology License, 5-30-19
- GUA Memo Victims' Advocate Services, 8-30-21
- GUA Request for outside advocate services, 6-10-21
- GUA Centro de Ayuda a Victima de Violacion, 6-10-21
- GUA Memo Criminal Investigations, 8-30-21

Interviews:

- Medical Staff
- Mental Health Staff
- SAFE and/or SANE Staff
- Just Detention International
- Offenders Who Previously Disclosed Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Observed privacy screens/viewing limitations
- 2 Onsite Investigative File Reviews

Standard Subsections:

- Agency policy (P5324.12) mandates that the Federal Bureau of Investigation (FBI) is responsible for investigating criminal allegations of sexual abuse. In this, policy asks that the FBI follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.
- As the MDC Guaynabo does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. BOP policy does, however, still require the agency to utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual (P5324.12).
- In accordance with agency protocol, the MDC Guaynabo does ensure that all offenders are given

access to forensic medical examinations without cost (P5324.12). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are available or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes Centro Medico of Puerto Rico to provide inmates with forensic exams. In the past 12 months, the MDC Guaynabo has not facilitated any such medical examinations.

- The agency does attempt to make a victim's advocate available for inmate support. Policy (P5324.12) requires that upon notification of an allegation of abuse, the inmate will be provided with the opportunity to speak with a rape crisis advocate. In this, the facility has documented attempts to reach an agreement with a local advocacy group, Centro de Ayuda a Victima de Violacion. Additionally, advocates are continuously available as part of the sexual assault trauma care received via Centro Medico of Puerto Rico. As well, agency policy (P5324.12) also allows the facility to provide inmates access to qualified staff members who have been trained in victim support services. During the audit time frame, however, there weren't any inmates who requested such victim support services.
- In accordance to policy (P5324.12), and as requested by the victim, the local rape crisis center advocate or qualified staff member may remain with the inmate through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals.
- Agency policy (P5324.12) mandates that the Office of the Inspector General (OIG) and/or the FBI is responsible for investigating criminal allegations of sexual abuse. Adherence to this policy was confirmed by the MDC Guaynabo Warden, as well as facility SIS staff. MDC Guaynabo investigative procedures do ask that the OIG/FBI utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents* as the evidence collection protocol manual.
- The auditor is not required to audit this provision.
- Through coordination with the local hospital, as well as agency victim advocacy training for qualified staff, MDC Guaynabo inmates are provided with persons appropriately trained in matters concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol, forensic medical examinations, and victim advocacy concerns. During the past 12 months, the MDC Guaynabo has not initiated the evidence protocol and forensic medical examination process. As well, there have not been any requests for victim services. As demonstrated during the interview process, however, facility staff are very much aware of the policies and have practices in place should the need arise at some future point. Additionally, attempts have been documented with the local victims' advocacy group to provide victim services. The area hospital where all forensic exams are conducted provides access to victims' advocacy service. Lastly, agency staff have been properly trained to provide victim advocacy services. As such, the MDC Guaynabo has met the requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence, 12-12-96
- Memorandum for Duty to Report Misconduct and Cooperate with Investigators, 4-12-02
- Email regarding DOJ OIG Authority and AG Memo of Duty to Report Misconduct and Cooperate, 3-12-14
- Memorandum of Understanding, FBI and BOP on Violations of Federal Criminal Statutes, 11-21-96
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Reviewed documentary files with facility staff.

Standard Subsections:

- Policy (P5324.12, P5508.02) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the last 12 months, the MDC Guaynabo has received a total of 2 sexual abuse or sexual harassment allegations. Of those, both were administrative investigations. These investigations were reviewed during the onsite audit portion and found to have been processed in accordance to received time frames, as well as referred per policy.
- Per the MDC Guaynabo Warden, the MDC Guaynabo refers allegations of sexual abuse and sexual harassment to the FBI and OIG, external law enforcement agencies with legal authority to conduct criminal investigations. The BOP has published this policy (P5324.12), as well as the criminal investigation process, on the agency website. All referrals to the FBI/OIG are

documented by the agency.

- In accordance with, policy (P5508.02), “Federal Bureau of Prisons (BOP) and Federal Bureau of Investigation (FBI) (have)... establish interagency operational policy guidelines...for the successful resolution of hostage situations or criminal actions which require FBI presence at BOP facilities.”
- The auditor is not required to audit this provision.
- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that proper referrals of allegations are made for further investigation. The BOP, and by extension, the MDC Guaynabo, does have appropriate policies in place mandating referrals in specific instances. In interviewing MDC Guaynabo investigative staff, it is clear that MDC Guaynabo staff refer all required criminal investigations to either the FBI or OIG, which are separate entities under the Department of Justice, for further processing in accordance to policy. As such, the MDC Guaynabo is found to comply in all material ways with this standard for the relevant review period.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Sexually Abusive Behavior Prevention & Intervention Program Annual Training 2021, Instructor Guide
- BOP Sexually Abusive Behavior Prevention & Intervention Program Annual Training 2021, PowerPoint
- BOP Appendix, Inmate Boundary Violations, Annual Training, 2021
- BOP Inmate (Males, Females, Transgender) Pat Search Training PowerPoint, 2-7-14
- GUA 5324.12F, PREA, 8-5-20
- GUA Annual Training Agenda, 2021
- GUA Prison Rape Elimination Act Training Roster, 1-31-22, 2-24-22
- GUA PREA Training Acknowledgement, FY21
- GUA Forensic Medical Exams: An Overview for Victim Advocates Training Roster, 2-3-22
- GUA Employee PREA Annual Training Acknowledgement Form, 5-28-21, 7-29-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- The auditor was provided with a PREA training list of all MDC Guaynabo staff, to include newly hired staff. During staff interviews, all persons were asked if, and when, they had received their required PREA training. Random responses were subsequently matched against the MDC Guaynabo PREA Training Completion Report to ensure the validity of said report and/or staff responses.

Standard Subsections:

- Policy (P5324.12) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. This Sexually Abusive Behavior Prevention & Intervention training is a comprehensive discussion of PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, and discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection,

reporting, and response policies and procedures. Employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. In speaking with MDC Guaynabo staff, all employees were aware of these inmate rights.

- Training curriculum reviews demonstrate that appropriate gender training is provided to MDC Guaynabo staff. As well, agency policy (P5324.12) requires that “the employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.” The MDC Guaynabo, however, holds inmates of both genders. In speaking with MDC Guaynabo Training Staff, appropriate gender training for males and females was verified.
- A review of MDC Guaynabo PREA Training Completion Report reflects that all 282 actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (P5324.12). Following this initial training, subsequent refresher training is provided to staff at mandatory time intervals; specifically, their annual In-Service Training, as well as during electronic quarterly training. A review of the MDC Guaynabo PREA Training Completion Report reflects continuing training schedules have all been maintained. As well, staff interviews affirm their regular receipt of PREA training.
- All training is either uniquely signed or electronically verified and documented upon completion of the BOP PREA training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curricula. MDC Guaynabo maintains compliance with those imperatives. All training is either uniquely signed or electronically documented upon completion, with MDC Guaynabo maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency’s zero-tolerance policy. As such, MDC Guaynabo has clearly met the requirements of this provision.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Volunteer Training Affirmation, November 2016
- Volunteer Training Instructor Guide, FY 2022
- BOP Memo National Waiver to Reentry Services Division Policies, 4-16-20
- BOP Memo Extension of National Waiver to Reentry Services
- BOP PREA Training for Volunteers PowerPoint, 7-22-21
- BOP Level I Volunteer Application/Training, November 2016
- BOP National Automation Volunteer System (NAVS) Volunteer Listing Level II
- BOP PREA Training for Level I Volunteers
- BOP Volunteer Entry Requirements During Modified Operations, 11-19-20
- BOP Chapel Usage, 11-13-20
- GUA 5324.12F, PREA, 8-5-20
- GUA Contractors Refresher Training, 7-29-21
- GUA Volunteer and Contract Employee Information, 2-23-22
- GUA Volunteer Training Sign-In Sheet, 7-30-21

- GUA Volunteer Training Affirmation, 7-29-21a, 7-29-21b, 7-29-21c, 7-29-21d, 7-29-21e, 7-29-21f, 7-29-21g, 7-30-21a, 7-30-21b, 7-30-21c, 7-30-21d, 7-30-21e, 7-30-21f, 7-30-21g, 7-31-21a, 7-31-21b, 7-31-21c, 7-31-21d, 7-31-21e, 7-31-21f, 7-31-21g, 7-31-21h, 7-31-21i, 7-31-21j, 7-31-21k, 7-31-22l, 8-22-21, 9-29-21
- GUA Volunteer/Contractors, NCIC, 1-25-22

Interviews:

- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- Review of volunteer and contractor worker training forms.

Standard Subsections:

- Policy (P5324.12) requires that “The agency shall ensure 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. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.” At the time of the audit, the MDC Guaynabo had seven (7) contract workers who could have contact with offenders. Interviews with contract workers verified that training had occurred prior to the initial start of their employment. As facility documentation indicates, and affirmed by the MDC Guaynabo PREA Compliance Manager, 100% of those contract workers have received appropriate PREA training dependent on their level of contact with offenders within the facility.
- Due to COVID, there weren’t any volunteers in the facility during the onsite inspection. As such, interviews could not be conducted. However, facility rosters indicate that there are 34 volunteers authorized admittance onto the facility. A review of training documentation reflects current training has been conducted with all 34 volunteers.
- Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgment form indicating the date and that they understood the training that they had received. The MDC Guaynabo then maintains a copy of all training files and rosters belonging to both volunteers and contractors. When interviewed, contractors confirmed that they had received PREA training prior to being allowed to work in the facility.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. As with employee training, the MDC Guaynabo has ensured both volunteers and contractors conducting business in the facility have received and subsequently documented their PREA training. In speaking with facility contractors, it was clear that they understood the professional boundaries between themselves and the inmates assigned to the institution. While COVID prevented any volunteers from being in the facility during the onsite inspection, documentation reflects that all volunteers had current training documentation on file with the facility. As such, MDC Guaynabo has met the requirements of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

- Program Statement P5290.14, Admission and Orientation Program, 4-3-03
- Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, July 2019, English
- Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, July 2019, Spanish
- BOP Sexually Transmitted Diseases, English
- BOP Sexually Transmitted Diseases, Spanish
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, 7-20-12, English
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, 7-20-12, Spanish
- Sexually Abusive Behavior Prevention and Intervention Program, Admission and Orientation Lesson Plan, 12-7-20
- Sexually Abusive Behavior Prevention and Intervention Program, Annual Employee Training, 2021
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- BOP Inmate Information Handbook, English
- BOP Inmate Information Handbook, Spanish
- GUA 5324.12F, PREA, 8-5-20
- GUA Table of Contents, Admission & Orientation Lesson Plans
- GUA Institution Admission and Orientation Program Checklist, 7-11-18a, 3-21-19a, 6-9-20a, 6-30-20a, 6-30-20b, 7-21-20a, 7-21-20b, 7-21-20c, 7-21-20d, 7-21-20e, 7-21-20f, 8-18-20a, 9-16-20a, 9-16-20b, 9-16-20c, 10-13-20a, 11-21-20a, 1-12-21a, 1-12-21b, 1-12-21c, 1-12-21d, 1-14-21a, 1-14-21b, 3-29-21a, 4-8-21a, 5-12-21a, 6-10-21a, 6-10-21b, 7-6-21a, 7-6-21b, 7-20-21a, 8-12-21a
- GUA Inmate PREA Video Review, 1-27-20, 3-9-21a, 3-9-21b, 4-21-21, 4-23-21, 8-17-21, 12-14-21, 1-25-22, 1-28-22, 2-11-22

Interviews:

- PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Offenders

Site Review Observations:

- Observed the inmate reception area.
- Observed Intake process.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Offender Housing, Education, Library, Law Library, Visitation, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within the Library, Law Library, and computer access areas.
- Observed Inmate PREA training video.

Standard Subsections:

- Policy (P5324.12) requires that upon receipt into the facility, inmates shall receive information in their native language, when possible, explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. As confirmed by the PREA Compliance Manager, within the past 12 months, the MDC Guaynabo has received 937 inmates during the Intake process. Of those offenders, 100% were provided the initial PREA screening and information. During inmate interviews, most inmates confirmed that they had received initial PREA training. Documentation was reviewed to confirm training was, in fact, provided for the 10 inmates who stated that he had not received PREA training upon intake. Of the 43 inmates interviewed, inmate verification or facility documentation confirmed that all 43 inmates had received initial PREA training upon receipt into the facility.
- As noted by Intake staff, as well as observed during the Intake processes, inmates are immediately provided a summary of the PREA standards upon their initial arrival to the facility. As advised by Unit Managers, inmates are subsequently provided a more comprehensive training detailing key points of the process within thirty days of Intake. In describing their Intake process, most inmates recalled receiving information in a two-part process, once at admission and again during facility orientation. Every inmate transferring into MDC Guaynabo, regardless of how long the inmate has been incarcerated within the BOP, is required to participate in facility orientation, including a comprehensive component addressing sexual abuse and sexual harassment prevention and response.
- Per policy (P5324.12), as of one year from the PREA Standards effective date, all inmates who were incarcerated within the BOP were required to receive information on the agency's *Sexually Abusive Behavior Prevention and Intervention Program*. All offenders subsequently received into the BOP have been required to receive that same information during reception. Upon any transfer to another facility within the BOP, inmates are again required to receive PREA information. The BOP, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer. According to the agency's National PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA Compliance Manager.
- PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the BOP, and more specifically, the MDC Guaynabo. According to the MDC PREA Compliance Manager, the MDC Guaynabo has numerous processes in place to assist disabled inmates, such as language services, sign language assistance, braille, audio recordings, as well as other accommodating measures as deemed appropriate for an inmate's particular disability, to provide disabled or disadvantaged inmates equal opportunity to participate in or benefit from all aspects of the program. For inmates who do not speak English or Spanish, a contract is in place with LanguageLine Solutions to provide interpretation services. For inmates who cannot read or have limited reading skills, the information will be presented verbally. For inmates with intellectual and/or psychiatric disabilities, this information will be presented with the help of staff from

Psychology if needed. For the hearing-impaired inmates, written material is available. PREA brochures and informational posters are routinely provided in both English and Spanish, the two most common languages spoken within the MDC Guaynabo. Both audio and written translation services are available for offenders who don't speak English or Spanish. In short, per policy (P5324.12), and confirmed by the MDC PREA Compliance Manager, the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, so as to ensure all inmates have equal opportunity to benefit from the PREA provisions. Additionally, when interviewing inmates with disabilities or limited English (Spanish) proficiency, each believed that the facility has accommodated their needs.

- In accordance to policy (P5324.12), and confirmed by observing the Intake process, upon facility reception, inmates are provided with a PREA policy overview. Within 30 days of Intake, inmates are then provided with a more comprehensive facility orientation, to include PREA training. The information received is documented on the Institution Admission and Orientation Program Checklist, which is then acknowledged by signature from the inmate receiving training.
- Inmates are provided copies of the MDC Guaynabo Inmate Handbook (available in English and Spanish) upon receipt into the facility. This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via computer access portals, which are located on each inmate housing area. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish. There are also posters providing the names and contact information for national and local Rape Crisis Centers that provide reference information and recovery support services to inmates.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. In speaking with inmates assigned to the MDC Guaynabo, the overwhelming majority of inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the MDC Guaynabo has satisfied compliance with the standards related to this provision.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

- National PRC Specialized Training: Investigation Sexual Abuse in Correctional Settings, Instructor's Guide, 2013
- BOP Office of Internal Affairs: Conducting Interviews & Union Issues PowerPoint
- BOP Sexual Violence PREA PowerPoint
- SIS/SIA Training: Interviews and Union Issues, 2009
- SIS/PREA National Video Conference Training Agenda, 10-29-12
- BP-A0194, Warning and Assurance to Employee Required to Provide Information, June 2010
- GUA 5324.12F, PREA, 8-5-20
- GUA Employee PREA Training Roster, 2-24-22
- GUA PREA Investigating Sexual Abuse in a Confinement Setting Training Roster, 1-14-22
- GUA Memo PREA Staff Assurance, 2-23-21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculum
- Reviewed GUA training rosters
- Reviewed GUA training certifications

Standard Subsections:

- Per policy (P5324.12), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curricula and employee training certifications reviewed onsite provided additional documentation to support facility compliance.
- Per policy (P5324.12), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curricula and employee training certifications reviewed onsite provided additional documentation to support facility compliance.
- The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. Specifically, Policy P5324.12, requires that the "specialized training shall include techniques for interviewing sexual abuse

victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” A review of facility training rosters confirms that such documentation is maintained for all investigators currently utilized within the MDC Guaynabo.

- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The BOP investigative staff are required to attend both general PREA training, as well as PREA training specific to conducting investigations of sexual victimization in a confinement setting. MDC Guaynabo investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that MDC Guaynabo investigative staff do receive specialized training in excess of the generalized training provided to all staff. As such, the MDC Guaynabo meets the requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- PREA & Psychology Services, Specialized Training for Medical and Psychologists, as well as Victim Advocate Forensic Medical Exam Overview of Training Videos, 7-29-21

- GUA 5324.12F, PREA, 8-5-20
- GUA Health Services positions currently held, February 2022
- GUA PREA for Medical and Mental Health Care Training Completion Roster, 1-31-22

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

- The MDC Guaynabo provides medical and mental health services to incarcerated persons assigned to its facility. Policy (P5324.12) requires that in addition to the generalized training provided to all staff, “the agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” Interviews with Human Resource staff, MDC Guaynabo medical staff, as well as with MDC mental health staff, all confirm that staff have received training as required. A review of agency training records documents staff participation in initial and/or continuing training requirements.
- In accordance with agency policy and verified through interviews with MDC Guaynabo medical/mental health staff, medical staff at MDC Guaynabo do not conduct forensic medical examinations. Rather, as confirmed by the GUA Health Services Administrator, inmates are transported to a nearby public medical facility, Centro Medico of Puerto Rico, for all forensic exam services.
- A review of training records, as well as interviews with Medical and Mental Health Services Administrators, reflect that of the 18 medical and mental health care practitioners assigned to the GUA, 100% have received specialized training appropriate for their professional roles.
- As well, in accordance to their professional role, a review of training records reflects those medical and mental health practitioners have also received the generalize PREA training provided to all other staff, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The federal BOP has policies in place to ensure all MDC Guaynabo medical and mental health staff are furnished this training. MDC Guaynabo medical and mental health administration confirmed that their staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, SAFE/SANE Nursing Staff confirmed that all persons conducting forensic medical exams at the local hospital are properly certified to perform said exams. As such, the MDC Guaynabo meets the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Memo Intake Screening Guidance PREA, 9-11-14
- Attachment A, PREA Intake Objective Screening Instrument, 6-4-15
- BOP Psychology Services Inmate Questionnaire
- GUA 5324.12F, PREA, 8-5-20

- GUA Intake Screening Form, 3-24-21a, 3-24-21b, 3-31-21a, 3-31-21b, 5-3-21a, 6-29-21a, 6-29-21b, 7-8-21a, 7-12-21a, 7-27-21a, 7-27-21b, 8-2-21a, 8-10-21a, 8-10-21b, 8-19-21a, 9-7-21a, 9-8-21a, 9-14-21a, 9-16-21a, 10-29-21a, 11-9-21a, 11-9-21b, 11-9-21c, 12-2-21a, 1-17-22
- GUA Individualized Needs Plan Program Review, 4-1-21, 4-14-21, 4-29-21, 1-14-22
- GUA Psychology Services Risk of Sexual Victimization, 3-11-21, 3-26-21, 4-2-21, 4-6-21, 4-28-21, 4-30-21, 5-6-21, 5-11-21, 5-12-21, 6-3-21, 7-8-21a, 7-8-21b, 7-9-21, 7-15-21, 7-20-21, 7-28-21, 7-30-21, 8-6-21, 9-15-21, 11-8-21, 11-12-21, 11-23-21, 12-29-21, 1-11-22, 1-21-22, 1-31-22
- GUA Psychology Services Risk of Sexual Abusiveness, 3-9-21, 4-6-21, 4-12-21, 4-20-21, 7-15-21, 12-29-21
- GUA Notification of Risk Advisement, 7-28-21
- GUA Sexual Abuse Intervention, 11-17-21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Offenders
- Limited English Proficient Offenders
- Random Offenders

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files

Standard Subsections:

- Policy (P5324.12) requires that all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. The MDC Guaynabo Intake and Medical staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that the inmates are received into the facility. The PREA screening process was observed by the auditor.
- Policy (P5324.12) requires that the screenings will be completed "within 72 hours of the inmate's arrival at the facility." In speaking with MDC Guaynabo Intake and Medical staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. In accordance to agency policy, of the 937 inmates entering the facility (either through intake or transfer) within the past 12 months, 100% were subsequently provided risk screening

assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

- The PREA screening assessment is conducted using an objective screening instrument. A review of the survey questions provided to inmates does not present with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the screening process. The answers to this questionnaire then help determine both an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness.
- The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are or if they are perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. The risk screener is allowed to enter his/her subjective perception of the inmate's gender expression. During inmate interviews, the majority of inmates stated that they had been asked the aforementioned questions upon their receipt into the MDC Guaynabo.
- In assessing inmates for their risk of being sexually abusive, the PREA Intake Objective Screening Instrument does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing the risk screening process, the auditor also reviewed several PREA Intake Objective Screening Instrument completed within the auditing time frame. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that Intake and Medical staff both confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey process without the threat of negative consequences.
- Policy (P5324.12) requires that "within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening." Per the facility PREA Compliance Manager, within the audit time frame, 100% of the 937 offenders with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the MDC Guaynabo. In speaking with MDC Guaynabo Unit Management staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.
- Policy (P5324.12) allows that any employee may make a mental health referral based on his/her observation of the inmate's behavior or at the inmate's request, which include referrals based on concerns the inmate has been or is at high risk of being subject to sexual misconduct. Both the MDC Guaynabo PREA Compliance Manager and staff who perform screening for risk of

victimization and abusiveness confirm reassessments are conducted as required and that any staff member may refer an inmate for a risk screening reassessment. A review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames. As well, in discussing reassessment processes with inmates, most inmates believed that the facility did take the PREA assessments and their responsibilities regarding PREA seriously. In this, most inmates believed that staff would address their needs in a timely manner. All inmates interviewed stated that they currently felt safe from fear of sexual assault at their current institution.

- Policy (P5324.12) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Intake Objective Screening Instrument. When interviewed, Intake, Medical, and the MDC Unit Managers affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the PREA Intake Objective Screening Instrument or subsequent risk screening assessments. Additionally, all inmate interviews confirmed that said population was aware of their right not to answer related questions and to be free from disciplinary consequences in the event of any such refusal. None of the inmates interviewed stated that they had ever received any disciplinary sanctions for having not answered questions related to the PREA screening process.
- Policy (P5324.12) requires that the information presented on PREA Intake Objective Screening Instrument and subsequent screening processes is considered sensitive information. Accordingly, policy (P5324.12) notes that “sensitive information is limited to staff who have a need to know.” Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to the PREA Intake Objective Screening Instrument and subsequent screening processes, that facility staff must restrict the spread of information obtained as a function of the PREA Intake Objective Screening Instrument to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The MDC Guaynabo PREA Compliance Manager, Unit Managers, and other operational staff associated with the screening process affirmed the information obtained by way of said documents was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA Intake Objective Screening Instruments did require authorized credentials to access said documents within the BOP electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for an objective PREA Intake Objective Screening Instrument, which is administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in inmates’ risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the MDC Guaynabo. As well, the information gleaned from this form is appropriately used to inform classification, programming, housing, work, and other facility-based activities. Staff charged with administering PREA Intake Objective Screening Instruments, as well as subsequent screening processes, affirm the restricted nature of the information and their adherence to the facility’s limited distribution list. Documentation requesting additional protective measures as a result of information learned by, or subsequent to, the PREA screening process

was also reviewed. As such, the MDC Guaynabo has satisfied the requirements of this standard and is found to meet its expectations.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- GUA 5324.12F, PREA, 8-5-20
- GUA Transgender Bi-Annual Review, 2-8-22
- GUA Notification of Risk Advisement, 7-28-21
- GUA Sexual Abuse Intervention, 11-17-21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Offenders Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Offenders
- Limited English Proficient Offenders

Site Review Observations:

- Observed PREA screening process
- Reviewed offender files
- Observed offender housing and work assignments

Standard Subsections:

- Policy (P5324.12) requires that the agency use information from the PREA Intake Objective Screening Instrument to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA Intake Objective Screening Instrument is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake and Medical staff, as well as MDC

Guaynabo Unit Managers, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. The inmate will also be referred to medical/mental health staff for further review. Facility documentation reflects the use of screening instruments, as well as the application of the information that they provide, is an institutionalized process.

- Policy (P5324.12) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the BOP PREA Coordinator, the MDC Guaynabo PREA Compliance Manager, MDC Unit Management Staff, and the MDC Guaynabo Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. These reviews occur as needed, but at a minimum of a weekly basis. In speaking with inmates currently assigned to the MDC Guaynabo, most stated that their own opinions regarding their personal safety are considered by MDC Guaynabo staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that MDC Guaynabo staff would take their concerns seriously. All inmates interviewed were asked if they felt any concerns for their sexual safety while assigned to GUA. All inmates stated that they felt safe at the facility.
- In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, agency policy (P5324.12) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the offender's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex offender to a specific housing or program assignment, agency policy (P5324.12) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the offender's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the MDC Guaynabo PREA Compliance Manager, and the MDC Guaynabo Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.
- Agency policy (P5324.12) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least twice every year to examine any possible safety concerns expressed by the inmate. When interviewed, MDC Guaynabo Unit Managers did affirm the facility's compliance with this policy. Documentation further reflects this compliance. As well, along with routine informal safety checks by the MDC Guaynabo PREA Compliance Manager, mental health staff, and housing staff, the only transgender inmate assigned to the GUA confirmed that living, work, and other environmental concerns for his sexual safety were formally reviewed twice a year.
- Agency policy (P5324.12) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, MDC Guaynabo staff and the MDC Guaynabo PREA Compliance Manager affirmed that the facility adheres to this policy. Additionally, during random and targeted interviews with inmates, most stated that they believed MDC Guaynabo staff would consider their own views with respect to their own safety.

- Policy (P5324.12) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. This is done to ensure transgender inmates are provided privacy in showering. At MDC Guaynabo, all showers are single person with privacy curtains. In interviewing the facility's only transgender inmate, this incarcerated person was aware of his right to shower separately from the general inmate population. As well, this inmate denied having any safety concerns in showering at the facility due to having single person showers.
- The MDC Guaynabo is not subject to consent decrees, legal settlements, or legal judgments requiring this facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex offenders. As such, policy (P5324.12) expressly states that "the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates." In speaking with the PREA Coordinator, the MDC Guaynabo PREA Compliance Manager, and the MDC Guaynabo Warden, staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews with transgender, intersex, gay, lesbian, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the MDC Guaynabo, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the MDC Guaynabo does not house transgender, intersex, gay, lesbian, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The BOP has numerous policies in place to ensure the most effective and secure use of the PREA Intake Objective Screening Instrument. Inmates deemed to be at high risk are routinely monitored by the MDC Guaynabo PREA Compliance Manager, Unit Managers, as well as Medical and Mental Health staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the MDC Guaynabo PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The MDC Guaynabo PREA Compliance Manager, as well as all other MDC Guaynabo staff, affirm their adherence to agency policies and also confirm that the inmates' views regarding their own safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted the ability to shower separately from other inmates. Transgender inmates are also provided consideration in requesting the gender of staff that will conduct physical searches of their person. Additionally, transgender inmates are reviewed twice a year specific to their placement and programming assignments. As such, agency policy meets, and MDC Guaynabo adheres to, the requirements of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation
- GUA 5324.12F, PREA, 8-5-20
- GUA Memorandum No PREA At Risk Inmates Involuntarily Place in Segregated Housing, 8-30-21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Offenders in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Special Housing Unit

Standard Subsections:

- Policy (P5324.12) mandates that agency staff shall refrain from placing inmates at high risk for sexual victimization in “involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.” In speaking with the MDC Guaynabo PREA Compliance Manager and the MDC Guaynabo Warden, staff confirm that there have not been any inmates placed in involuntary segregated housing; namely, the Special Housing Unit (SHU), for risk of sexual victimization during the audit time frame. As well, inmate interviews did not suggest that MDC Guaynabo utilizes any form of restrictive housing for inmates at risk of victimization who present sexual abuse or sexual harassment allegations to staff. As such, there were no relevant documents to review.
- Policy (P5324.12) allows that, if necessary, “inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible.” To this effect, if inmates are involuntary segregated, efforts should be made to ensure these inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as offenders assigned to the general population. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document which activities were restricted. Specifically, staff must document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation. In speaking with the MDC Guaynabo PREA Compliance Manager, the MDC Guaynabo Warden, and MDC Guaynabo SHU supervisory staff, all such staff confirm that there have not been any inmates placed in the Special Housing Units for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of victimization at any point within their tenure at the MDC Guaynabo. As such, there wasn’t any relevant documentation to review.
- Policy (P5324.12) mandates that placement in the Special Housing Unit for those inmates at a high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but ordinarily not more than 30 days. In speaking with the MDC Guaynabo PREA Compliance Manager, the MDC Guaynabo Warden, and MDC Guaynabo SHU supervisory staff, said staff confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of sexual victimization at any

point within their tenure at the MDC Guaynabo. As such, there wasn't any relevant documentation to review.

- Policy (P5324.12) requires that upon placement of an inmate into the Special Housing Unit, the facility must clearly document the basis of concern for the offender's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers. In speaking with the MDC Guaynabo PREA Compliance Manager, the MDC Guaynabo Warden, and MDC Guaynabo SHU supervisory staff, said staff confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of sexual victimization. As such, there wasn't any relevant documentation to review.
- Policy (P5324.12) requires that an inmate placed in the Special Housing Unit due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the MDC Guaynabo PREA Compliance Manager, the MDC Guaynabo Warden, and MDC Guaynabo SHU staff, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of sexual victimization. As such, there wasn't any relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary protective custody is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in the Special Housing Unit unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the MDC Guaynabo PREA Compliance Manager, the MDC Guaynabo Warden, and MDC Guaynabo SHU supervisory staff, staff confirmed that there have not been any inmates placed in the Special Housing Unit for risk of sexual victimization during the audit time frame. Additionally, no inmates stated that they had been placed in such housing for risk of sexual victimization. As such, there wasn't any relevant documentation to review. In speaking with correctional staff routinely assigned to work within the Special Housing Unit, said staff confirmed that if inmates were to be assigned to the Special Housing Unit for high risk of sexual victimization, they would be afforded, as much as possible, similar activities as the inmates within general population. However, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. The MDC Guaynabo has satisfied all component parts of this standard and is found to have met its provisions.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, July 2019, English
- Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, July 2019, Spanish
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, 7-20-12, English
- BOP Memorandum for all Bureau Inmates, Suicide Prevention, 7-20-12, Spanish
- GUA 5324.12F, PREA, 8-5-20
- GUA Sexual Abuse/Assault, Prevention & Intervention Admission and Orientation Lesson Plan, 1-19-21
- GUA Memo Reporting Agreement Outside Entities, 8-30-21
- GUA Memo Inmate Reporting PREA, 8-30-21
- GUA PREA Compliance Manager Tracking Sheet

Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse
- Random Offenders

Site Review Observations:

- Reviewed documentation related to inmate reports of sexual abuse and sexual harassment.
- Observed informational posters throughout the facility advising offenders of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for offender use within the facility Law Library
- Observed PREA risk screening process

Standard Subsections:

- The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk assessment screening, via the PREA Intake Objective Screening Instrument, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within 30 days of their receipt into the facility. This orientation includes detailed training on the BOP PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with a MDC Guaynabo Inmate Orientation Handbook, which contains contact information for internal and external reporting agencies, as well as national and local victim services organizations. As well, one of the many ways that inmates can make claims of sexual abuse and sexual harassment is through the agency's e-mail system. There are multiple computer access portals available for inmate use within every housing area. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.
- As noted in policy (P5324.12), the facility provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the phone numbers to the Operation Support Center and an Outside Agency Reporting Hot Line, with calls to both agencies being anonymous and without cost to the inmate. Inmates are provided the address to the primary reporting entity, the Office of the Inspector General, which can receive and immediately forward offender reports to agency officials for their investigation. Upon an inmate's request, the Office of the Inspector General will allow an inmate to remain anonymous. If an inmate is being detained solely for civil immigration purposes, relevant contact information for his/her consular is available in the MDC Guaynabo facility Law Library.
- Per policy (P5324.12), staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of how they became aware of that information. In doing so, all staff stated that they would immediately document such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. The majority of inmates interviewed stated that they believed MDC Guaynabo staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.
- Per policy (P5324.12), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against

inmates or staff for having reported such abuse. Nonetheless, per policy (P5324.12) staff may privately report sexual misconduct by contacting “any supervisory staff at the local institution, regional staff, or Central Office staff, including the Central Office Management Analyst and the National PREA Coordinator. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General, as appropriate.” When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment and could provide at least one manner by which to do so.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. Additionally, while inmates are not encouraged to utilize rape counseling support service centers as reporting avenues, these centers will serve in this capacity if explicitly requested by the inmate. With this in mind, the auditor solicited inmate contact information from Just Detention International, a national resource center that can provide referrals to local rape crisis centers, and Centro de Ayuda a Victima de Violacion, a local rape counseling center servicing all persons within the city’s area. Just Detention International stated that it had not received any correspondence from persons confined within the MDC Guaynabo. The Centro de Ayuda a Victima de Violacion did not respond to attempts to contact facility staff. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All incarcerated persons understood their right to make verbal and written complaints. The majority of inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the MDC Guaynabo meets all aspects of this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P1330.18, Administrative Remedy Program, 1-6-14
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, July 2019, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, July 2019, Spanish
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo Administrative Remedies, 8-30-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Random Offenders
- Offenders Who Previously Reported Sexual Abuse

Site Review Observations:

- Reviewed inmate complaints received by Institution Investigator

Standard Subsections:

- The BOP does have administrative procedures to address grievances submitted by incarcerated persons regarding sexual abuse.
- Policy (P5324.12, P1330.18) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. Inmates are not mandated to file these administrative remedies within a required time frame. Additionally, inmates do not need to first seek an informal resolution to their concerns.
- Policy (P5324.12, P1330.18) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment directly to the Regional Director. As such, inmates are not required to first seek an informal resolution to their concerns prior to filing and administrative remedy. These complaints are subsequently processed by the institutional investigator, not the person with whom the complaint is against.

- Policy (P5324.12, P1330.18) requires the BOP to “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. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. 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, the inmate may consider the absence of a response to be a denial at that level.”
- Policy (P5324.12, P1330.18) allows for “third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates... If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate’s decision.”
- Policy (P5324.12, P1330.18) requires that should the agency receiving “an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”
- Policy (P5324.12, P1330.18) allows that “the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.”

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. Policy (P1330.18) permits inmates to submit grievances alleging sexual abuse and sexual harassment. Once filed, the agency must respond to the inmate’s allegations in a timely manner. Failure to provide a timely response can be construed as a denial at that level. The inmate may then pursue his concerns to the next level. Unless the agency can prove that the inmate filed his administrative remedy in bad faith, disciplinary sanctions cannot be applied against the inmate for having filed allegations of sexual abuse or sexual harassment. During the audit time frame, the MDC Guaynabo did not receive any grievances concerning sexual abuse or sexual harassment. As such, there weren’t any documents to review. However, the administrative procedures of filing and processing such a grievance was explained in detail should the agency receive one. Hence, the facility has demonstrated its compliance with this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15

- National Sexual Assault Hotline, Crisis Support Counselor, English
- National Sexual Assault Hotline, Crisis Support Counselor, Spanish
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, July 2019, English
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, July 2019, Spanish
- GUA 5324.12F, PREA, 8-5-20
- GUA Request for outside advocate services, 6-10-21
- GUA Centro de Ayuda a Victima de Violacion, 6-10-21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff
- Random Staff
- Mailroom Staff
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Random Offenders
- Just Detention International

Site Review Observations:

- Observed PREA Risk Screening assessment and distributed information upon MDC Guaynabo reception
- Observed informational posters throughout the facility advising offenders of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library, housing areas, as well as computer terminals
- Observed offender general visitation and legal visit areas informational posters

Standard Subsections:

- Policy (P5324.12) requires the facility to provide inmates with the mailing address and telephone numbers of outside victim advocates. The MDC Guaynabo Inmate Handbook provides a wealth of contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, inmates are also provided the physical address to write for confidential emotional support services. As well, the Law Library contains a listing of contact information. Per policy (P5324.12) the agency does provide toll-free telephone calls to a rape crisis hotline. Policy (P5324.12) also allows that communication between inmates and advocates within rape crisis centers is as confidential as possible. The BOP does detain inmates solely for civil immigration purposes. Accordingly, information on how to contact relevant consular officials is available in the facility's Law Library. When interviewed, most inmates knew that the agency provided free rape crisis support services to inmates, which is more commonly referred to across

the inmate population as the “PREA Hotline.” Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most offenders knowing that they could access those services by way of the information provided on the PREA informational posters located throughout the facility.

- Per policy (P5324.12) inmates are notified that their calls to the national hotline number (Rape, Abuse and Incest National Network), as well as to any local rape crisis centers, only rise to the level of confidential. As such, these calls are subject to staff monitoring.
- The MDC Guaynabo has attempted to negotiate a contract between itself and Centro de Ayuda a Victima de Violacion to help provide locally based rape crisis support services as requested by inmates assigned to the MDC Guaynabo. The MDC Guaynabo does maintain, and did supply, evidence of this negotiation, which, per the MUA PREA Compliance Manager, is currently pending. It is further noted, however, that according to the SAFE/SANE Nursing staff, all persons utilizing the forensic services of Centro Medico of Puerto Rico, to include incarcerated persons, are provided access to local rape crisis support services facilitated by the hospital at time of treatment care.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the MDC Guaynabo have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the MDC Guaynabo are provided a list of national resources to contact regarding sexual abuse rape crisis support services. Inmates are advised that calls to rape crisis centers are subject to monitoring. The MDC Guaynabo has attempted and remains in the process of securing a memorandum of understanding with a local rape crisis center, Centro de Ayuda a Victima de Violacion, for support services. As well, as a function of the forensic exam process of the local hospital, all persons receiving a forensic exam are provided access to local rape crisis support services facilitated by the hospital at the time of treatment. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As such, the MDC Guaynabo has met the minimum standards of this provision.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Inmate Notice Zero Tolerance, English
- BOP Inmate Notice Zero Tolerance, Spanish
- National Sexual Assault Telephone Hotline, English
- National Sexual Assault Telephone Hotline, Spanish
- BOP Voice Your Inmate Concerns Reporting Prompt
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, English, July 2019
- Sexually Abusive Behavior Prevention and Intervention, An Overview for Offenders, Spanish, July 2019
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- MDC Guaynabo Executive Assistant
- Investigative Staff
- Random Offenders
- Just Detention International

Site Review Observations:

- Review BOP website specific to PREA and third-party reporting methods
- Tested BOP online third-party reporting system
- Observed the Offender Visitation Area informational posters

- Observed informational postings and other publications throughout the offender housing areas
- Observed PREA reporting information within the Law Library
- Observed computer terminal access on inmate housing areas

Standard Subsections:

- Policy (P5324.12) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the onsite review, signage throughout the facility encouraged offenders to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by offender family and friends via the facility's Offender Visitation Room. Additionally, public notice on third-party PREA reporting is available to the general public on the agency's website. To verify the online third-party reporting system was operational, the auditor submitted a test email to the agency's online reporting address. An automated receipt response was received at the time of submission. Agency personnel, specifically, the MDC Guaynabo Executive Assistant, responded to the online submission confirming receipt of the system test email. All staff interviewed confirmed that the MDC Guaynabo would accept third-party reports of sexual abuse. As well, most inmates interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party to the MDC Guaynabo online reporting system via the BOP web page.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. In accordance with policy (P5324.12), the MDC Guaynabo promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the BOP site, all electronic links were tested and found to be operating as required. To ensure the functionality of the BOP online third-party reporting system, a test submission was successfully sent with a personalized facility-based response received within one business day. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. Additionally, inmates themselves can access the agency's website in order to utilize the agency's web reporting system. Inmates can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence. As well, inmates may also have a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. The concept of third-party reporting is clearly institutionalized across staff and offender cultures. As such, the BOP, and by extension, the MDC Guaynabo, has met the provisions of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP One Source First Responder Reference Guide, 6-5-15
- GUA 5324.12F, PREA, 8-5-20
- GUA Annual Training Agenda, 2021
- GUA Prison Rape Elimination Act Training Roster, 1-31-22, 2-24-22
- GUA PREA Training Acknowledgement, FY21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Offenders

Site Review Observations:

- Employee training records

Standard Subsections:

- Policy (P5324.12) mandates that all employees must immediately report all knowledge,

suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against offenders or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all MDC Guaynabo staff have all received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment. As well, all contracted staff also confirmed their duty to report all allegations of sexual abuse and sexual harassment.

- Policy (P5324.12) advises all staff that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decision. Staff are cautioned to disseminate information related to sexual abuse reports only on a need-to-know basis and only to the extent necessary. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the MDC Guaynabo PREA Compliance Manager, as well as MDC Guaynabo institutional investigators, the totality and reasoning surrounding the confidential investigatory process was clearly explained.
- Policy (P5324.12) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for said staff to inform offenders (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed. Additionally, medical/mental health staff noted their policy to have inmates acknowledge their understanding of policy via a signed informed consent statement.
- All inmates incarcerated within the MDC Guaynabo are legally classified as adults. As such, there aren't any juveniles assigned to this facility. However, per policy (P5324.12), the facility may still have persons classified as vulnerable adults. In accordance with the National Adult Protective Services Association, a vulnerable adult is a person who has been identified as being elderly (generally seen as over the age of 60) or having an intellectual and/or developmental disability. If an inmate is considered a vulnerable adult, per policy (P5324.12), allegations of prior sexual victimization must be forwarded to the appropriate "state or local services agency under applicable mandatory reporting laws."
- Policy (P5324.12) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred by the "Institution PREA Compliance Manager... to the appropriate office, and reviews the incident for any further response." When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Contracted staff were equally aware of this requirement.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curricula document correctional staff training specific to mandatory reporting requirements. In interviewing MDC Guaynabo medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained. As well, training records and course curricula for the specialized training of medical and mental health staff document an understanding of mandatory reporting requirements. As such, the MDC Guaynabo meets the provisions established within this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation, May 2015
- BOP Staff PREA Emergency Response Card

- BOP One Source First Responder Reference Guide, 6-5-15
- GUA 5324.12F, PREA, 8-5-20
- GUA Annual Training Agenda, 2021
- GUA Prison Rape Elimination Act Training Roster, 1-31-22, 2-24-22
- GUA PREA Training Acknowledgement, FY21
- GUA Memo Notification of protective status, 11-17-21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Offenders
- Offenders Who Disclosed Sexual Victimization During Risk Screening
- Offenders Who Reported Sexual Abuse

Site Review Observations:

- Observed PREA screening process

Standard Subsections:

- Per policy (P5324.12), when the MDC Guaynabo learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the offender. In speaking with the MDC Guaynabo PREA Compliance Manager, MDC Guaynabo Warden, MDC Guaynabo Unit Managers, MDC Guaynabo Intake staff, MDC Guaynabo Investigative Staff, and MDC Guaynabo Random Staff, a number of possible options were discussed specific to inmate protection measures. During the audit time frame, however, the MDC Guaynabo did not have any instances where inmates were at substantial risk of imminent sexual abuse. As such, the facility has no such documentation for review.

Reasoning & Findings Statement:

This standard works to actualize the processes of inmate protection. Agency policy (P5324.12) requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. Provided there are no other alternative options available to ensure the inmate's safety, policy (P5324.12) allows the facility to immediately increase the safety of the at-risk inmate by placing said inmate in a Special Housing Unit. However, placement in the Special Housing Unit would only be used if no other general housing assignments available would ensure the inmate's safety. During the

audit time frame, the MDC Guaynabo did not receive any reports from inmates who was at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the inmate. Hence, the facility has clearly realized the provisions of this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20
- GUA Inmate File, 7-27-21
- GUA Memorandum Warden-to-Warden Notification, 7-28-21
- GUA Inmate File, 11-17-21
- GUA Memorandum Warden-to-Warden Notification, 11-19-21

Interviews:

- Agency Head
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Review of facility-to-facility referrals

Standard Subsections:

- BOP policy (P5324.12) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide written notice of these allegations to the managing officer (Warden) of the former institution within 72 hours. A review of documents for the past twelve months reflects that there was two (2) such referrals made by the MDC Guaynabo and no referrals were made to the MDC Guaynabo.
- Per BOP policy (P5324.12), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The MDC Guaynabo Warden confirmed that all notices are sent to the former institution as soon as possible and certainly within 72 hours. Documentation reviewed onsite supports this statement. Since there weren't any referrals made to the MDC Guaynabo, there weren't any incoming referrals available for documentation review.
- Referrals are documented through the use of a BOP Memorandum in accordance with policy (P5324.12).
- Upon receipt of said allegations, policy (P5324.12) requires that the Warden of the destination facility must then process these allegations in accordance with standard protocol.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the audit time frame, the MDC Guaynabo received two (2) allegations of sexual abuse and sexual harassment from inmates who reported that sexual abuse or sexual harassment had occurred at another facility.

Documentation reviews supported those referrals were made to other facilities within the required time frames. Within the audit time frame, the MDC Guaynabo did not receive any allegations of sexual abuse and sexual harassment from another facility where the inmate at that facility had reported that the allegations of sexual abuse and sexual harassment had occurred at the MDC Guaynabo. Accordingly, the MDC Guaynabo has demonstrated its adherence to the requirements of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP PREA First Responder Actions Card
- BOP ONE Source First Responder Reference Guide
- GUA 5324.12F, PREA, 8-5-20
- GUA Annual Training Agenda, 2021
- GUA Prison Rape Elimination Act Training Roster, 1-31-22, 2-24-22
- GUA PREA Training Acknowledgement, FY21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Offenders Who Previously Disclosed Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigator case files

Standard Subsections:

- Policy (P5324.12) requires the first responding custody staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy (P5324.12) requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an offender has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing MDC Guaynabo custody

staff, the actions that would be taken if said staff were notified of sexual abuse allegations were consistent with policy. Within the past twelve months, MDC Guaynabo has received two allegations from inmates who claim to have witnessed or to have been victims of sexual abuse or sexual harassment. However, in these instances, there weren't any allegations of sexual abuse that occurred within the time frame that would have still allowed for the collection of physical evidence. Accordingly, there weren't any forensic exams performed within the audit time frame.

- Policy (P5324.12) requires that non-custody first responders contain and assess the situation, notify their immediate supervisor or the security shift supervisor, instruct the victim not to take any action that could destroy physical evidence. In interviewing MDC Guaynabo non-custody staff, the actions that would be taken were said staff notified of sexual abuse allegations were consistent with policy.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curricula reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. As a function of the response protocol, the immediate notification to a custody supervisor provides greater assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP ONE Source First Responder Reference Guide
- GUA 5324.12F, PREA, 8-5-20
- GUA Annual Training Agenda, 2021
- GUA Prison Rape Elimination Act Training Roster, 1-31-22, 2-24-22
- GUA PREA Training Acknowledgement, FY21

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff
- Random Staff

Site Review Observations:

- Review of departmental level facility processes

Standard Subsections:

- The MDC Guaynabo has developed a written institutional plan; namely, GUA 5324.12F, PREA, 8-5-20, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the MDC Guaynabo implemented a facility-based policy (GUA 5324.12B) that details the coordinated response plan to an incident of inmate sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another are outlined. This

policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their roles in the response process. As such, the MDC Guaynabo has met all of the provisions of this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo No new collective bargaining agreements, 8-30-21

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Administrative (Human Resources) Staff

Site Review Observations:

- Reviewed of facility documentation

Standard Subsections:

- Per policy (P5324.12), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The MDC Guaynabo has not renewed or entered into any new collective bargaining agreement since its previous PREA audit in 2019. It is further noted that the Federal Bureau of Prisons, and by extension, the MDC Guaynabo, retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy (P5324.12) allows for employees to be suspended from duty pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with the MDC Guaynabo Warden and MDC Guaynabo Investigative Staff, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the BOP, and by extension, MDC Guaynabo facility administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment of inmates. Hence, the MDC Guaynabo has satisfactorily met all provisions within this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation

- Random Staff
- Random Offenders
- Offenders Who Previously Disclosed Sexual Abuse

Site Review Observations:

- Reviewed two PREA investigation files, to include retaliation monitoring logs (staff/offender)

Standard Subsections:

- Policy (P5324.12) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. Per policy (P5324.12) “the Institution PREA Compliance Manager monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.”
- Per policy (P5324.12), the “agency shall 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.”
- Per policy (P5324.12), for a minimum of three (3) months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of:
 - An inmate who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
 - An inmate who was reported to have suffered sexual abuse or sexual harassment; and
 - An employee who reported an incident of sexual abuse or sexual harassment of an inmate.
 - Monitoring staff shall employ multiple protection measures to prevent inmate retaliation, such as reviewing inmate disciplinary, housing changes, job changes, and program changes.
 - Monitoring staff shall employ multiple protection measures to prevent staff retaliation, such as negative performance reviews for staff and the reassignment of staff.
 - Monitoring shall go beyond 90 days if the initial monitoring indicates a continuing need.
 - Within the past twelve months, the MDC Guaynabo has not had any reported incidents of retaliation.
- Per policy (P5324.12), in the case of inmates, such monitoring shall also include periodic in-person status checks at least every 30 days.
- Per policy (P5324.12), if any other individual (staff, volunteer, contractor, offender, adolescent offender, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.
- The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. BOP policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with inmates, none noted that they had ever experienced retaliation for participating in a PREA related facility investigation. Two (2) investigatory files, which included retaliation monitoring, were reviewed while on-site. In reviewing these, both the MDC Guaynabo PREA Compliance Manager and the MDC Guaynabo Institutional Investigator provided detailed explanations of the monitoring process. As such, the auditor was able to observe the monitoring system currently in place at the MDC Guaynabo. Given the totality of the policies provided, staff knowledge regarding the process, and a demonstration of the MDC Guaynabo monitoring process, the MDC Guaynabo has certainly satisfied the basic provisions of this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- BOP Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations, 2015
- GUA 5324.12F, PREA, 8-5-20
- GUA Memorandum No Segregation Requiring Alternate Housing, 8-30-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Offenders in Segregated Housing
- Random Offenders
- Offenders Who Previously Disclosed Sexual Abuse

Site Review Observations:

- Observed Special Housing Unit

Standard Subsections:

- Policy (P5324.12) prohibits placing inmates who allege sexual abuse, or inmates who are at a high risk of sexual abuse, in Special Housing Units unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternative means of separation from likely abusers. Within the audit time frame, the MDC Guaynabo has not placed any inmates who have suffered sexual abuse, or who are at a high risk of sexual abuse, in a Special Housing Unit pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary segregated housing; namely, Special Housing Units, as a de facto response to inmate safety concerns. Rather, as explained by the MDC Guaynabo PREA Compliance Manager and MDC Guaynabo Investigative Staff, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, MDC Guaynabo administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the SHU Segregation Supervisor did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be the absolute last option. The MDC Guaynabo Warden noted that should this ever occur, the inmate's status would be reviewed at least every 30 days, with the reviews being documented on the Security Review Official Log. The inmate would also be reviewed every 30 days by Psychology Services. A weekly review of that inmate's status would also occur during every Special Housing Unit weekly meeting. As such, the MDC Guaynabo has satisfied the requirements of this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Email regarding DOJ OIG Authority and AG Memo of Duty to Report Misconduct and Cooperate, 3-12-14
- BOP Memorandum External Investigators and PREA Training, 8-6-13
- MOU FBI and BOP Investigations Conducted According to DOJ Standards, 4-2-14
- FBI Domestic Investigations and Operations Guide
- DOJ/OIG PREA Training, Topics List, 1-14-14
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Investigative Staff

Site Review Observations:

- Review of two (2) facility-based case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curricula

Standard Subsections:

- Policy (P5324.12) requires that "when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports."
- Policy (P5324.12) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the MDC Guaynabo Institutional Investigator, said staff confirmed participation in numerous related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curricula, employee training certifications, as well as completed training rosters, provided additional documentation to support facility compliance.
- Per policy (P5324.12), Institutional Investigators and/or the MDC Guaynabo PREA Compliance Manager gather and preserve direct and circumstantial evidence, including any available physical

and DNA evidence and any available electronic monitoring data. Policy (P5324.12) allows that Institutional Investigators and/or the MDC Guaynabo PREA Compliance Manager will interview alleged victims, suspected perpetrators, and witnesses. Institutional Investigators and/or the MDC Guaynabo PREA Compliance Manager are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator.

- Policy (P5324.12) allows compel interviews only “after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”
- Policy (P5324.12) requires that the “credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” In speaking with Institutional Investigators, it was noted the credibility of an individual was based on a preponderance of the evidence.
- Policy (P5324.12) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence and testimonial evidence, the reasoning behind credible assessments, as well as investigative facts and findings. A review of two (2) investigatory files conducted by MDC Guaynabo Investigative Staff provided detailed written reports of both the allegations and the subsequent investigation.
- Policy (P5324.12) requires that all investigations are documented in written reports. As a function on that documentation, these reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of two (2) files conducted by MDC Guaynabo Investigative Staff provided detailed written reports of both the allegations and the subsequent investigation.
- As noted by the Institutional Investigator and required by policy (P5324.12), all substantiated allegations of conduct that appear to be criminal are referred for prosecution. During the audit time frame, the MDC Guaynabo did not refer any cases for criminal prosecution.
- Policy (P5324.12) requires that “the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”
- Policy (P5324.12) mandates that “the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”
- The auditor is not required to audit this provision.
- Policy (P5324.12) requires that “when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” During the audit time frame, there weren’t any allegations presented that required outside agencies to investigate.

Reasoning & Findings Statement:

The BOP conducts its own administrative investigations via agency staff. To perform administrative investigations, BOP investigative staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. The Federal Bureau of Investigation (FBI), which is a separate and independent component of the Department of Justice, has jurisdiction to investigate all criminal allegations within the BOP, to include all criminal allegations of sexual abuse. As such, FBI staff have the authority to collect evidence, as well as interview victims, suspected perpetrators, and witnesses. FBI officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, FBI officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with BOP staff, FBI agents and BOP staff work collaboratively under a memorandum of understanding to facilitate communication between these two distinctly separate agencies. This considered, the BOP, and by extension, the MDC Guaynabo, has met the requirements of this provision.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff

Site Review Observations:

- Review of two (2) PREA investigation case files

Standard Subsections:

- Policy (P5324.12) requires that “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Policy (P5324.12) clearly establishes the standard of proof required to substantiate claims of sexual abuse and sexual harassment. Specifically, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence. For substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true. In speaking with Investigative Staff, agency policy regarding required standards of evidentiary proof, which is merely a preponderance of the evidence, was clearly explained.

Reasoning & Findings Statement:

Agency policy requires that the BOP establish a standard of proof no higher than a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the MDC Guaynabo Investigative Staff confirmed that standard of proof to be slightly more than half. An onsite review of two (2) facility based PREA investigation case files, which included both unsubstantiated and unfounded dispositions, reflected the standard of proof used to provide disposition on allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. As such, the MDC Guaynabo has satisfied all material provisions of this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo for PREA Notification to Inmate, 8-20-21
- GUA Memo for PREA Notification to Inmate, 12-19-21
- GUA No investigations from an outside agency, 12-31-21
- GUA No allegations occurring at MDC Guaynabo, 8-31-21
- GUA No complaints against staff assigned to MDC Guaynabo, 12-31-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff

Site Review Observations:

- Review of two (2) PREA investigation case files

Standard Subsections:

- Policy (P5324.12) requires that “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”

- Policy (P5324.12) further requires that “If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.”
- Policy (P5324.12) requires that when an offender has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate upon the following:
 - The staff member is no longer posted within the inmate’s unit;
 - The staff member is no longer employed at the facility;
 - The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
 - The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.
- Policy (P5324.12) requires that when an offender has filed allegations of sexual abuse against another offender, the agency must notify the alleged victim whenever the alleged abuser has been:
 - Indicted on a charge related to sexual abuse within the facility and
 - Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- Policy (P5324.12) requires that “all such notifications or attempted notifications shall be documented.”
- Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires BOP staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. The BOP conducts all administrative sexual abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by the FBI, agency staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claim against agency staff or other offenders, should receive notification upon a change in housing status for the alleged abuser or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the audit time frame, MDC Guaynabo staff have attempted to provide written notifications on two (2) investigations, with the affected inmates having already been transferred from GUA custody upon the final notification attempt. Notifications to MDC Guaynabo inmates are required to be documented, with the notified inmates signing to acknowledge their receipt of said disposition. Documentation reflecting proper notifications was reviewed. In this, both inmates had been provided a written notice of said results, however, as the offenders had since been transferred from GUY custody, it was not possible to obtain signatures acknowledging their receipt. This process was, of course, properly documented. In considering the totality of facility compliance, the MDC Guaynabo is operating in accordance with all parts of this provision.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo No staff involved in PREA allegations, 12-31-21
- GUA Memo No staff disciplinary for PREA violations, 12-31-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Random Staff

Site Review Observations:

- Review of two (2) PREA investigation case files

Standard Subsections:

- Policy (P3420.11, P5324.12) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating BOP sexual misconduct policies. Interviews with the MDC Guaynabo Warden, MDC Guaynabo Human Resource Staff, MDC Guaynabo PREA Compliance Manager, and the MDC Guaynabo Institutional Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.
- Policy (P3420.11, P5324.12) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of inmates.
- Policy (P3420.11, P5324.12) stipulates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Again, interviews with the MDC Guaynabo Warden, MDC Guaynabo Human Resource Staff, MDC Guaynabo PREA Compliance Manager, and MDC Guaynabo Investigator Staff confirm the facility's adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. According to the MDC Guaynabo Warden, within the audit time frame, there haven't been any employees assigned to the MDC Guaynabo who have engaged in any acts of sexual abuse or sexual harassment.

- Policy (P5324.12) notes that “all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” According to the MDC Guaynabo Warden, within the audit time frame, the MDC Guaynabo has not had any staff who have been disciplined, short of termination, for any violation of agency sexual abuse or sexual harassment policies.

Reasoning & Findings Statement:

This standard works to ensure agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The Federal Bureau of Prisons has made the consequences of engaging in such behavior exceptionally clear. Within the audited time frame, there haven’t been any staff members assigned to the MDC Guaynabo who have violated agency sexual abuse or sexual harassment policies. As such, no staff have been terminated, disciplined, or reported to law enforcement agencies. During staff interviews, all staff expressed their knowledge of the agency’s zero tolerance policy. As such, the MDC Guaynabo has satisfied the provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo No contractors/volunteers involved in PREA allegations, 12-31-21
- GUA Memo No contractor/volunteer disciplinary for PREA violations, 12-31-21

Interviews:

- Agency Contract Administrator
- Facility Warden
- Investigative Staff
- Administrative (Human Resources) Staff
- Contractors Who May Have Contact with Offenders

Site Review Observations:

- Review contractor/volunteer files

Standard Subsections:

- Policy (P3420.11) advises contractors and volunteers that no person shall “allow themselves to show partiality toward, or become emotionally, physically, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates.” Policy (P5324.12) further notes that “any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” Review of MDC Guaynabo contractor/volunteer training documentation, as well as interviews with contracted staff, evidenced that the agency’s zero-tolerance policy was institutionalized.
- Policy (P5324.12) states that “the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.” Review of MDC Guaynabo contractor/volunteer training documentation, as well as interviews with contracted staff, evidenced that the agency’s zero-tolerance policy was institutionalized.

Reasoning & Findings Statement:

Agency policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Within the audit time frame, the MDC Guaynabo has not had any contractors or volunteers engage in sexual abuse or harassment of any inmate. Documentation of contractor and volunteer training records reflect that all contractors and volunteers are provided training appropriate to their level of contact with inmates. As a result of the COVID pandemic, there weren't any volunteers present on the facility during the onsite portion of the audit. However, during MDC Guaynabo contractor interviews, both the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Hence, the provisions of this standard have been met and MDC Guaynabo is in compliance with such.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P3420.11, Standards of Employee Conduct, 12-6-13
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo No staff/inmate sexual conduct, 12-31-21

Interviews:

- PREA Compliance Manager
- Facility Warden
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Offenders

Site Review Observations:

- Review of two (2) PREA investigation case files

Standard Subsections:

- Policy (P3420.11) provides the standards associated with all disciplinary hearings, to include hearings related to inmate-on-inmate sexual abuse/sexual harassment. Policy (P5324.12, P5324.12) further notes that following an administrative finding that an offender engaged in inmate-on-inmate sexual abuse, said offender is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the audit time frame, the MDC Guaynabo did not have any administrative findings of inmate-on-inmate sexual harassment and no criminal findings of inmate-on-inmate sexual abuse.
- Policy (P3420.11, P5324.12) requires that disciplinary sanctions imposed are 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. As well, sanctions consider aggravating and mitigating factors.
- When determining an offender's disciplinary sanctions, policy (P3420.11, P5324.12) does consider how an offender's mental disabilities or mental illness contributed to his behavior.
- Per policy (P5324.12), "all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services."
- Per policy (P5324.12), the agency may discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding that the staff member did not consent to such contact or conduct.
- Per policy (P5324.12), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations.
- Per policy (P3420.11, P5324.12), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as when one or more offenders engage in sexual conduct, including sexual contact, with another offender against his (or her) will or by use of force, threats, intimidation, or other coercive actions.

Reasoning & Findings Statement:

The inmate disciplinary process is a formal means to address institutional misconduct. The MDC Guaynabo uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the MDC Guaynabo did not process any disciplinary infractions for inmate-on-inmate sexual harassment and no criminal findings of guilt regarding inmate-on-inmate sexual abuse that occurred at the facility. Nonetheless, in considering agency policies, facility

procedures, staff interviews, and offender interviews, MDC Guaynabo is compliant with disciplinary standards as required under this provision.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.04, Patient Care, 6-4-14
- GUA 5324.12F, PREA, 8-5-20
- GUA Medical and Mental Health Screening Regarding History of Sexual Abuse, 12-31-21

Interviews:

- PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Offenders Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Medical Department
- Observed Mental Health Department
- Observed Medical Records Storage
- Review of Medical/Mental Health PREA Screening Forms

Standard Subsections:

- Policy (P5324.12) requires that within 72 hours of arrival, all MDC Guaynabo inmates will be screened for sexual abuse risk factors. If the assessment indicates that the inmate has had prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within 14 days of the intake screening. Within the audit time frame, 100% of offenders received at the MDC

Guaynabo who disclosed prior victimization during their initial risk screening were offered a follow-up meeting with a medical or mental health practitioner. A review of both medical and mental health referrals, as well as conversations with medical and mental health staff, along with inmates who reported prior sexual victimization, confirms the institutionalization of this practice.

- Per policy (P5324.12), persons with a history of being sexually abusive must also be referred for mental health services within 14 days of the intake screening. In speaking with Mental Health staff, it is noted that the nature of the referral is in accordance with the individualized needs of each inmate. Within the audit time frame, 100% of inmates received at the MDC Guaynabo who had previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. A review of both medical and mental health referrals, as well as conversations with medical and mental health staff, confirms the institutionalization of this practice.
- Per policy (P5324.12), regular mental health referrals are addressed within a time frame consistent with the nature of the referral and within 14 days of the intake screening.
- Per policy (P5324.12) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. 115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, as well as security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.
- Per policy (P5324.12) and in accordance with the Prison Rape Elimination Act (PREA) Standards, 28 C.F.R. §115.81, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, as well as security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years or considered a vulnerable adult. In speaking with medical/mental health staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

Within the audit time frame, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a medical or mental health practitioner. Within the audit time frame, 100% of offenders who had previously perpetrated sexual abuse as indicated during risk screening were offered a follow-up meeting with a medical or mental health practitioner. As noted by medical/mental health staff, as well as affected inmates, the MDC Guaynabo is providing routine and regular medical screens and other health services in accordance to qualified medical assessments, as well as to policy. Documentation specific to the PREA Intake Objective Screening Instrument for

medical and mental health staff reflects the appropriate use of the screening tool to determine appropriate housing and medical needs. As such, the facility is meeting all provisions as established within this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.04, Patient Care, 6-4-14
- GUA 5324.12F, PREA, 8-5-20
- GUA Memo No required access to emergency health services needed in past 12 months, 12-31-21

Interviews:

- PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- SANE/SAFE Staff
- Custody Staff and/or Non-Custody Staff Who Have Acted as First Responders
- Random Staff

Site Review Observations:

- Observed Medical Department
- Observed Mental Health Department
- Review of Medical/Mental Health Screening Form
- Reviewed two (2) GUA Medical Files/Documents Related to Emergency Medical and Mental Health Services

Standard Subsections:

- In accordance with policy (P5324.12), “inmate victims of sexual abuse shall 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.” In interviewing medical and mental health staff, said staff confirmed the ability to treat inmates in accordance to their professional medical judgment.
- Policy (P5324.12) requires that if there isn’t any qualified medical or mental health staff on duty when a sexual abuse report is filed, then custody staff will need to “take preliminary steps to protect the victim pursuant to section 115.62 and shall immediately notify the appropriate medical and mental health practitioners.” During interviews with first responders, as well as random custody staff, all personnel recognized with immediacy the need to notify medical and mental health staff of any sexual abuse allegations.
- Policy (P5324.12) requires that inmates are offered timely and appropriate prophylactic information, as well as emergency contraception, if appropriate. In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously disclosed sexual

victimization also confirmed that they had received medical or mental health treatment, as appropriate, in a timely manner.

- Policy (P5324.12) requires that “treatment services shall be 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.” In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously disclosed allegations of sexual abuse also confirmed that they were not charged a medical fee for said services. Inmates who had previously received mental health services for allegations of sexual abuse further indicated that they were not charged a fee for these services.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and mental health services. Policy (P5324.12) allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate’s course of treatment; specifically, what is medically indicated on the basis of evidence collection or physical trauma. Inmate interviews acknowledge that inmates are provided appropriate medical/mental health treatment. Lastly, it is noted that while the facility has not been required to provide emergency health services within the audit time frame, GUA medical and mental health staff clearly articulated the required processes should the need arise. As such, facility staff are meeting all of the provisions within this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Program Statement P6031.04, Patient Care, 6-4-14
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- Offenders Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Observed Medical Department
- Observed Mental Health Department
- Review of Medical/Mental Health PREA Screening Form

Standard Subsections:

- Policy (P5324.12, GUA 5324.12F) requires that all allegations of sexual assault must be evaluated immediately by facility medical and mental health staff. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with random staff, as well as inmates, there weren't any instances where any staff or inmates indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were receiving mental health treatment services at the time of facility transfer within the BOP, they confirmed that upon said transfer, they were automatically placed on the mental health rosters of their newly assigned facility. For other inmates who requested to utilize mental health services after transfer, they were subsequently scheduled to speak with medical health staff.
- Policy (P5324.12, GUA 5324.12F) requires that mental health services are offered to both victims of sexual assault and the abusers. Per policy (P5324.12) "the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." In interviewing inmates who had previously disclosed sexual abuse or sexual harassment, it was noted that medical services were offered to inmate appropriately in accordance to their allegations. As well, all inmates stated they were provided the opportunity to speak with staff from mental health services.
- Policy (P5324.12) requires that all victims of sexual abuse shall 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. If not referred to an outside hospital emergency department, the inmate is treated in the facility infirmary after evaluation by a primary care provider. In either instance, medical and mental health services are provided in accordance to the judgment of qualified health care providers. During interviews with medical and mental health staff, it was noted that inmates routinely receive services consistent with the community level of a care. As well, the agency's coordinated medical and mental health care far exceeds the level of dedicated trauma car that one would expect to receive in the community.

- In speaking with medical staff, it was noted that if deemed medically appropriate, inmate victims of sexually abusive vaginal penetration while incarcerated would be offered pregnancy tests.
- If pregnancy were to result from a sexual assault, policy (P5324.12) does require that these victims receive “timely and comprehensive information about all lawful pregnancy-related medical services.” In speaking with medical staff, it was noted that said information would be provided to inmate victims of sexually abusive vaginal penetration.
- Policy (P5324.12) requires that all victims of sexual assault are to be provided tests for sexually transmitted diseases as medically appropriate. In speaking with medical staff, departmental adherence to this policy was confirmed.
- Policy (P5324.12) requires that inmates are not charged for medical and mental health services received as a consequence of sexual assault. In fact, treatment services shall be 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. In speaking with medical staff, adherence to this policy was confirmed. As well, when speaking to inmates who had previously utilized medical or mental health services because of sexual assault or sexual harassment, said inmates noted that there had not been a charge for such services.
- Policy (P5324.12) requires that “all prisons shall 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.” In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all inmates, known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The BOP, and by extension the MDC Guaynabo, offers qualified and coordinated medical and mental health care regardless of an inmate's ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, access to said treatment follows the inmate throughout the BOP system and can be coordinated with community care upon the inmate's release from the BOP. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost,

the opportunity for treatment received in the institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the MDC Guaynabo Medical and Mental Health Department has collectively exceeded the provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Incident Review Team Member(s)

Site Review Observations:

- Reviewed two (2) PREA Investigations, including Subsequent Incident Reviews

Standard Subsections:

- Policy (P5324.12) states that “the facility shall 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.” During the audit time frame, the MDC Guaynabo had two (2) investigations of alleged sexual abuse and sexual harassment filed at the facility. Of those, both have been completed. Of the completed investigations, both were unsubstantiated. The MDC Guaynabo then conducted sexual incident reviews on both unsubstantiated allegations. Documentation associated with the sexual incident reviews were examined to ensure completion within the required time frame. As well, in

speaking with the MDC Guaynabo PREA Compliance Manager and MDC Guaynabo Investigative Staff, each person explained their role within the Incident Review Team process.

- Policy (P5324.12) requires the Incident Review Team to complete the review process within 30 calendar days of the incident. Incident Review Team members did affirm, and documentation did corroborate, that incident reviews do occur within 30 calendar days of the incident.
- Policy (P5324.12) requires that, at a minimum, the incident “review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.”
- Policy (P5324.123) requires that the incident review team considers:
 - Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused other group dynamics at the facility;
 - Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area may enable abuse;
 - The adequacy of staffing levels in that area during different shifts; and
 - Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Concluding the Incident Review Team Meeting, policy (P5324.12) requires a designated team member to prepare a brief report noting any team findings or recommendations for the future. Afterward, per policy (P5324.12), “the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.”

Reasoning & Findings Statement:

Within the audit time frame, MDC Guaynabo had completed two (2) sexual abuse and sexual harassment investigations. Both allegations were unsubstantiated. There were two (2) corresponding sexual incident reviews. Documentation relative to these reviews was examined to ensure that the Incident Review Team consisted of the appropriate committee members, that due considerations were given to the factors noted within Section D of the current standard, an incident review report was completed with appropriate subsequent action taken, and that these reviews were conducted within 30 days of the incident. In speaking with the MDC Guaynabo PREA Compliance Manager and MDC Guaynabo Investigative Staff, each person explained their role within the incident review process. Given the totality of the information reviewed, policies, documented evidence, as well as staff interviews, it is apparent that the MDC Guaynabo has maintained compliance with each of the aforementioned provisions and is thus in compliance with the entire standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Federal Bureau of Prisons Annual PREA Report, 2013
- Federal Bureau of Prisons Annual PREA Report, 2014
- Federal Bureau of Prisons Annual PREA Report, 2015
- Federal Bureau of Prisons Annual PREA Report, 2016
- Federal Bureau of Prisons Annual PREA Report, 2017
- Federal Bureau of Prisons Annual PREA Report, 2018
- Federal Bureau of Prisons Annual PREA Report, 2019
- Federal Bureau of Prisons Annual PREA Report, 2020
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

- Policy (P5324.12) provides all staff within the BOP a standardized set of definitions specific to sexual abuse/sexual harassment allegations. Policy (P5324.12) further mandates that “the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.” In speaking with MDC Guaynabo Investigative Staff, adherence to this provision was confirmed.
- Policy (P5324.12) further requires that “the agency shall aggregate the incident-based sexual abuse data at least annually.” In speaking with MDC Guaynabo Investigative Staff, adherence to this provision was confirmed.
- Policy (P5324.12) requires that the information collected “shall 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.” In speaking with MDC Guaynabo Investigative Staff, adherence to this provision was confirmed.
- Policy (P5324.12) requires that “the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.” The MDC Guaynabo PREA Compliance Manager confirmed the agency’s overall adherence to this policy.

- Policy (P5324.12) mandates that the agency PREA coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the facility internet site. The BOP National PREA Coordinator confirmed the agency’s overall adherence to this provision. As well, this information is publicly available via the BOP website.
- Policy (P5324.12) states “upon request, the agency shall provide all such (statistical PREA) data from the previous calendar year to the Department of Justice no later than June 30.” The BOP National PREA Coordinator confirmed the agency’s overall adherence to this provision.

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within the correctional institution is collected on a monthly basis. The data is then aggregated and made available for public review on an annual basis. The MDC Guaynabo has complied with the timely collection of said data and subsequently furnishes such to the appropriate entities as required. Hence, the MDC Guaynabo has met all provisional requirements and is in compliance with the overall requirements of this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- Federal Bureau of Prisons Annual PREA Report, 2013
- Federal Bureau of Prisons Annual PREA Report, 2014
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- Federal Bureau of Prisons Annual PREA Report, 2016
- Federal Bureau of Prisons Annual PREA Report, 2017
- Federal Bureau of Prisons Annual PREA Report, 2018
- Federal Bureau of Prisons Annual PREA Report, 2019
- Federal Bureau of Prisons Annual PREA Report, 2020
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

- Policy (P5324.12) requires the PREA Coordinator to prepare aggregated data relative to sexual abuse and sexual harassment across all BOP facilities. Following which, the BOP then uses that data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, as well as its related training programs. Specifically, the BOP works to identify problem areas, take corrective action on an ongoing basis, as well as prepares an annual report of its findings from the data review and any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the BOP Annual PREA Report (2020) is available on the agency website.
- Policy (P5324.12) requires that annual statistical reports “shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.” The PREA Coordinator confirms adherence to this policy. As well, a review of the agency’s annual statistical reports demonstrates the progressive assessment of agency efforts to prevent, detect, and response to sexual abuse and sexual harassment.
- Policy (P5324.12) requires that upon completion of each year’s Annual Report, “the agency’s report shall be 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.” A review of the BOP website reflects this data to be publicly available for citizen consumption.
- Policy (P5324.12) requires that any information redacted from the report due to a clear and specific threat to the safety and security of the facility must indicate the reason for redaction.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, the MDC Guaynabo PREA Compliance Manager, and the MDC Guaynabo Warden, the manner in which staff utilized the data to improve overall institutional safety, based on their role within the agency, was explained. Accordingly, the BOP, and by extension, the MDC Guaynabo, has demonstrated clear compliance with each of the provisions, and as such, has reached the overall requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

- Policy (P5324.12) requires all aggregated data to be securely retained. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.
- Policy (P5324.12) requires all aggregated data to be publicly available, with new materials being added at least once annually. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the BOP website.
- Policy (P5324.12) requires that all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency’s website.
- Policy (P5324.12) requires all aggregated data to be retained for at least 10 years. The PREA Coordinator confirms agency compliance with this directive.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the BOP PREA Coordinator, as well as MDC Guaynabo Administration, operate with transparency in government. As such, the agency, and by extension, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Facility Warden
- Random/Targeted Staff
- Random/Targeted Offenders

Site Review Observations:

- Onsite inspection of the entire facility
- Onsite inspection of facility documents
- Review of documentation available via the BOP PREA web page

Standard Subsections:

- As evidenced by the presence of facility audits on the BOP web page, and confirmed by the PREA Coordinator, PREA Audits have been completed at all BOP correctional facilities to provide for at least one-third of facilities operated by the BOP being audited during each audit year.
- This is the first year of the PREA 3-year cycle.
- The auditor had full access to all areas of the facility.
- All documents requested by the auditor were received in a timely manner.
- The auditor was permitted to conduct private interviews with inmates.
- Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

The MDC Guaynabo PREA Compliance Manager and other MDC Guaynabo staff were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or MDC Guaynabo staff. Accordingly, MDC Guaynabo has exceeded the provisions of this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

- Program Statement P5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 6-4-15
- GUA 5324.12F, PREA, 8-5-20

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the BOP PREA web page

Standard Subsections:

- A review of the agency web page reflects that the BOP has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator

affirms that all facilities within the BOP have been audited, and their reports subsequently published, on the agency's web page.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility PREA audits for the previous three years are available for public review, by way of, for example, the agency's web page. In this case, the BOP does have an agency web page and has made all facility PREA reports conducted within the previous three years conveniently accessible to the public. As such, the agency, and by extension, the facility, has meet the provisions of this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Valerie Wolfe Mahfood

April 14, 2022

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.