

ADULT PRISONS & JAILS



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| <b>Auditor Information</b>  |   |                                    |   |
| <b>Auditor name:</b> Marie J. Carter Calvin   |   |                                    |   |
| <b>Address:</b> 11820 Parklawn Drive, Suite 240, Rockville, MD 20852                    |   |                                    |   |
| <b>Email:</b> marie.carter@nakamotogroup.com  |   |                                    |   |
| <b>Telephone number:</b> (904) 962-4300   |   |                                    |   |
| <b>Date of facility visit:</b> July 28-30, 2015   |   |                                    |   |
| <b>Facility Information</b>   |   |                                    |   |
| <b>Facility name:</b> Federal Prison Camp - Alderson                                    |   |                                    |   |
| <b>Facility physical address:</b> Glen Ray Road, Alderson, WVA 24910                    |   |                                    |   |
| <b>Facility mailing address:</b> (if different from above)                              |   |                                    |   |
| <b>Facility telephone number:</b> (304) 445-3300  |   |                                    |   |
| <b>The facility is:</b>   | <input checked="" type="checkbox"/> Federal     | <input type="checkbox"/> State     | <input type="checkbox"/> County             |
|   | <input type="checkbox"/> Military               | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
|   | <input type="checkbox"/> Private not for profit |                                    |   |
| <b>Facility type:</b>   | <input checked="" type="checkbox"/> Prison      | <input type="checkbox"/> Jail      |   |
| <b>Name of facility's Chief Executive Officer:</b> Barbara Rickard, Warden              |   |                                    |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 165              |   |                                    |   |
| <b>Designed facility capacity:</b> 992  |   |                                    |   |
| <b>Current population of facility:</b> 1058   |   |                                    |   |
| <b>Facility security levels/inmate custody levels:</b> Minimum/Out/Community            |   |                                    |   |
| <b>Age range of the population:</b> 20-86   |   |                                    |   |
| <b>Name of PREA Compliance Manager:</b> Randy Keyes                                     |   | <b>Title:</b>                      | Associate Warden                            |
| <b>Email address:</b> ALD/PREAComplianceMgr@bop.gov                                     |   | <b>Telephone number:</b>           | (304) 445-3300                              |
| <b>Agency Information</b>   |   |                                    |   |
| <b>Name of agency:</b> Federal Bureau of Prisons  |   |                                    |   |
| <b>Governing authority or parent agency:</b> (if applicable) U.S. Department of Justice |   |                                    |   |
| <b>Physical address:</b> 320 First Street, N.W., Washington DC 20534                    |   |                                    |   |
| <b>Mailing address:</b> (if different from above)                                       |   |                                    |   |
| <b>Telephone number:</b> (202) 307-3198   |   |                                    |   |
| <b>Agency Chief Executive Officer</b>   |   |                                    |   |
| <b>Name:</b> Charles E. Samuels, Jr.  |   | <b>Title:</b>                      | Director                                    |
| <b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV                                   |   | <b>Telephone number:</b>           | (202) 514-4919                              |
| <b>Agency-Wide PREA Coordinator</b>   |   |                                    |   |
| <b>Name:</b> Alix McLearn   |   | <b>Title:</b>                      | National PREA                               |
| <b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV                                   |   | <b>Telephone number:</b>           | (202) 514-4919                              |

## AUDIT FINDINGS

### NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Prison Camp - Alderson (FPC) was conducted July 28-30, 2015 by Nakamoto Group Inc. auditor Marie J. Carter Calvin. When the auditor first arrived at the facility, an in-briefing meeting was held with Warden, Associate Warden, Acting Executive Assistant/Case Management Coordinator, Captain, several department heads, an American Correctional Association (ACA) Auditor and representatives from the Bureau of Prisons (BOP) Program Review Division.

This is a minimum security facility which houses out and minimum custody inmates. The facility has a design capacity of 992 and a current inmate population of 1058. There are two housing units. Each unit has two stories and four separate ranges and inmates are housed dormitory style. The inmate age range is 20-86 and the average daily population is 1057. This facility only houses female inmates.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager and the Chief of Psychology Services. The National PREA Coordinator and National PREA Contract Administrator for the Bureau of Prisons (BOP) were previously interviewed telephonically, as was the Director's designee. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility.

A total of 81 inmates were interviewed which included one disabled inmate and six were Limited English Proficient (LEP). No inmates refused. During the auditing period of 1/1/2014-1/19/2015, there were 7 reported allegations of sexual abuse/sexual harassment. Of the seven cases reported, one was unfounded, three were unsubstantiated, two investigations are still open, and one sexual abuse case involving a staff on inmate was substantiated. The staff member was terminated and prosecuted.

A total 49 staff were interviewed. Twenty correctional officers (from all three 8 hour shifts), six administrative staff, seven contract medical staff, and 16 specialized and random staff were interviewed. The administrative staff interviewed included the Warden, Associate Warden, Human Resource Manager, Captain, Business Administrator, and the Acting Chief of Psychology.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. It is the mission of FPC Alderson is to maintain custody of minimum security female offenders in a safe, clean, professionally managed correctional environment, and to provide care consistent with accepted correctional standards and reasonable opportunities for positive change. All inmates are encouraged and expected to participate in many educational, vocational, work and self-improvement programs to ensure a more successful transition into the community.

All inmates, who have been medically cleared, are provided work assignments. Work assignments include Food Service, Facilities Services, Education/Recreation, Laundry, Commissary, Health Services, sanitation workers, unit orderlies and institution maintenance.

The Education Department provides a comprehensive program for the inmate population. Various academic and vocational training programs are provided to the inmate population. Academic programs include instruction from the literacy level, taught on site, to post-secondary classes, which are available through correspondence. The Literacy Program is mandatory for all inmates, who do not possess a verifiable high school diploma or GED certificate. A comprehensive English-as-a-Second Language Program is provided for non-English speaking inmates. Inmates, who do not have a verifiable high school diploma, are encouraged and provided the opportunity to take the GED test in their native language. Satisfactory completion of the GED Program will merit a GED Certificate. In addition to the academic programs, a variety of vocational and apprenticeship programs are offered in conjunction with the U.S. Department of Labor and include non-traditional job opportunities for females. The vocational training programs, accredited through the Academy of Careers and Technology, WV Department of Education, offers Library Assistant, Horticulture, and Cosmetology. The inmates enrolled in the Cosmetology program complete 2,000 hours of training and must pass their state board of examination to obtain a license and become employed in that field. In addition, the department holds mock job fairs annually utilizing community volunteers to assist the inmates with preparing for re-entry into the community.

The facility operates two drug treatment programs. The Non-Residential Drug program is a 21-week, voluntary, substance abuse treatment course open to those interested in working their addiction/dependency. The Residential Drug Abuse Program (RDAP) is a comprehensive, 500-hour drug treatment program available to inmates with a documented history of substance abuse, dependency, or addiction. The program is delivered over a nine-month period and participants live in a drug treatment unit with structured and focused programming.

As a part of FPC Alderson's parenting program, in partnership with FCI McDowell and students from Howard University, inmates are provided the opportunity to spend an afternoon and one night with their child/children in active listening, crafting, and other organized activities. The program (Making Our Memories – MOM Camp) was designed to foster nurturing relationships between mothers and their child/children. Based on inmate interviews, when asked if they felt safe, several inmates interviewed indicated that programs like this and others not only makes them feel safe, but also shows that the FPC staff care.

The facility also provide court-mandated legal resource materials for inmates including Bureau of Prisons and Institution Directives and Code of Federal Regulations. Leisure and law library services are popular and include an Inter-library loan program.

The auditor concluded, through interviews and a review of policy and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates acknowledged that they received information about the facility's Zero Tolerance policy against sexual abuse, upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

## **SUMMARY OF AUDIT FINDINGS**

When the on-site audit was completed, an "out-briefing" meeting was held with the same staff in attendance for the "in-briefing". The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with the PREA. There was one area of concern during the audit which consisted of two "blind" spots identified in the commissary and the visiting room. In order to enhance staff supervision and the security of inmates in those areas, conclave mirrors were installed, so that every area of the facility could be visible at all times. The facility staff were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FPC Alderson staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency and the facility exceeds the standard with policies and practice. Program Statement (PS) 5324.11, pages 3,14,25,27,28,29 and 49 and Institution Supplement 5324.11B, page 2 clearly meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden. Zero tolerance posters are displayed throughout the institution. Staff receive initial training and annual training, as well as, updates throughout the year. All staff are issued a pocket size PREA Standards/First Responder Guideline to carry at all times for reference.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency and facility meets the mandates of this standard. A review of the documentation submitted substantiated the agency and facility require other entities contracted with (i.e. Corrections Corporation of America, Management and Training Corporation, The GEO Group, Inc.) for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards.

### Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 3000.03, pages 8-12 and PS 5324, page 17 outlines the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. In addition to the quarterly Workforce Utilization Meeting, the Warden, in fact, meets weekly with her executive staff, business administrator, captain, SIS, and the human resource manager where staffing issues relate to the PREA is reviewed and discussed. Quarterly Workforce Utilization minutes are on file. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and the Trust Fund Limited Inmate Computer System (TRULINCS) e-mail system, staff interviews and a review of rosters. Supervisory/Administrative staff routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds (visits) to all areas of the facility are conducted on a weekly basis, with no warning to staff. FPC Alderson is a minimum security facility with limited video cameras visible throughout the facility. The auditor found two "blind" spots while touring the facility. One in the commissary and one in the visiting room. Prior to the close of the audit, conclave mirrors were installed to correct those deficiencies; thereby, increasing staff supervision and inmate security in those specific areas.

### Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Not Applicable. FPC Alderson does not house youthful inmates.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 18 and IS (institution supplement) 5324.11B, page 6 outlines the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and annual training. The auditor observed each unit has individual shower stalls with doors and Velcro no-see-through shower curtains for the handicap showers for privacy purposes. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit. The speaker system is used to announce, at the beginning of the shift, the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units at the entrance of the living areas and throughout the units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility meets the mandates of this standard, in accordance with PS 5324.11, pages 20 and 21. FPC Alderson takes appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The facility has a contract with a language line to provide translation services for inmates who have a need that exceeds English and/or Spanish. The above-mentioned documents were submitted and reviewed by the auditor. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. In addition, once an inmate has taken The Adult Basic Education (TABE) test and it is determined that the inmate has a less than 6th grade reading comprehension, education staff refers the inmate to Psychology so the inmate can receive additional one-on-one PREA instruction.

### Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 3000.03, pages 28, 41-45; PS 3420.11 pages 6&7; the Pre-Employment Guide; page 2; SF85P, the Questionnaire for Public Trust Positions, page 1 and the BOP Recruitment Flier, page 1 addresses the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The Agency makes its "best efforts" to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

### Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

FPC Alderson was opened in 1927 and most of the facility does not have the capability to be retrofitted for advanced video and/or a visual monitoring system. Since August 20, 2012, there have been no substantial expansions or modifications to the facility.

### Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 4, 5, 23, 24; PS 6031.03, pages 42&43; the Guide for First Responders/Operations Lieutenant and the PREA Checklist & Instructions addresses the mandates of this standard. Correctional Services and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor (SIS) or FBI conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE/SAFE staff at Greenbrier Medical Center. The facility has a comprehensive medical service contract with the hospital and SANE/SAFE forensic medical examinations are a part of the contractual agreement. There were no SANE/SAFE examinations conducted during the past 12 months.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 44, 45 and 46 addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS) and FBI conduct all investigations. The SIS was interviewed and found to be very knowledgeable concerning their responsibilities in the investigative process. There are 253 agency investigators and one facility investigator. The FBI conducts the criminal investigations for the facility. There were seven allegations of sexual abuse/sexual harassment during the January 1, 2014-January 19, 2015 auditing period. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The information being tracked includes the date the allegation was reported, name of the victim/perpetrator, initial 2-day after-action, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring. This auditor reviewed documentation relative to these cases and believes staff acted appropriately.

### Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11 pages 14,15, 25, 26 and 27; IS 5324.11a, page 3 and the Annual Training Plan includes all training mandates of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, staff interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well.

### Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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PS 5324.11, page 27 and the Annual Training Plan addresses the mandates this standard. There are 29 contract staff and 75 volunteers who have received PREA training, to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. Ten contractors were interviewed and all indicated they received PREA training and understood their responsibilities mandated by the standard.

### Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 27&28; PS 5290.14, page 10g; Admission and Orientation (A&O) Program Involvement and the A&O Checklist addresses the mandates of this standard. The facility puts forth its best efforts in educating the inmates about the PREA. Inmates receive information during the intake process that includes a PREA handout and inmate handbook, printed in both English and Spanish. The inmates have access to the TRULINCS electronic program which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "hotline" telephone number which may be called to report abuse or harassment, is posted on the bulletin boards. The Office of Inspector General's mailing address is posted in each housing unit for inmates to write concerning any sexual abuse or sexual harassment allegation. There is a language line available to Limited English Proficient (LEP) inmates. This auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the last 12 months received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. All inmates were required to acknowledge in writing they completed PREA education.

### Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 29; the SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training addresses the mandates of this standard. The SIS and FBI criminal investigators have received PREA specialized training through the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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PS 5324.11, pages 29&30; IS 5324.11B, page 3 & 4 and the PREA Training Lesson Plan outlines the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive training annually and documentation is on file. The auditor reviewed the training lesson plan, training sign-in sheets and FBOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 30 days of their arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. There were 104 inmates, based on the initial screening, that were referred to Psychology Services for further PREA assessment. 100% of the inmates assessed by Psychology were determined to be able to be placed in general population and were referred to complete the Trauma in Life Course. In addition, they each were offered a follow up assessment, if needed. Additionally, staff and inmate interviews, as well as a review of documentation, support the finding that the facility is in compliance with this standard.

### Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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PS 5324.11, pages, 25-27, 34 and IS 5324.11B, page 9 address the mandates of this standard. Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

### Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 34&35 a-d addresses the mandates of this standard. FPC Alderson does not have Special Housing Unit and those inmates that need protective custody are immediately transferred to FCI Hazelton or the Southern Regional Jail in Beckley, WVA to remove them from the situation and to insure their safety. Agency policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives have been made and there is no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

### Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 36 a-d; PREA Notices and the Inmate Handbook in English and Spanish addresses the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods.

### Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 1330.18, pages 1-4, 6&7,14-16g addresses the mandates of this standard. Inmates may file a grievance; however, all allegations of abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. There were no grievances filed involving PREA related issues during the past 12 months.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 37; IS 5324.11B and the Inmate Handbook (English and Spanish) addresses the mandates of this standard. The facility has established a MOU (memorandum of understanding) with the Women Resource Center locally and the National Sexual Assault Hotline phone number is available to call. The inmate handbook provides the contact information for these services and the information is also posted in the housing unit.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention"; the Inmate Handbook; PREA Posters; the Posted Office of Inspector General Address and Website: [www.bop.gov](http://www.bop.gov) address the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Staff and 100% of the inmates interviewed were aware of the procedures for third-party reporting.

### Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 38&39 a-e addresses the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

### Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 39 addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being sexually abused and/or sexually harassed. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

### Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 40 a-d addresses the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received one allegation that an inmate alleged sexual harassment while confined at another facility. The facility took all precautions, made the notification and referred the case for further investigation.

### Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 40&41 a1-4 addresses the mandates of this standard. All staff interviewed were extremely knowledgeable regarding their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact the operations supervisor and medical staff. All staff are issued and carry a pocket size PREA guideline booklet for reference.

### Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 41 and the Coordinated Response Allegation of Sexually Abusive Behavior PREA Checklist address the mandates of this standard. The documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The collective bargaining agreement between Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees dated July 21, 2014-July 20, 2017 complies with this standard. The agreement was examined by the auditor.

### Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 43&44 a-e addresses the mandates of this standard. The policy prohibits any type of retaliation against any staff person or inmate who has reported sexual abuse or sexual harassment or cooperated in any related investigations. The Associate Warden, Programs, is charged with monitoring retaliation. During the interview, he stated he follows up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was concern that there was the potential for possible retaliation, the Associate Warden indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

### Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 35 a-e and 44 addresses the mandates of this standard. FPC Alderson does not have a special housing unit and interviews with staff revealed that inmates are transferred to another BOP facility or to a local jail for their safety and are not placed in involuntary segregated housing. Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 44-46 a-j addresses the mandates of this standard. The SIS is responsible for conducting administrative investigations within the facility and would refer criminal investigations to the FBI to determine if prosecution will be pursued. There was one criminal prosecution during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The Special Investigative Supervisor serves as the facility liaison who provides requested information to the outside agency and provides access to the inmate.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 46a addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 46&47 a-e addresses the mandates of this standard. There were six administrative investigations and one criminal investigation during the January 1, 2014-January 19, 2015 auditing period, which required inmate notification per this standard. Two of the investigations are still open and five written notifications were delivered to the inmates (documentation supplied to auditor). The documentation supports the finding that the facility is in compliance with this standard.

### Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 3420.11, pages 6&7b and PS 5324.11a-d outlines the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There has been one reported case of staff engaging in sex with an inmate, in the past 12 months. The staff member was terminated for violation of agency policy and criminally prosecuted. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an inmate.

### Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS3420.11, pages 6&7b addresses the mandates of this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

### Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 49 a-f addresses the mandates of this standard. There were six cases of inmate on inmate sexual abuse/sexual harassment investigated at FPC Alderson during the auditing period of January 1, 2014-January 19, 2015. There were no administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with SIS investigators support a finding that the facility is in compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 30,31,33,34 and 50 addresses the mandates of this standard. Interviews with medical and specialized staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, the facility interviewed 104 inmates whose initial screening disclosed a possible risk of victimization. The facility has a comprehensive procedure in place to ensure the inmates get the needed counseling and offers a follow up meeting with medical or mental health staff for those inmates who do disclose prior victimization. Treatment services are offered without financial cost to the inmate. FPC Alderson utilizes the PREA Compliance Manager-Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, page 52 and the PREA Guide for First Responders/Operations Lieutenants outlines the mandates of this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. Interviews with staff support a finding that the facility is in compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS5324.11, page 52 a-d addresses the mandates of this standard. FPC Alderson offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with the community level of care, without financial cost to the inmate. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 53&54 a-d addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The Special Investigative Supervisor (SIS) and the FBI conduct all investigations. The SIS was interviewed and found to be very knowledgeable concerning their duties and responsibilities. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. The sexual abuse incident review reporting form includes an addendum for union review/input.

### Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11, pages 55 & 56 addresses the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, inmate data and SENTRY (BOP data management system) data. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates all data annually and reviews it annually.

### Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Bureau of Prisons and FPC Alderson review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any trends, issues or problematic areas and take corrective action if needed. The facility PREA Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor.

## Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PS 5324.11 addresses the mandates of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP website. The reports cover all data noted in 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.

Marie J. Carter Calvin

August 5, 2015

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Auditor Signature

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Date