## Prison Rape Elimination Act (PREA) Audit Report

**Adult Prisons & Jails**

- **Interim**: ☐
- **Final**: ☒

**Date of Interim Audit Report**: ☒ N/A

**Date of Final Audit Report**: March 9, 2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name: Kendra Prisk</th>
<th>Email: <a href="mailto:Kendra@preaauditing.com">Kendra@preaauditing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name:</strong> PREA Auditors of America, LLC</td>
<td></td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> 14506 Lakeside View Way</td>
<td><strong>City, State, Zip:</strong> Cypress, TX 77429</td>
</tr>
<tr>
<td><strong>Telephone:</strong> 713-818-9098</td>
<td><strong>Date of Facility Visit:</strong> February 2-4, 2021</td>
</tr>
</tbody>
</table>

### Agency Information

| **Name of Agency:** Federal Bureau of Prisons |
| **Governing Authority or Parent Agency (If Applicable):** U.S. Department of Justice |
| **Physical Address:** 320 First Street, NW | **City, State, Zip:** Washington, DC 20534 |
| **Mailing Address:** 320 First Street, NW | **City, State, Zip:** Washington, DC 20534 |
| **The Agency Is:** ☐ Military | ☚ Federal |
| ☐ Municipal | ☐ County | ☐ State | ☐ Private for Profit | ☐ Private not for Profit |

**Agency Website with PREA Information:**

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

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

| **Name:** Jill Roth |
| **Email:** BOP-RSD-PREACOORDINATOR@BOP.GOV | **Telephone:** 202-616-2112 |

**PREA Coordinator Reports to:**

David Paul, Assistant Director, Reentry Services Division

**Number of Compliance Managers who report to the PREA Coordinator:** 0
## Facility Information

**Name of Facility:** FCI Aliceville  
**Physical Address:** 11070 Highway 14  
**City, State, Zip:** Aliceville, AL 35442  
**Mailing Address (if different from above):** PO Box 445  
**City, State, Zip:** Aliceville, AL 35442  

**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):  
☐ N/A  

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

## Warden/Jail Administrator/Sheriff/Director  
**Name:** Chad Garrett  
**Email:** ALI-PREAComplianceMgr-S@bop.gov  
**Telephone:** 205-373-5000  

## Facility PREA Compliance Manager  
**Name:** Katina Heckard  
**Email:** ALI-PREAComplianceMgr-S@bop.gov  
**Telephone:** 205-373-5000  

## Facility Health Service Administrator  
**Name:** Heather Welles  
**Email:** ALI-PREAComplianceMgr-S@bop.gov  
**Telephone:** 205-373-5000  

## Facility Characteristics  
**Designated Facility Capacity:** 1792  
**Current Population of Facility:** 1269
<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>1380</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Females ☐ Males ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>19-73</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>3 Years and 2 Months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Minimum/Community, Low, In &amp; Out</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>962</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>838</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>775</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates):</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>☒ Federal Bureau of Prisons</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Marshals Service</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Immigration and Customs Enforcement</td>
</tr>
<tr>
<td></td>
<td>☐ Bureau of Indian Affairs</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Military branch</td>
</tr>
<tr>
<td></td>
<td>☐ State or Territorial correctional agency</td>
</tr>
<tr>
<td></td>
<td>☐ County correctional or detention agency</td>
</tr>
<tr>
<td></td>
<td>☐ Judicial district correctional or detention facility</td>
</tr>
<tr>
<td></td>
<td>☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)</td>
</tr>
<tr>
<td></td>
<td>☐ Private corrections or detention provider</td>
</tr>
<tr>
<td></td>
<td>☐ Other - please name or describe:</td>
</tr>
<tr>
<td></td>
<td>☐ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>264</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>26</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>1</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>6</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>78</td>
</tr>
</tbody>
</table>
### Physical Plant

**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.

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>18</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Number of inmate housing units:</th>
<th>15</th>
</tr>
</thead>
</table>

**Number of single cell housing units:**

<table>
<thead>
<tr>
<th>Number of single cell housing units:</th>
<th>0</th>
</tr>
</thead>
</table>

**Number of multiple occupancy cell housing units:**

<table>
<thead>
<tr>
<th>Number of multiple occupancy cell housing units:</th>
<th>13</th>
</tr>
</thead>
</table>

**Number of open bay/dorm housing units:**

<table>
<thead>
<tr>
<th>Number of open bay/dorm housing units:</th>
<th>2</th>
</tr>
</thead>
</table>

**Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**

<table>
<thead>
<tr>
<th>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</th>
<th>46</th>
</tr>
</thead>
</table>

- 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)
  - Yes ☒
  - No ☐
  - N/A ☑

- Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?
  - Yes ☒
  - No ☐

- Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?
  - Yes ☐
  - No ☒

### Medical and Mental Health Services and Forensic Medical Exams

#### Are medical services provided on-site?

- Yes ☒
- No ☐

#### Are mental health services provided on-site?

- Yes ☒
- No ☐
<table>
<thead>
<tr>
<th>Where are sexual assault forensic medical exams provided? Select all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ On-site</td>
</tr>
<tr>
<td>☒ Local hospital/clinic</td>
</tr>
<tr>
<td>☐ Rape Crisis Center</td>
</tr>
<tr>
<td>☐ Other (please name or describe: )</td>
</tr>
</tbody>
</table>

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>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:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>☒ Facility investigators</td>
</tr>
<tr>
<td>☐ Agency investigators</td>
<td></td>
</tr>
<tr>
<td>☒ An external investigative entity</td>
<td></td>
</tr>
</tbody>
</table>

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- ☐ Local police department
- ☐ Local sheriff’s department
- ☐ State police
- ☒ A U.S. Department of Justice component
- ☐ Other (please name or describe: Click or tap here to enter text.)
- ☐ N/A

#### Administrative Investigations

<table>
<thead>
<tr>
<th>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?</th>
<th>253</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>☒ Facility investigators</td>
</tr>
<tr>
<td>☒ Agency investigators</td>
<td></td>
</tr>
<tr>
<td>☐ An external investigative entity</td>
<td></td>
</tr>
</tbody>
</table>

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- ☐ Local police department
- ☐ Local sheriff’s department
- ☐ State police
- ☒ A U.S. Department of Justice component
- ☐ Other (please name or describe: Click or tap here to enter text.)
- ☒ N/A
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Correctional Institution (FCI) Aliceville, Federal Bureau of Prisons (BOP) in Aliceville, Alabama was conducted on February 2-4, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

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

The previous PREA audit was conducted by PREA auditor Diana Lee on February 28, 2017 through March 2, 2017. The previous auditor found one not applicable standard, five exceeded standards and 37 met standards.

Prior to the on-site portion of the audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The PREA team was very responsive related to any questions the auditor had during this review. The PREA team ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received five emailed photos of the PREA audit announcement that were posted within the facility prior to the audit. The auditor received two letters from inmates¹ at FCI Aliceville. One inmate was interviewed during the on-site portion of the audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the day of the audit (1269) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate from each housing unit was selected for interview, with the exception of those housing units on quarantine due to COVID-19. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaire. The table following the inmate listings depicts the breakdown of inmate interviews. It should be noted FCI Aliceville did not house any youthful inmates and inmates in segregated housing for high risk of victimization and as such none were interviewed.

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

¹ It should be noted that inmate and offender are used interchangeably throughout this document.
The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Staff from all three shifts were interviewed. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
   • Agency contract administrator

There were 40 total inmates interviewed. Two inmates fell into more than one specialized inmate category and as such were asked more than one set of specialized questions.

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates</td>
<td>20</td>
</tr>
<tr>
<td>Targeted Inmates</td>
<td>22</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>42^2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Inmate Interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Youthful Inmates</td>
</tr>
<tr>
<td>• Inmates with a Disability</td>
</tr>
<tr>
<td>• Inmates who are LEP</td>
</tr>
<tr>
<td>• Inmates with a Cognitive Disability</td>
</tr>
<tr>
<td>• Inmates who Identify as Lesbian, Gay or Bisexual</td>
</tr>
<tr>
<td>• Inmates who Identify as Transgender or Intersex</td>
</tr>
<tr>
<td>• Inmates in Segregated Housing for High Risk of Victimization</td>
</tr>
<tr>
<td>• Inmates who Reported Sexual Abuse</td>
</tr>
<tr>
<td>• Inmates who Reported Sexual Victimization During Screening</td>
</tr>
</tbody>
</table>

^2 There were 40 total inmates interviewed. Two inmates fell into more than one specialized inmate category and as such were asked more than one set of specialized questions.
• Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
• Line staff who supervise youthful inmates, if any
• Education staff who work with youthful inmates, if any
• Program staff who work with youthful inmates, if any
• Medical staff
• Mental health staff
• Non-medical staff involved in cross-gender strip or visual searches
• Administrative (Human Resource) staff
• SAFE and/or SANE staff
• Volunteers who have contact with inmates
• Contractors who have contact with inmates
• Criminal investigative staff
• Administrative investigative staff
• Staff who perform screening for risk of victimization and abusiveness
• Staff who supervise inmates in segregated housing
• Staff on the sexual abuse incident review team
• Designated staff member charged with monitoring retaliation
• First responders
• Intake staff

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff</td>
<td>20</td>
</tr>
<tr>
<td>Total Staff Interviews</td>
<td>32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialized Staff Interviews</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Agency Contract Administrator</td>
<td>1</td>
</tr>
<tr>
<td>• Intermediate or Higher-Level Facility Staff</td>
<td>3</td>
</tr>
<tr>
<td>• Line Staff who Supervise Youthful Inmates</td>
<td>0</td>
</tr>
<tr>
<td>• Education and Program Staff who Work with Youthful Inmates</td>
<td>0</td>
</tr>
<tr>
<td>• Medical and Mental Health Staff</td>
<td>4</td>
</tr>
<tr>
<td>• Human Resource Staff</td>
<td>1</td>
</tr>
</tbody>
</table>
• Volunteers and Contractors  2
• Investigative Staff  1
• Staff who Perform Screening for Risk of Victimization  2
• Staff who Supervise Inmates in Segregated Housing  1
• Incident Review Team  1
• Designated Staff Member Charged with Monitoring Retaliation  1
• First Responders  2
• Intake Staff  1

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

• Mr. M.D. Carvajal (Agency Head)
• Mr. Chad Garrett (Warden)
• Ms. Jill Roth (PREA Coordinator “PC”)
• Ms. Katina Heckard (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on February 2, 2021 through February 4, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. A tour of the facility was conducted in the afternoon on February 2, 2021. The tour included all areas associated with FCI Aliceville to include housing units, visitation, medical, Psychology Services, religious services, education, vocation, commissary, hair care, laundry, the warehouse, food service, facilities and intake (R&D). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. Due to COVID-19 the auditor had limited contact with staff and inmates during the tour.

Interviews were conducted on February 2, 2021, February 3, 2021 and February 4, 2021. During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 264 staff assigned. The auditor reviewed a random sample of seventeen personnel and training records as well as five individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for six volunteers and four contractors were reviewed.

**Inmate Files.** On the first day of the on-site portion of the audit, the inmate population was 1269. A total of 21 inmate records were reviewed, thirteen of which arrived within the previous twelve months. The records reviewed included inmate’s initial risk assessment, 30-day reassessment and inmate PREA education. Additionally, nine LEP and disabled inmate records were reviewed.

---

3 It should be noted that facility, institution and compound are used interchangeably throughout this document.
Medical and Mental Health Records. During the past year, there were six inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed the medical and mental health records for the five inmates with closed cases. Additionally, the auditor reviewed mental health documents for 22 inmates who disclosed victimization during the risk screening.

Grievances. In the past year, the facility had zero sexual abuse grievances filed by an inmate. The auditor reviewed the grievance log and six random grievances to confirm no allegations of sexual abuse were reported via grievance.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense) and 206 (sexual harassment) are utilized for PREA related issues. A review of the log indicated that there was one allegation reported in 2019 where an inmate who was out of BOP custody alleged staff sexual abuse. The allegation was reported and an investigation is still open.

Investigation Files. During the previous twelve months, there were six allegations reported at the facility. During the audit five of the investigations were completed and one was still open and pending. The one pending was a staff-on-inmate allegation and was being investigated by an agency investigator rather than the facility investigator. The auditor reviewed the five closed investigative reports to ensure all components were included from the investigating authority.

<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse</th>
<th></th>
<th>Sexual Harassment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inmate-on-</td>
<td>Staff-on-inmate</td>
<td>Inmate-on-inmate</td>
<td>Staff-on-inmate</td>
</tr>
<tr>
<td>Substantiated</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unfounded</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Allegations</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
FCI Aliceville is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 11070 Highway 14, Aliceville, Alabama. FCI Aliceville is a low security female institution with a minimum-security satellite camp. The facility is located in Pickens County, located approximately 36 miles west of Tuscaloosa. The facility comprises approximately 650 acres, with the majority outside the secure perimeter. Construction began in 2008 and the facility was officially opened in 2013. FCI Aliceville is the newest female facility for the BOP. It includes a low security institution with an adjacent minimum-security satellite camp. FCI Aliceville is comprised of eighteen buildings, nine at the main institution, three at the camp and six outside the secure perimeter of the main institution.
The facility employs 264 staff. Custody staff make up three shifts; first shift works from 12:00am-8:00am, second shift works from 8:00am-4:00pm and third shift works from 4:00pm-12:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one officer is assigned to each housing unit along with a case manager. Additional officers are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical, mental health and administrative staff have their own varied scheduled work hours to supplement staffing. The facility employs six contractors. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 78 volunteers that provide services to the inmates.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Capacity</th>
<th>Style</th>
<th>Inmate Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>A2</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>A3</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>A4</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>B1</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>B2</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>B3</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>B4</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>C1</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>C2</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>C3</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>C4</td>
<td>164</td>
<td>Double Occupancy</td>
<td>General Population</td>
</tr>
<tr>
<td>Special Housing Unit</td>
<td>92</td>
<td>Double Occupancy</td>
<td>Restrictive Housing</td>
</tr>
<tr>
<td>D</td>
<td>134</td>
<td>Open Bay</td>
<td>General Population - Camp</td>
</tr>
<tr>
<td>E</td>
<td>133</td>
<td>Open Bay</td>
<td>General Population - Camp</td>
</tr>
</tbody>
</table>
The total capacity for the facility is 1792. On the first day of the audit the population at the facility was 1269. The facility houses adult female inmates. The age range of the facility’s population is 19-73 years of age. The facility houses minimum and low custody inmates. The average length of stay for inmates at the facility is 3 years and 2 months.
## Summary of Audit Findings

### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>115.31 &amp; 115.81</td>
</tr>
</tbody>
</table>

### Standards Met

| Number of Standards Met: | 43 |

### Standards Not Met

| Number of Standards Not Met: | 0 |
| List of Standards Not Met:   | NA |
PREVENTION PLANNING

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

115.11 (a)

▪ Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

▪ Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

▪ Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

▪ Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

▪ Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

▪ If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

▪ Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. P5270.09
5. ALI 5324.12C
6. Inmate Admissions and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention

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

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, ALI 5324.12C, the Inmate Admissions and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention. The agency has a zero tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and on page 101 of the Inmate Handbook. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address “preventing” sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address “detecting” sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address “responding” to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency’s approach to preventing, detecting and responding to sexual abuse.

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

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager. The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility’s PREA efforts. The facility’s organizational chart confirms that the Associate Warden is responsible for PREA compliance and that she reports directly to the Warden. The interview with the PREA Compliance Manager indicates she has sufficient time to coordinate the facility’s PREA compliance.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and the facility has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and Compliance Manager. The
preparedness for the audit and overall incorporation of institutionalized prevention, detection and response practices demonstrates that the PC and PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

115.12 (a)

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

115.12 (b)

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

**Auditor Overall Compliance Determination**

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

**Documents:**
1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

**Interviews:**
1. Interview with the Agency’s Contract Administrator

**Findings (By Provision):**

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

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

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

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ⓚ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ⓚ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ⓚ Yes ☐ No
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes □ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes □ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes □ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes □ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes □ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes □ No □ 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)*

Documents:
1. Pre-Audit Questionnaire
2. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Reviews
6. Documentation of Unannounced Rounds

Interviews:
1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:
1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): P3000.03 addresses the agency’s staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The
policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is predicted on 1484 inmates. The facility employs 264 staff. Staff mainly make up three shifts: first shift works from 12:00am-8:00am, second shift works from 8:00am-4:00pm and third shift works from 4:00pm-12:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one officer is assigned to each housing unit along with a case manager. Additional officers are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical, mental health and administrative staff have varying work schedules and supplement staffing. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they confer with the plan on a regular basis. The PCM indicated that the staffing plan is reviewed quarterly and the necessary components are part of the review. The Warden indicated that the facility reviews the staffing plan quarterly. He stated that they maintain American Correctional Association certification which includes necessary staffing components. He stated that while they do not have any deficiencies related to findings of inadequacies, if they did they would be included in the staffing plan. He further stated that the plan accounts for physical plant layout through staff and video monitoring technology and that they conduct a compliment analysis to determine the number of necessary staffing positions based on components such as physical layout, inmate population, programs occurring on a shift and number of supervisory staff.

115.13 (b): The facility indicated in the PAQ that no deviations from the staffing plan had occurred during the previous twelve months and that this provision does not apply. The Warden provided the auditor with a memorandum of non-occurrence certifying that the facility has not deviated from the staffing plan. The interview with the Warden indicated that deviations would not occur as policy does not allow vacancies. He indicated that they pay overtime or mandate mandatory overtime.

115.13 (c): The PAQ indicated that the staffing plan is reviewed at least once a year to determine whether adjustments are needed in the staffing plan, whether the deployment of monitoring technology is needed and whether there are adjustments needed in the allocation of resources to commit to the staffing plan. The staffing plan was most recently reviewed on November 10, 2020. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A review of additional reviews indicated others were completed on September 21, 2020, July 10, 2020, April 15, 2020 and December 5, 2019. The reviews indicated no issues related to the staffing plan and PREA. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

115.13 (d): The PAQ indicated that intermediate-level or higher-level staff make unannounced rounds to identify and deter sexual abuse and sexual harassment. The PAQ also stated that the rounds are documented and they cover all shifts. P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and
sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. A review of the PAQ supplemental documentation indicated that unannounced rounds are being conducted weekly by the IDO in all locations at the facility. Additionally, a review of ten IDO rounds while on-site indicated that rounds are being made between the hours of 6:00am and 8:00pm each week. Additionally, shift supervisors make rounds daily on shift. The PAQ stated that the facility prohibits staff from alerting other staff of the unannounced rounds. Further, P5324.12 prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Interviews with intermediate-level or higher-level staff indicated that they make unannounced rounds and that it is documented in TRUSCOPE. Additionally, they stated that they do not advise staff they are making rounds, they just show up. They indicated that they deviate their times and locations and don’t typically do the rounds the same way.

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

**Recommendation:**
While FCI Aliceville complies with the provisions of this standard, the auditor does recommend that the facility deploy video monitoring technology and/or reflective mirrors in several of the common areas, program areas and/or inmate work areas. While staff are present in these areas, the majority have one staff member with a few inmates. Historically, these areas are typically where staff-on-inmate sexual abuse occurs due to limited staffing, over familiarization between inmates and staff and physical plant. As such, the auditor highly recommends that video monitoring technology be installed in the laundry, commissary, facilities, the back dock and safety areas.

### Standard 115.14: Youthful inmates

#### 115.14 (a)

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

#### 115.14 (b)

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

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

#### 115.14 (c)
- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  ☒ Yes  ☐ No  ☐ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  ☒ Yes  ☐ No  ☐ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  ☐ Yes  ☐ No  ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Memorandum

Interviews:
1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FCI Aliceville. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at FCI Aliceville. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at FCI Aliceville. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were...
housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such, compliant.

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

**115.15 (a)**

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

**115.15 (b)**

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

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

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  ☒ Yes  ☐ No

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

**115.15 (d)**

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  ☒ Yes  ☐ No
115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes ☐ No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5521.06
3. ALI 5324.12C
4. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
5. Staff Training Records

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

Site Review Observations:
1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
2. Observation of Opposite Gender Announcements

Findings (By Provision):
115.15 (a): The PAQ indicated that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate’s central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate’s central file. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. P5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat-search female inmates, unless exigent circumstances exist. Interviews with staff indicated that inmates have never been restricted access from programs or privileges due to not having a female to conduct a pat-search. All twelve staff indicated there is always a female staff member available. Interviews with inmates indicated that 39 out of 40 had never been restricted access. The PAQ indicated that there were zero pat-searches of female inmates by male staff in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

115.15 (c): The PAQ indicated that policy requires that all cross-gender pat-down searches of female inmates to be documented. P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate’s central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate’s central file. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. ALI 5324-12C, page 2, states that in all housing units, policies and procedures are in place to enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing them. Inmates should only shower, perform bodily functions, and change clothing in designated areas. Interviews with random inmates indicated that 39 of 40 had never been naked in front of a male staff member. Additionally, interviews with random staff confirmed that inmates have privacy when showering, using the restroom and changing clothes. The PAQ indicated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. All twelve random staff indicated that opposite gender staff announce when they enter housing units and 28 of the 40 inmates interviewed indicated that male staff announce when they are entering housing units. Additionally, interviews indicated that an announcement is also made over the intercom system daily. During the tour, the auditor heard the opposite gender announcement being made. The auditor observed that inmates have privacy throughout the facility through the use of shower curtains and public style fully enclosed restrooms. Additionally, curtains and privacy film are utilized in common area restrooms.

115.15 (e): ALI 5324.12C, page 2, states that staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining an inmate’s genital status. If a question arises
regarding an inmate’s genital status, determination will be made by conversation with the inmate, review of medical records, or if necessary, as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with staff indicated that ten of the twelve staff knew there was a policy prohibiting these types of searches. Additionally, the interviews with the four transgender inmates indicated that none had ever been searched for the sole purpose of determining their genital status.

115.15 (f): The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner on the first day of the annual training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 100% of staff had received this training. A review of a random sample of seventeen training records indicated that all seventeen had received the search training, which included a video on searches. Interviews with a random sample of staff indicated that all twelve had received this training.

Based on a review of the PAQ, P5521.06, ALI 5324.12C, the Sexually Abusive Behavior Prevention and Intervention Program Curriculum, the Memorandum from the Warden, a random sample of staff training records, observations made during the tour to include curtains, enclosed restrooms (public restroom style), privacy film, the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender inmates indicate this standard appears to be compliant.

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

### Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. ALI 5324.12C
4. LanguageLine Solutions Contract
5. Staff American Sign Language (ASL) Memorandum
6. Memorandum on Blind Inmates
7. PREA Posters
8. Inmate Admissions and Orientation Handbook

### Interviews:
1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

### Site Review Observations:
1. Observations of PREA Posters in English and Spanish

### Findings (By Provision):

**115.16 (a):** P5324.12, page 19 and ALI 5324.12C, page 4, section 3 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Specifically, ALI 5324.12C states that when a need is identified, staff will seek out assistance from local community disabilities offices, and/or will utilize appropriate translation services. The Reentry Coordinator identifies available resources and provides these to staff by way of updates to the local Reentry webpage. The PREA Compliance Manager ensures appropriate services are available for use when needed. A review of PREA posters, PREA directives and inmate distributed information confirmed that information is provided in large font, bright colors and has accompanying pictures to the word directives. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. The interviews with disabled inmates confirmed that they received information in a format that they could understand. Two inmates indicated that there was a male staff member that went over the information and that it was in their handbook. A review of four disabled inmate files indicated that they signed that they received and understood the PREA information. During the tour, the PREA signage was observed to be in large text and bright colors.

**115.16 (b):** P5324.12, page 20 and ALI 5324.12C, page 4, section 3 establishes the procedure to ensure meaningful access to all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). Specifically, ALI 5324.12C states that when a need is identified, staff will seek out assistance from local community disabilities offices, and/or will utilize appropriate translation services. The Reentry Coordinator identifies available resources and provides these to staff by way of updates to the local Reentry webpage. The PREA Compliance Manager ensures appropriate services are available for use when needed. The agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is
115.16 (c): P5324.12, page 20 and ALI 5324.12C, page 4, section 3 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate’s safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other type of assistance. Interviews with a random sample of staff indicated that five were aware of a policy that prohibited inmates from being utilized for allegations of sexual abuse and sexual harassment. However, all twelve indicated they were unaware of a time an inmate had ever been utilized. Interviews with LEP and disabled inmates indicated that none had ever had to utilize another inmate to translate, interpret, read or provide any type of assistance for sexual abuse or sexual harassment allegations.

Based on a review of the PAQ, P5324.12, ALI 5324.12C, the LanguageLine Solutions contract, a review of PREA signage and information, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, inmates with disabilities and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes □ No

115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes □ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes □ No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files

Interviews:
1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the
community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for the 26 staff hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. The interview with Human Resource staff indicated that the questions are part of the hiring process.

115.17 (b): The General Employment Considerations for Staff indicates on page 2 that the applicant’s character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau’s efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired, institutional checks, neighborhood checks and numerous other checks are part of the background process.

115.17 (d): P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there was one contract for service over the previous twelve months and that 100% of those individuals under the contract had a criminal background check completed. A review of four contractor personnel files indicated that a criminal background check had been conducted on all four. Human Resource staff indicated that all contractors have a criminal background check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the Bureau. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. The interview with Human Resource staff confirmed that all staff and contractors have a criminal background check completed every five years.

115.17 (f): The PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any
other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for 26 staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the eligibility questions section on the USAJobs Application, which is required for all applicants.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire

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

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since August 20, 2012. The interview with the Agency Head and the Warden did confirm though that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The PAQ as well as the interview with the Warden confirmed there have not been any upgrades or installation of video monitoring technology since the last PREA audit. The interview with the Agency Head confirmed that any new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden indicated that he currently has a request in for additional cameras. He indicated that they utilize cameras to give them more eyes in the areas and that they are also utilized after an allegation.

RESPONSIVE PLANNING
Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

• Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. Memorandum Related to Forensic Examinations
5. Memorandum of Understanding with the Turning Point Domestic Violence and Sexual Assault Services
6. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
7. Qualified Staff Advocacy Training Documents
8. Letter from FBI on PREA Compliance
Interviews:
1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with random staff indicated that eleven of the twelve were aware of evidence protocol. Most staff indicated they would preserve the evidence for the evidence recovery team.

115.21 (b): The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013”.

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. The memo from the PCM indicated that inmates are transported to the Druid City Hospital in Tuscaloosa, Alabama for forensic examinations. The memo stated that the hospital is staffed with Sexual Abuse Nurse Examiners. The PAQ indicated that during the previous twelve months, there have been zero forensic exams conducted. During the audit period, there was not an instance where an inmate was provided a forensic medical examination as such no documentation was able to be reviewed.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. The MOU with the Turning Point Domestic Violence and Sexual Assault Services (executed June 5, 2019) confirms that the rape crisis center provides offenders with confidential emotional support services related to sexual violence as required by PREA regulations. Specifically, the MOU states that at least one Turning Point staff member will serve as a volunteer at BOP to provide support services related to sexual violence including hospital accompaniment for an offender victim during the forensic medical examination process, investigatory interviews and follow-up crisis counseling on request of the offender victim. The interview with the PCM indicated that the facility has an MOU with the local rape crisis center to provide these services. The interviews with the inmates who reported sexual abuse indicated that none of them were allowed to contact anyone after they reported their allegations. Additionally, none of the four indicated they received phone numbers or mailing addresses to a rape crisis center. It should be noted that none of the inmates interviewed involved an allegation of penetration. As such, no inmates were transported to the local hospital for a forensic examination. The inmates are provided the victim advocacy information in their handbook and are allowed to request contact with the advocate through Psychology Services.
115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. The memo from the PCM indicated that inmates are transported to the Druid City Hospital in Tuscaloosa, Alabama for forensic examinations. The memo stated that the hospital is staffed with Sexual Abuse Nurse Examiners. The MOU with the Turning Point Domestic Violence and Sexual Assault Services (executed June 5, 2019) confirms that the rape crisis center provides offenders with confidential emotional support services related to sexual violence as required by PREA regulations. Specifically, the MOU states that at least one Turning Point staff member will serve as a volunteer at BOP to provide support services related to sexual violence including hospital accompaniment for an offender victim during the forensic medical examination process, investigatory interviews and follow-up crisis counseling on request of the offender victim. Additionally, the facility has qualified staff members available to serve as advocates if needed. These staff are documented with completing training titled “Forensic Medical Exams: An Overview for Victim Advocates”. The interview with the PCM indicated that the facility has an MOU with the local rape crisis center to provide these services. The interviews with the inmates who reported sexual abuse indicated that none of them were allowed to contact anyone after they reported their allegations. Additionally, none of the four indicated they received phone numbers or mailing addresses to a rape crisis center. It should be noted that none of the inmates interviewed involved an allegation of penetration. As such, no inmates were transported to the local hospital for a forensic examination. The inmates are provided the victim advocacy information in their handbook and are allowed to request contact with the advocate through Psychology Services.

115.21 (f): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (g): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (h): The qualified agency staff members are Psychology Services staff and the Associate Warden. They have received training titled: Forensic Medical Exams: An Overview for Victim Advocates.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the memo related to forensic exams, the MOU with the Turning Point Domestic Violence and Sexual Assault Services, the MOU with the FBI, the letter from the FBI, the qualified staff member training documents and information from interviews with the PREA Compliance Manager, random staff and inmates who reported sexual abuse indicates this standard appears to be compliant.

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

115.22 (a)
Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

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

115.22 (b)

Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5508.02
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Incident Reports
8. Investigative Reports

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

Findings (By Provision):

115.22 (a): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there were six allegations reported within the previous twelve months, one that resulted in a criminal investigation and six that resulted in an administrative investigation (the criminal investigation also had an administrative investigation completed as well). A review of documentation indicated there were six allegations reported in the previous twelve months. Five of the allegations were investigated and closed, while one was still open. Four of the closed allegations were deemed unsubstantiated and one was deemed unfounded. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

115.22 (b): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query. The interview with the investigator indicated that allegations are referred to investigators with the legal authority to conduct criminal investigations.

115.22 (c): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

115.22 (d): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible
for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

115.22 (e): The MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

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

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

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

☒ Yes ☐ No

115.31 (b)

Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

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

115.31 (c)

Have all current employees who may have contact with inmates received such training?

☒ Yes ☐ No

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?

☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

Interviews:
1. Interview with Random Staff

Findings (By Provision):
**115.31 (a):** P5324.12, pages 24-25, indicates that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency’s zero tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates’ right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of seventeen staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff confirmed that all had received PREA training and that they get it yearly at their annual training. Staff indicated all the required topics were covered.

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

**115.31 (c):** The PAQ indicated that 264 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. P5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that sixteen staff received PREA training at annual training the last two years, while one staff member was a new hire and only received it in 2020.

**115.31 (d):** The PAQ as well as P5324.12, page 26, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures”. A review of a sample of seventeen staff training records indicated that all seventeen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility conducts PREA training at least annually, which exceeds the standard. Additionally, information is provided to staff through email and online through their web-based training curriculums. Interviews confirmed that staff were very knowledgeable of PREA, including their duties and responsibilities.

**Standard 115.32: Volunteer and contractor training**

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:
1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

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

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that 84 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of ten training documents for contractors and volunteers indicated that all ten had received PREA training. Additionally, the interviews conducted with the two contractors indicated that they were provided training through a video and that they were informed of the zero tolerance policy and how and who to report information to.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ
indicates that they have been notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of ten training documents for contractors and volunteers indicated that all ten had received PREA training. Additionally, the interviews conducted with the two contractors indicated that they were provided training through a video and that they were informed of the zero tolerance policy and how and who to report information to.

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

Based on a review of the PAQ, the PREA Training for Level I Volunteers, a review of a sample of contractor and volunteer training records as well as the interview with contractors indicates that this standard appears to be compliant.

**Standard 115.33: Inmate education**

**115.33 (a)**

- During intake, do inmates receive information explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.33 (c)**

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes  ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes  ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes  ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes  ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes  ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5290.14
4. ALI 5324.12C
5. Bureau’s Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
6. Sexually Abusive Behavior Prevention and Intervention Program
7. Inmate Admissions and Orientation Handbook  
8. Inmate Training Records

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

Site Review Observations:
1. Observations of Intake Area  
2. Observation of Daily Viewing of the PREA Video  
3. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention. The PAQ indicated that 962 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of the pamphlet confirmed that it includes information on the zero tolerance policy and the reporting methods. A review of thirteen inmate files for those inmates received in the previous twelve months indicated that all thirteen received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and are asked the risk screening questions immediately upon entry to the institution. The interview with intake staff indicated that the facility provides inmates information related to the zero tolerance policy and reporting mechanism via the inmate handbook. 37 of 40 inmates interviewed indicated that they received information on the agency’s sexual abuse and sexual harassment policies.

115.33 (b): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 775 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. A review of thirteen inmate files for those received over the previous twelve months indicated that six had received comprehensive PREA education within 30 days of intake. The seven that did not receive comprehensive education within 30 days were due to COVID-19. From the months of March to June the BOP discontinued the A&O process to ensure the safety of inmates and staff. Additionally, all inmates received during the previous twelve months (after the April-July timeframe) were required to be quarantined for the first fourteen days and tested for COVID-19 at the end of the quarantine. If they tested negative the inmate was released to general population and received A&O within 30 days. If the inmate tested positive they remained quarantined for an additional fourteen days and subsequent tests were given. Of the seven inmates that did not receive the comprehensive PREA education within 30 days, six had it competed upon their release from quarantine. Two of the eight had been received in the last 30 days and as such the comprehensive education was not yet due at the time of the on-site portion of the audit. An additional sample of eight inmate files of those received prior to the last twelve months (prior to COVID-19) indicated
that all eight had comprehensive PREA education completed within the required 30 days. Interviews with
the intake staff confirmed that all inmates receive comprehensive PREA education during the A&O
process. Interviews with inmates indicated that 37 of 40 inmates that were interviewed indicated that they
received information on the agency’s sexual abuse and sexual harassment policies.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA.
Additionally, P5324.12, page 27, indicates that the agency requires that all inmates who are transferred
from one facility to another be educated regarding their rights under PREA to the extent that the policies
and procedures of the new facility differ from those of the previous facility. All inmates are typically
educated upon transfer, whether policies and procedures differ or not. The interview with the intake staff
indicated all inmates who arrive at the facility receive an inmate handbook upon entry to the facility. They
then receive comprehensive PREA education at A&O. No inmates were identified to have been at the
facility prior to 2013.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and
LEP inmates. P5324.12, page 19 and ALI 5324.12C, page 4, section 3 establishes guidelines to providing
disabled inmates an equal opportunity to benefit from all the aspects of the facility’s efforts to prevent,
detect and respond to sexual abuse and sexual harassment. Specifically, ALI 5324.12C states that when
a need is identified, staff will seek out assistance from local community disabilities offices, and/or will
utilize appropriate translation services. The Reentry Coordinator identifies available resources and
provides these to staff by way of updates to the local Reentry webpage. The PREA Compliance Manager
ensures appropriate services are available for use when needed. The facility has numerous staff
members who are able to serve as translator for LEP inmates. Additionally, the agency has a contract
with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service
the facility can call that will translate information between the staff member and LEP inmate. The A&O
pamphlet as well as the Sexually Abusive Behavior Prevention and Intervention Program is available in
English and Spanish. A review of PREA education and documents indicated that pictures accompany
words, they were printed in bright colors and they contained large print. A review of a sample of nine
disabled and LEP inmate files indicated that all nine signed that they received and understood the PREA
information.

115.33 (e): P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet
at intake and that the original is placed in the inmates central file. Additionally, the education is
documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program
Checklist (Form BP-A0597). A review of 21 inmate files indicate that nineteen were documented to have
received PREA education. Two of the inmates had been received within the previous two weeks and as
such their education was not yet due at the time of the on-site portion of the audit.

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

Based on a review of the PAQ, P5324.12, P5290.14, ALI 5324.12C, the A&O pamphlet, the Sexually
Abusive Behavior Prevention and Intervention Program, the orientation handbook, a review of inmate
records, observations made during the tour to include the availability of PREA information via signage
and documents as well as information obtained during interviews with intake staff and random inmates
indicate that this standard appears to be compliant.

Standard 115.34: Specialized training: Investigations
115.34 (a)

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

115.34 (b)

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

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. DOJ/OIG PREA Training
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

**Interviews:**
1. Interview with Investigative Staff

**Findings (By Provision):**

**115.34 (a):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated that there is one facility investigator responsible for administrative investigations and 252 other agency and/or facility investigators that can conduct investigations. It also stated that three facility investigators have completed the training. A review of training records revealed that 30 total facility staff have completed the NIC training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received specialized training and that he completed it annually.

**115.34 (b):** P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. A review of training record indicated that 30 facility staff have completed the NIC training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received specialized training and that the training was victim based. He stated that it discussed how you can interview the inmate, how to ensure you do not re-victimize the inmate and that you should bring a female staff member with you during the interviews. He indicated that the required training topics were covered during the specialized training.

**115.34 (c):** The PAQ indicated that FCI Aliceville has one staff member that conducts administrative investigations. Additionally, the PAQ indicated that three facility staff have received specialized investigator training. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. A review of the facility investigator’s training record indicated that 30 staff had completed the specialized training. The MOU and
115.34 (d): The SIS/OIA is responsible for administrative investigation while the FBI/OIG is responsible for criminal investigations within the agency. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

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

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No □ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No □ NA

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

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

**115.35 (b)**

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

**115.35 (c)**

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Memorandum Related to Forensic Examinations
7. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.35 (a): P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual
harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has eighteen medical and mental health staff and that 100% of these staff received the specialized training. A review of nine medical and mental health training records indicated that all nine had received the specialized medical and mental health training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training and it included six videos.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. The memo from the PCM indicated that inmates are transported to the Druid City Hospital in Tuscaloosa, Alabama for forensic examinations. The memo stated that the hospital is staffed with Sexual Abuse Nurse Examiners. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents for nine medical and mental health care staff confirm that the training is documented via a training certificate.

115.35 (d): Medical and mental health care staff are considered correctional workers. A review of the nine medical and mental health staff members training documents indicated that 100% of those reviewed completed either the staff Sexually Abusive Behavior Prevention and Intervention training or the contractor PREA training.

Based on a review of the PAQ, P5324.12, P6031.04, the memo regarding forensic examinations, the two training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

<table>
<thead>
<tr>
<th>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Standard 115.41: Screening for risk of victimization and abusiveness</th>
</tr>
</thead>
</table>

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)
115.41 (d)

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

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  ☒ Yes ☐ No

115.41 (e)
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ✗ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☑ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

- Does the facility reassess an inmate’s risk level when warranted due to a request? ✗ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ✗ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Reassessment Documents

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in the medical assessment room at intake. This room has a solid door that affords confidentiality and privacy. Interviews with 25 inmates received in the previous twelve months confirmed that 22 were asked the risk screening questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization or abusiveness.

115.41 (b): P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 962 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of 21 inmate records confirmed that all 21 were screened within 72 hours, with the majority screened within 24 hours. Interviews with 25 inmates received in the previous twelve months confirmed that 22 were asked the risk screening questions either the same day or the next day. The interview with the risk screening staff confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate’s history (which can be found in the inmate’s file).
115.41 (d): A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate’s own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. The interview with the staff who perform the risk screening indicated that the inmates file is reviewed and then they go through the risk screening questionnaire. Answers to the questions are verified through the file review. Some of the questions on the questionnaire include whether the inmate has been a victim of sexual abuse, whether they had any recent sexual assaults, their height, weight and physical appearance, whether they have an aggressive history and whether they have ever perpetrated sexual abuse. The staff stated the questions are mainly yes or no, but that some questions allow for more detail to be given by the inmate.

115.41 (e): A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. The interview with the staff who perform the risk screening indicated that the inmates file is reviewed and then they go through the risk screening questionnaire. Answers to the questions are verified through the file review. Some of the questions on the questionnaire include whether the inmate has been a victim of sexual abuse, whether they had any recent sexual assaults, their height, weight and physical appearance, whether they have an aggressive history and whether they have ever perpetrated sexual abuse. The staff stated the questions are mainly yes or no, but that some questions allow for more detail to be given by the inmate.

115.41 (f): P5324.12, page 32 indicates that inmates would be reassessed for the inmate’s risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 775 inmates were reassessed within 30 days. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. The interview with staff responsible for the risk screening indicated that inmates are reassessed within 28 days at their program review. Interviews with 25 inmates received within the previous twelve months indicated that only eight remember a reassessment. A review of a sample of 21 inmate files indicated that seventeen inmates were reassessed within the 30-day timeframe. Of those sampled, two were not yet due to be completed and two were completed late due to COVID-19. It should be noted that the reassessments are not in the same format as the assessments. Inmates are not asked all of the initial risk screening questions, which may be attributed to the inmates not remembering the reassessments.

115.41 (g): The PAQ indicated stated that an inmate’s risk level is reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. A review of the inmates who alleged sexual abuse indicated that a reassessment was conducted with the inmates during their mental health evaluation. Additionally, information is entered into the electronic system related to any alleged or confirmed sexual abuse allegations (both victim and perpetrator) and this information is shared with the unit team to assist with appropriate housing. Interviews with staff responsible for risk
screening indicated that inmates are reassessed when warranted. Interviews with 25 inmates received within the previous twelve months indicated that only eight remember a reassessment. It should be noted that the reassessments are not in the same format as the assessments. Inmates are not asked all of the initial risk screening questions, which may be attributed to the inmates not remembering the reassessments.

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

115.41 (i): The PAQ indicates that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Specifically, P5324.12, page 32, states that information is disseminated on a need-to-know basis for staff. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained Psychology Services and the supervisors who have a need due to housing.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and inmates indicate that this standard appears to be compliant.

**Standard 115.42: Use of screening information**

115.42 (a)

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

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

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

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

**115.42 (b)**

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

**115.42 (c)**

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

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

---

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

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

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. ALI 5324.12C
4. PREA Hot List/PREA At Risk List
5. Sample of Housing Determination Documents
6. Sample of Transgender/Intersex Reassessments
7. Inmate Housing Assignments/Logs

**Interviews:**

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

**Site Review Observations:**

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

**Findings (By Provision):**

115.42 (a): The PAQ indicated that the agency shall use information from the risk screening to inform housing, bed, work, education, and programing assignments. P5324.12, page 33, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from
those at high risk of being sexually abusive. The policy indicates that Psychology Services maintain a “PREA Hot List” or a “PREA at Risk” list that it utilized to make decisions and enhance monitoring of those inmates at an increased risk. Policy indicates that the list is utilized to make housing, work and program decisions for these inmates. ALI 5324.12C, page 5 states that screening information will be used by staff to make individual determinations to ensure the safety of inmates at FCI Aliceville, and to make housing and programming assignments for transgender or intersex inmates on a case-by-case basis. The interview with the Compliance Manager indicated that information is utilized to place them in the appropriate housing, job and program assignments. She stated that identified or potential victims would not be placed with identified or potential abusers. She also stated that they would place any LGBTI and inmate victims closer to the front of the housing units for additional safety. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

115.42 (b): P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicated that the information is reviewed by unit team and that they utilize the information to house inmates appropriately. The staff stated that they would not place a victim with an aggressor and they would not house inmates with others who do not match or who may cause victimization.

115.42 (c): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate’s health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place within the agency. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate’s housing determinations indicated that all had a review by the TEC designating a male or female facility. The interview with the PCM indicated that the agency’s male and female housing unit determinations are made on a case-by-case basis by the agency's Washington, DC staff. The facility housing determinations for transgender and intersex inmates are also on a case-by-case basis and are based on classification and risk screening information. Interviews with four transgender inmates indicated one was asked about his safety and all four did not believe that transgender inmates are housed solely in one unit, facility, dorm or wing.

115.42 (d): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate’s safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FCI Aliceville houses sixteen who identify as transgender. A review of eight transgender inmate files at the facility indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. Interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year.

115.42 (e): P5324.12, page 33, indicates that the transgender or intersex inmate’s own views with respect to his or her safety is given serious consideration. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety and this information is given serious consideration. The interviews with the transgender inmates indicated that one was asked about his safety. A review of assessment documentation confirmed that transgender inmates are asked about their safety.
115.42 (f): P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering. All showers are single person showers and have a curtain. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The interviews with the transgender inmates confirmed all four are able to shower separately from other inmates.

115.42 (g): P5324.12, page 33, 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 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. The PAQ and a review of housing assignments for a sample of LGBTI inmates indicated that they were not assigned to one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific housing unit. The interviews with the two inmates who identify as LGB indicated that neither felt that LGBTI inmates are placed in a dedicated facility, unit or wing.

Based on a review of the PAQ, P5324.12, ALI 5324.12C, the PREA Hot List or PREA at Risk list, a review of inmate housing assignments, a review of transgender and intersex inmate assessments and information from interviews with the Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, indicates that this standard appears to be compliant.

**Standard 115.43: Protective Custody**

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

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

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes □ No □ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes □ No □ NA

115.43 (c)

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes □ No

Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes □ No

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☒ Yes □ No

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes □ No

115.43 (e)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Facility Memo from Warden
4. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form
5. Weekly Special Housing Unit Review Meeting Form

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

Site Review Observations:
1. Observations in the Special Housing Unit

Findings (By Provision):

115.43 (a): P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the victim from likely abusers. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that the agency has a policy that prohibits placing inmates in involuntary segregated housing due to their risk of sexual victimization unless there are no other means of separation from likely abusers. The Warden stated that they do not normally utilize the SHU for involuntary segregation as they have the ability to move the inmate to another housing unit or another facility. A review of housing assignments of inmates at high risk of victimization indicated that none were involuntarily segregated at the time of the on-site portion of the audit.

115.43 (b): The PAQ indicated that inmates placed in involuntary segregated housing for the purpose of this standard have access to programs, privileges, education and work opportunities to the extent possible and any restrictions would be documented. P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs, privileges, education and work opportunities to the extent possible. He stated that any restrictions would be documented and would be required to go through the appropriate channels to be signed off on. A review of housing assignments of inmates at high risk of victimization indicated that none were involuntarily segregated at the time of the on-site portion of the audit.

115.43 (c): P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate’s central file. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization and there have been zero inmates who have been involuntarily segregated for longer than 30 days. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that if an inmate was involuntarily segregated they would prioritize the investigation or get the inmate transferred to ensure the time in segregation was the least amount of time possible. The interviews with the staff who supervise inmates in segregated housing indicated that the facility tries to find alternative housing, however if an inmate is involuntarily segregated they would remain until the investigation was completed. They stated the maximum time would be 90 days but that investigations are typically completed within ten day. A review of housing assignments of inmates at high
risk of victimization indicated that none were involuntarily segregated at the time of the on-site portion of the audit.

115.43 (d): P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate’s safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization and as such no documentation was necessary under this provision. A review of housing assignments of inmates at high risk of victimization indicated that none were involuntarily segregated at the time of the on-site portion of the audit.

115.43 (e): The PAQ indicated that if an inmate was placed in segregation due to risk of victimization, she would be reviewed every 30 days to determine if there is a continued need for the inmate to be separated from the general population. Specifically, P5324.12, page 35, indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interviews with the staff who supervise inmates in segregated housing indicated that inmates in segregated housing would be reviewed at least every 30 days for their continued need of separation. A review of housing assignments of inmates at high risk of victimization indicated that none were involuntarily segregated at the time of the on-site portion of the audit.

Based on a review of the PAQ, P5324.12, BP-A1002, observations from the facility tour related to segregation areas as well as information from the interview with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

**REPORTING**

**Standard 115.51: Inmate reporting**

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
• Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

• Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

• Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

• Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. Memo from Facility Warden
5. Sexually Abusive Behavior Prevention and Intervention
6. PREA Posters

Interviews:
1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for multiple internal ways for inmates to report privately to agency officials about sexual abuse, sexual harassment, retaliation for
reporting and/or staff neglect. P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention inmate education and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter. Additionally, inmate can report via third-party. The third-party can call, write or email. They are also able to voice a concern on the agency website at: https://www.bop.gov/inmates/concerns.jsp. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units and in common areas. Interviews with inmates confirm that they are aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would tell a staff member, do it through the computer (copout or email) or via phone. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (verbal, written, electronic, anonymous and third-party) to report sexual abuse and sexual harassment.

115.51 (b): The PAQ indicates that the agency provides at least one way for inmates to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. The auditor sent a letter to the OIG while at a BOP facility. The auditor received confirmation that the letter was received, confirming the availability and use of the outside entity reporting mechanism. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units and common areas. The posting included the information on how to report to the OIG. All inmates have access to the computer system. Inmate can send a confidential email directly to the Office of the Inspector General or can write a letter and mail it to the Washington, DC address. The inmate handbook clearly states that inmates can contact the OIG and that it is a separate agency from the BOP. The interview with the PCM indicated inmates can send information via TRULINCS to the OIG. She confirmed that the OIG will initiate an investigation or refer the information back to the facility for investigation if it does not warrant an OIG investigation. Interviews with inmates indicated that 20 of the 40 were aware of the outside reporting mechanism.

115.51 (c): P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third-party and will promptly document any verbal reports. The PAQ indicated that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. Interviews with inmates confirm that they are all aware of at least one method available for reporting sexual abuse allegations. Interviews with random staff indicate all twelve accept allegations of sexual abuse and sexual harassment (including verbally, in writing, anonymously and through a third-party) and they immediately report any verbal allegation to the Operations Lieutenant. Interviews with 40 inmates indicated that 24 were aware they can report anonymously and 33 knew a third-party could report on their behalf.

115.51 (d): P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and via P3420.11. Interviews with staff indicate most knew they could report privately through the computer. Additionally, a few staff indicated they could report to their supervisor privately or to the OIG.
Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention, the Memo from the Warden, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

**Recommendation:**
While the facility complies with this standard under the provisions, the auditor recommends that information pertaining to the outside reporting entity be emphasized. During the interviews only half of the inmates were aware of the outside reporting mechanism, and while it is posted throughout the facility and available in the handbook, the auditor recommends that staff verbally emphasize this information during the A&O process.

### Standard 115.52: Exhaustion of administrative remedies

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

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

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

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

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

115.52 (e)

Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (f)

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:
1. Pre-Audit Questionnaire
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention
4. Grievance Log

Findings (By Provision):

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

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

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

115.52 (d): The PAQ indicated that agency policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were zero sexual abuse grievances filed in the previous twelve months. A review of the grievance log and six sample grievances confirmed that there were no sexual abuse grievances filed in the previous twelve months.

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

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

115.52 (g): The PAQ stated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.
Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention education, the grievance log and sample grievances, this standard appears to be compliant.

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### 115.53 (b)

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

### 115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

- ☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. ALI 5324.12C
4. Sexually Abusive Behavior Prevention and Intervention
5. Memorandum of Understanding with the Turning Point Domestic Violence and Sexual Assault Services

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

Site Review Observations:
1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): P5324.12, page 36 and ALI 5324.12C, pages 8, indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. ALI 5324.12C states that Psychology Services staff notify the qualified agency staff member or outside victim advocate, if necessary, to assist the inmate. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The Sexually Abusive Behavior Prevention and Intervention inmate education indicates inmates can contact the services by telephone (number available by request) or by sending a letter to P.O. Box 1165, Tuscaloosa, AL 35404. All inmates are provided this information during A&O via the inmate education and are able to retain the information via their handbook. Interviews with random inmates indicated that 28 were provided mailing addresses and telephone numbers for a local rape crisis center. Most inmates indicated they believed that they could contact the service anytime, that it was free and that any contact with these services would be confidential. Interviews with inmates who reported sexual abuse indicated that none spoke to anyone after they reported their allegation. A phone interview with the Turning Point Domestic Violence and Sexual Assault Services confirmed that they have an MOU with the facility. She stated that they provide a 24-hour crisis line, a mailing address for correspondence and accompaniment during forensic examinations. She also stated that they provide outreach at the facility and they would come out and speak to any inmates at the facility if necessary. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicates that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. All inmates are provided this information during A&O via the inmate education and are able to retain the information via their handbook. Interviews with random inmates indicated that 28 were provided mailing addresses and telephone numbers for a local rape crisis center. Most inmates indicated they believed that they could contact the service anytime, that it was free and that any contact with these services would be confidential. Interviews with inmates who reported sexual abuse indicated that none spoke to anyone after they reported their allegation. A phone interview with the Turning Point Domestic Violence and Sexual Assault Services confirmed that they have an MOU with the facility. She stated that they provide a 24-hour crisis line, a mailing address
for correspondence and accompaniment during forensic examinations. She also stated that they provide outreach at the facility and they would come out and speak to any inmates at the facility if necessary.

115.53 (c): The facility has an MOU with the Turning Point Domestic Violence and Sexual Assault Services. This organization is the local rape crisis center for the area. The MOU was signed on June 5, 2019. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, ALI 5324.12C, the Sexually Abusive Behavior Prevention and Intervention, the MOU with the Turning Point Domestic Violence and Sexual Assault Services and interviews with random inmates, inmates who reported sexual abuse and the staff member from the Turning Point Domestic Violence and Sexual Assault Services, this standard appears to be compliant.

**Recommendation:**
While the facility complies with this standard under the provisions, the auditor recommends that information pertaining to the local rape crisis center be emphasized. During the interviews a fourth of the inmates were unaware of outside victim advocacy services, and while it is available in the handbook, the auditor recommends that staff verbally emphasize this information during the A&O process.

### Standard 115.54: Third-party reporting

115.54 (a)

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

**Auditor Overall Compliance Determination**

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

**Documents:**
1. Pre-Audit Questionnaire

**Findings (By Provision):**

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

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

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)
Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes □ No

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

□ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Incident Reports
4. Investigative Reports

Interviews:
1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

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

115.61 (b): P5324.12, page 38, describes that information is on a need-to-know basis and that information is only utilized for the inmate’s welfare and the investigation of the incident. The PAQ along with interviews with random staff confirm that they would immediately report the information to the Operations Lieutenant. Staff indicated that they discretely report information so that it is not shared.

115.61 (c): P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of the limits of confidentiality and any duty to report.
115.61 (d): P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The interviews with the PREA Coordinator and the Warden indicated that they had not had any of these reports but if they did, they would report the allegation and then also report to the appropriate state or local service agency as required under the mandatory reporting laws.

115.61 (e): P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports would be reported to the facility’s designated investigators. The PAQ and the interview with the Warden indicated that the facility reports all allegations of sexual abuse and sexual harassment, including anonymous and third-party reports, to the designated facility investigator.

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

**Standard 115.62: Agency protection duties**

115.62 (a)

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum Related to Agency Protection Duties

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

**Findings (By Provision):**

115.62 (a): P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy
indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ and the memo from the PCM confirmed that there were no inmates who were determined to be at risk of imminent sexual abuse. The interviews with the Agency Head indicated that any inmate at risk would be immediately safeguarded and then additional steps would be taken depending on the situation. The inmate may require a change in job assignment, housing assignment and/or program assignment. The inmate may be required to be transferred to another facility or the perpetrator may be placed in the SHU. The interview with the Warden confirmed that the inmate would be immediately safeguarded. The inmate would be removed from the situation and while they would not normally place the inmate in SHU, it is an option if necessary. The Warden also stated they could move the inmate to another facility if required. The interviews with random staff indicated that they would safeguard the inmate or remove the inmate from the situation and contact their supervisor.

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

**Standard 115.63: Reporting to other confinement facilities**

115.63 (a)

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

115.63 (b)

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

115.63 (c)

▪ Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Notification Letter
4. Memorandum Related to Inmates Reporting
5. Investigative Reports

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

Findings (By Provision):

115.63 (a): P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had three inmates report that they were abused while confined at another facility. A review of one notification letter indicated that the inmate reported the allegation on March 19, 2019 and the facility Warden was notified on March 21, 2019. A review of the other two indicated that one notification letter indicated that the inmate reported the allegation on December 30, 2020 and the facility Warden was notified on the same day, while the other reported on December 31, 2020 and the facility Warden was notified on the same day as well.

115.63 (b): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had three inmates report that they were abused while confined at another facility. A review of one notification letter indicated that the inmate reported the allegation on March 19, 2019 and the facility Warden was notified on March 21, 2019. A review of the other two indicated that one notification letter indicated that the inmate reported the allegation on December 30, 2020 and the facility Warden was notified on the same day, while the other reported on December 31, 2020 and the facility Warden was notified on the same day as well.

115.63 (c): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that during the previous twelve months, the facility had three inmates report that they were abused while confined at another facility. A review of one notification letter indicated that the inmate reported the allegation on March 19, 2019 and the facility Warden was notified on March 21, 2019. A review of the other two indicated that one notification letter indicated that the inmate reported the allegation on December 30, 2020 and the facility Warden was notified on the same day, while the other reported on December 31, 2020 and the facility Warden was notified on the same day as well. All notifications were completed via a letter from the facility Warden.

115.63 (d): P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abuse shall ensure that the allegation is investigated in accordance with these standards. The PAQ as well as a memo from the PCM indicated that during the previous twelve months, the facility had received zero allegation from another facility that an inmate reported to them she was sexually abused while housed at FCI Aliceville. A review of investigative reports
confirmed that all allegations were reported by inmates at FCI Aliceville. The interview with the Agency Head indicated that this information is typically provided from other agencies to the Warden of the institution where the alleged incident occurred. The Agency Head indicated that these allegations are then investigated either locally at the facility or via OIA. The interview with the Warden confirmed that when the facility receives these allegations they are immediately forwarded for investigation. The Warden indicated he did not believe they have had any since he has been at the facility.

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

**Standard 115.64: Staff first responder duties**

**115.64 (a)**

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

**115.64 (b)**

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)
Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:
1. Interview with First Responders
2. Interviews with Random Staff
3. Interview with Inmate who Reported Sexual Abuse

Findings (By Provision):

115.64(a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and it requires the first custody staff member to separate the alleged victim and abuser, preserve and protect the crime scene and request or ensure the alleged victim or abuser not take any action that could destroy physical evidence. P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first custody staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been six allegations of sexual abuse. None of these allegations required the separation of the alleged victim and abuser nor did any occur within a timeframe for evidence collection. A review of five closed cases indicated that none involved the immediate separation of inmates and none occurred within a timeframe that allowed for evidence collection. It should be noted however that inmates were subsequently separated, if applicable, through housing changes. Interviews with first responders indicated that custody first responders would separate the inmates, call for staff assistance, secure the scene and take the victim to medical while the non-custody staff member would report immediately to custody staff. Interviews with inmates who reported sexual abuse indicated that three of the four believe staff handled it quickly. Three of the four indicated they were taken to speak to either the supervisor or the investigator. One inmate indicated the perpetrator was placed in the SHU.

115.64(b): The PAQ indicated that the agency policy requires that if the first staff responder is not custody, that the responder request that the victim not take any action to destroy physical evidence and notify custody staff. P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a custody staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there have been six allegations of sexual abuse. None of these allegations required the separation of the alleged victim and abuser nor did any occur within a timeframe for evidence collection. A review of the five closed investigation indicated none involve a non-custody staff first responder. Interviews with first responders indicated that custody first responders would separate the inmates, call for staff assistance, secure the scene and take the victim to medical while the non-custody staff member would report immediately to custody staff. Interviews with staff indicated that they would separate the inmates and report to the Operations Lieutenant.
Based on a review of the PAQ, P5324.12 and interviews with first responders, this standard appears to be compliant.

**Standard 115.65: Coordinated response**

115.65 (a)

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. ALI 5324.12C

**Interviews:**
1. Interview with the Warden

**Findings (By Provision):**

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

1. Pre-Audit Questionnaire
2. Council of Prison Locals – American Federation of Government Employees Master Agreement

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

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

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

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

Standard 115.67: Agency protection against retaliation

115.67 (a)
Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes  ☐ No

Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes  ☐ No

115.67 (b)

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

115.67 (c)

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

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

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes  ☐ No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Monitoring Documents

Interviews:
1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

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

115.67 (b): P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of
the alleged staff abuser from contact with the victim and emotional support services for inmates or staff
who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated
that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the
Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective
measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with
the Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing
and cell assignments, work assignments, programming changes and disciplinary action. The Agency
Head indicated for staff it could include reassignment of work posts, performance evaluations and shift
changes. The Warden stated that the facility would conduct the 90 days monitoring and that if there were
any issues they could move the inmates housing, could transfer an inmate or could reassign a staff
member. The monitoring staff indicated that every week they discuss PREA issues with inmates. She
stated that she discusses and reviews any cell moves, incident reports and disciplinary issues. She also
stated she remains informed of inmate chatter and speaks with Psychology Services about any concerns
they may have with the inmates. She indicated that if they suspect retaliation that they have the ability to
prohibit staff from working in certain areas and they are able to change an inmate’s housing or transfer
an inmate to another institution. Additionally, she indicated they see inmates weekly at main line and
during unit rounds. The four inmates who reported sexual abuse indicated that three felt protected from
retaliation while one was not sure.

115.67 (c): P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days
following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see
if there are any changes that may suggest possible retaliation and will act promptly to remedy any
retaliation. The policy requires that the process include monitoring any inmate disciplinary reports,
housing or program changes or any negative performance reviews or reassignments of staff. The policy
indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue.
The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated
that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that
there had been no instances of retaliation in the previous twelve months. The interview with the Warden
indicated that if they suspect retaliation that an investigation would be initiated. Monitoring staff stated
that she checks inmate job assignments, disciplinary reports, housing changes and speak to the unit
manager about any changes with the inmate. She stated for staff she would review their evaluations and
any incident reports. She indicated she sees inmates weekly during main line and unit rounds. She also
stated she monitors inmates for 180 days as she sees them 30 days after the allegation, 60 days after
the 30-day review and 90 days after the 60-day review. A review of investigative reports indicated that
four of the five closed cases required monitoring. Of the four, all had monitoring completed. Two of the
allegations were still pending the last monitoring status check due to the way the facility conducts
monitoring, however they had the first two. All four included the required housing, work and disciplinary
checks as well as an in-person status check.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring
includes periodic status checks. The interview with staff responsible for monitoring indicated that she
monitors inmates for 180 days as she sees them 30 days after the allegation, 60 days after the 30-day
review and 90 days after the 60-day review. A review of investigative reports indicated that four of the
five closed cases required monitoring. Of the four, all had monitoring completed. Two of the allegations
were still pending the last monitoring status check due to the way the facility conducts monitoring,
however they had the first two. All four included the required housing, work and disciplinary checks as
well as an in-person status check.

115.67 (e): P5324.12, page 43, states if any other individual who cooperates with an investigation
expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against
retaliation. Interviews with the Agency Head and Warden indicated that they would employ the same
protective measures as stated previously related to staff and inmates to include, housing changes, facility transfers and removal of staff.

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

Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents and interviews with the Agency Head, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse, this standard appears to be compliant.

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

115.68 (a)

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

**Interviews:**
1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

**Site Review Observations:**
1. Observations of the Special Housing Unit

**Findings (By Provision):**

115.68 (a): P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. However, the previous PAQ (PAQ submitted for initial date of audit prior to COVID-19) indicated there were two inmates who were involuntarily segregated for less than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of documentation of those inmates who reported sexual abuse indicated that two of the five were placed in the SHU. One inmate requested to be placed in the SHU and as such was not involuntarily segregated. The one inmate
placed in the SHU involuntarily was released within 30 days. A review of documentation indicated the required justification for placement was documented on the BP-A1002. The interview with the Warden indicated that inmates who alleged sexual abuse would not be placed in involuntary segregated housing unless there were no other means of separation from the alleged abuser. The Warden indicated they have the ability to change housing units and transfer inmates to other facilities if needed. The Warden indicated that the investigation of an inmate who is involuntarily segregated would be top priority and would be completed as quickly as possible to ensure the minimal amount of time for the inmate to be involuntarily segregated. The Warden indicated there was one inmate placed in the SHU due to an allegation but that she requested to be placed there. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs, privileges, education and work opportunities to the extent possible and any limitations would be documented. The staff members indicated that inmates would remain involuntarily segregated for the least amount of time possible. One staff member advised it is typically less than ten days and the maximum would be 90 days. Interviews indicated that inmates would be reviewed at minimum every 30 days for continued need of placement in the SHU.

Based on a review of the PAQ, P5324.12, BP-A1002 and the interview with the Warden, staff who supervise inmates in segregated housing and inmates in segregated housing, this standard appears to be compliant.

### INVESTIGATIONS

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

**115.71 (a)**

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

**115.71 (b)**

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

**115.71 (c)**

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes  ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes  ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes  ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes  ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency has a policy related to criminal and administrative agency investigations. P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate the OIA, OIG and FBI are contacted. There were six allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, five of which were closed. A review of the five investigations confirmed that all of the allegations were forwarded to SIS for investigation. All five of the investigations were completed within three weeks and were thorough and objective. The interview with the investigator confirmed that an investigation is initiated as soon as they are informed of the allegation. He stated his first steps are to ensure the inmate victim is safeguarded and then conduct an interview. He stated he would then talk to the alleged perpetrator and any witnesses, collect any evidence, take photographs,
send the inmate victim to the hospital for a forensic examination, if necessary and then analyze the information and complete a report.

115.71 (b): P5324.12, page 44, indicated that when sexual abuse is alleged, the agency shall use investigators who have received specialized training pursuant to 115.34. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. Additionally, a review of training records revealed 30 facility staff have completed the NIC training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34 and 115.71. The interview with the investigator indicated he received specialized training.

115.71 (c): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were six allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, five of which were closed. A review of the five investigations confirmed that all included statements and interviews, however none required physical evidence collection. Two of the allegations involved a review of video monitoring and one involved a review of prior mental health documents. The interview with investigative staff indicated that he would ensure the inmate victim was safeguarded and begin his investigation. This would include interviews, evidence collection, photographs, medical assessments, mental health assessments, report writing and facts and findings. He stated that he would collect evidence such as clothing, mattresses, linens, weapons or any other item in the crime scene. He also stated he would take pictures, review video and obtain statements. The investigator stated that he would treat all allegations the same whether they were reported anonymously or not.

115.71 (d): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. A review of the five investigative reports indicated that none were substantiated and as such none were referred for prosecution. The interview with the investigator indicated that he does not conduct compelled interviews.

115.71 (e): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, alleged perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual’s status as an inmate or staff member. Additionally, it indicates that inmate victims would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. The inmates who reported abuse confirmed none were required to take a polygraph test.

115.71 (f): P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. Five administrative investigations were completed in the previous twelve months. A review of the investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations would be documented in written reports and include statements, factual evidence, physical and video evidence, a conclusion and the outcome. He stated that during the investigation they review
information to ensure staff were making their rounds and following policy and procedure to determine if their actions or failure to act contributed to the sexual abuse.

115.71 (g): P5324.12, page 45, indicates that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There have been no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports, however criminal investigations are completed by the OIG or FBI.

115.71 (h): P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the investigator indicated that he would not refer an allegation for prosecution. Any substantiated allegations are referred to the OIG or FBI for criminal investigation and they would do any referrals.

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

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

115.71 (k): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards.

115.71 (l): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards.

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

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

115.72 (a)

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of evidence or lower when determining whether allegations of sexual abuse or sexual harassment are substantiated. P5324.12, page 45, indicates that the agency does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the records indicated that five sexual abuse or sexual harassment administrative investigations were completed within the previous twelve months. A review of the investigative reports indicated that four were completed with findings of unsubstantiated while one was unfounded. A review indicated that the findings were accurate based on the evidence. The interview with the investigator indicated that a preponderance of evidence is the threshold to substantiate an allegation.

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

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate
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 within the facility? ☒ Yes ☐ No

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*
Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

Interviews:
1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated the agency has a policy requiring that any inmate who makes an allegation of sexual abuse be informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there were five investigations completed within the previous twelve months. A review of investigation confirmed that all five included victim notifications. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and then the inmates sign a form indicating they were informed of the outcome. The interviews with the Warden and the investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported sexual abuse indicated that three were informed of the outcome of their investigation.

115.73 (b): P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the inmate. The OIG and FBI are responsible for sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency.

115.73 (c): The PAQ indicated that following an inmate’s allegation that a staff member committed sexual abuse against an inmate, the facility will notify the inmate whenever the staff member is no longer posted in the inmate’s unit, the staff member is no longer employed at the facility and/or if the staff member is indicted and/or convicted on a charge related to the allegation. P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of investigation
reports confirmed that one staff-on-inmate allegation was reported during the previous twelve months, however it was still an open investigation. The auditor did review a notification from the open investigation that was provided to the inmate that the staff member was removed from the unit during the investigation.

115.73 (d): The PAQ indicated that following an inmate’s allegation that she has been sexually abused by another inmate, the facility will notify the inmate whenever the alleged abuser has been indicted and/or convicted on a charge related to the allegation. P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that none of the inmate-on-inmate allegations were substantiated and as such no inmates were indicted or convicted.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications are documented. P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there were five notifications made during the audit period. A review of documents indicated that five investigations were completed with five documented notifications. Additionally, one notification related to a staff member being removed from the facility was provided to the inmate victim of the open investigation.

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

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

115.76 (a)  
- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)  
- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

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

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  ☒ Yes  ☐ No

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Documents:**

1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Memorandum Related to Staff Discipline

**Findings (By Provision):**

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

115.76 (b): P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ as well as the memo indicated that there were no staff who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (c): The PAQ indicated that disciplinary sanctions for violations of the agency’s sexual abuse and sexual harassment policies are commensurate with the nature and circumstances of acts committed by staff with similar histories. P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency’s sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ as well as the memo indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.
115.76 (d): P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there had been no staff that were disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, P3420.11, P5324.12 and the memo related to staff discipline, this standard appears to be compliant.

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

115.77 (a)

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

115.77 (b)

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

**Auditor Overall Compliance Determination**

☑ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Documents:**
1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Memorandum Related to Contractor/Volunteer Discipline

**Interviews:**
1. Interview with the Warden

**Findings (By Provision):**
115.77 (a): The PAQ indicated that the agency has a policy that requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity is clearly not criminal. It also indicated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ and the memo indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months and none have been the subject of a sexual abuse or sexual harassment investigation.

115.77 (b): P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated contractors and volunteers are held to the same standard as staff and that any violation of the sexual abuse and sexual harassment policies would be referred to the FBI for criminal investigation. The Warden stated that any violation by a volunteer or contractor would cause them to be prohibited from coming into the facility.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (b)
- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

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

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P5270.09
4. P5510.13
5. Memo Related to Inmate Discipline

Interviews:

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

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following
an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months.

115.78 (b): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates’ disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. A review of investigative reports confirmed that there were no substantiated findings and as such no inmates received discipline. The interview with the Warden indicated that if there is administrative and criminal discipline. Such discipline could include segregated housing, restriction of privileges such as commissary, telephone and email and criminal charges. He stated that discipline would commensurate with the nature and circumstances of abuse committed by inmates with similar histories.

115.78 (c): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate’s mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. A review of investigative reports confirmed that there were no substantiated findings and as such no inmates received discipline. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary sanctions and that Psychology Services would review the discipline prior to being imposed.

115.78 (d): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues and that it is voluntary. They indicated that they do not require the inmate to participate as a condition of access to programming and other benefits.

115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The memo indicated there have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith. P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. It also indicated that the agency only deems such activity to constitute sexual abuse only if it is determined that the activity is coerced. P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it is determined the activity is not coerced.
Based on a review of the PAQ, P5324.12, the memo, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

### MEDICAL AND MENTAL CARE

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard \( (Requires \text{ Corrective Action}) \)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Memo Related to Access to Risk Screening Information
4. Memo Related to Informed Consent
5. Medical/Mental Health Documents

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:
1. Observations of Risk Screening Area

Findings (By Provision):

115.81 \( (a) \): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health staff within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that all inmates who disclose prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with mental health within fourteen days of the screening. The PAQ also indicated that 100% of those inmates who reported prior victimization were offered a follow-up with medical or mental health staff. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health documentation for the seventeen inmates identified who disclosed prior sexual victimization revealed that all were seen by mental health within the required fourteen days. Most of the inmates were seen within a week. Additionally, during a review of inmate files it was determined that five inmates reported prior victimization. All five of these inmates were referred and seen by mental health within fourteen days. The interview with the staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, she is seen by mental health within fourteen days. The interviews with the inmates who disclosed prior victimization indicated that both were offered a follow-up with mental health. One indicated she declined the follow-up and the other indicated she had not yet seen mental health but that she was just released from quarantine.

115.81 \( (b) \): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow up with medical or mental health staff within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that all inmates who disclose prior sexual perpetration during a screening pursuant to 115.41 are offered a follow-up meeting with mental health within fourteen days of the screening. The PAQ also indicated that 100% of those inmates who reported prior sexual
perpetration were offered a follow-up with medical or mental health staff. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. No inmates were identified who reported to have previously perpetrated sexual abuse during the risk screening. The interview with the staff member responsible for the risk screening indicated that after an inmate discloses prior sexual abusiveness they would be referred to mental health and seen within fourteen days.

115.81 (c): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health staff within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that all inmates who disclose prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with mental health within fourteen days of the screening. The PAQ also indicated that 100% of those inmates who reported prior victimization were offered a follow-up with medical or mental health staff. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health documentation for the sixteen inmates identified who disclosed prior sexual victimization revealed that all were seen by mental health within the required fourteen days. Most of the inmates were seen within a week. Additionally, during a review of inmate files it was determined that five inmates reported prior victimization. All five of these inmates were referred and seen by mental health within fourteen days. The interview with the staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, she is seen by mental health within fourteen days. The interviews with the inmates who disclosed prior victimization indicated that both were offered a follow-up with mental health. One indicated she declined the follow-up and the other indicated she had not yet seen mental health but that she was just released from quarantine.

115.81 (d): The PAQ as well the memo related to access to information indicated that information related to sexual victimization or abusiveness is not strictly limited to medical and mental health staff and that the information is only utilized by staff in reference to housing, work, education and programming recommendations. P5324.12, page 49, states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health staff and other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical files are maintained electronically and inmate classification files are electronic and paper. The paper files are located behind a locked door.

15.81 (e): The PAQ indicated that medical and mental health staff obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. The memo indicated that there have not been any instances where medical and mental health staff reported prior sexual victimization and that they would obtain informed consent prior to reporting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Staff indicated that they do not have inmates under 18 and as such are unsure of the reporting requirements for these inmates.

Based on a review of the PAQ, P5324.12, the memo related to access to information, the memo related to reporting prior victimization, medical and mental health documents and information from interviews
with staff who perform the risk screening, medical and mental health staff and inmates who disclosed victimization during the risk screening, the facility appears to exceed this standard. FCI Aliceville had over 200 inmates report during the risk screening that they were previously sexually victimized. Based on the excessive number of inmates reporting, a review of documentation and interviews with inmates and staff the auditor determined that the facility exceeds this standard. They have a high volume of referrals and the majority of those reviewed were completed well before the fourteen-day timeframe.

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

**Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12
3. Medical and Mental Health Documents

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

Site Review Observations:
1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of services are determined by medical and mental health practitioner’s professional judgment. P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health areas consisted of staff offices, exam rooms, an emergency room, a pharmacy and a x-ray room. All rooms have a solid door with a security window that allows for adequate privacy and confidentiality. A review of medical and mental health documents for the five inmates who reported sexual abuse indicated that all five were seen by medical and mental health staff the same day they reported the allegation. The interviews with the inmates who reported sexual abuse indicate that all four were seen by medical and/or mental health. Three of the four indicated they saw them the same day they reported the allegation. Interviews with medical and mental health staff confirm that inmates receive timely and unimpeded access to services, typically immediately. They also advised that services are based on their professional judgement and/or policy and procedure.

115.82 (b): P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. A review of medical and mental health documents for the five inmates who reported sexual abuse indicated that all five were seen by medical and mental health staff the same day they reported the allegation. The interviews with first responders indicated the custody staff would separate the inmates, secure the crime scene, call staff for additional assistance and ensure the inmate victim is taken to medical. The non-custody first responder indicated she would report to custody staff immediately.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis. P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow up medication, education or services. No sexual abuse allegations involving penetration were reported during the audit period and as such medical and mental health documents related to emergency contraception and sexually transmitted infection prophylaxis were not applicable. However, all inmates
who reported PREA allegations at the facility were documented to have been seen by medical staff the same day as the allegation. The interviews with the inmates who alleged sexual abuse indicated that penetration did not occur and as such this section was not applicable. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis.

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Medical and Mental Health Documents

Interviews:

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

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup
or juvenile facility. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of staff offices, exam rooms, an emergency room, a pharmacy and a x-ray room. All rooms have a solid door with a security window that allows for adequate privacy and confidentiality. A review of medical and mental health documents for the five inmates who reported sexual abuse indicated that all five were seen by medical and mental health staff the same day they reported the allegation. Additionally, a review of 22 inmate files of those who disclosed prior victimization indicated they were all seen by mental health. The interviews with the inmates who reported sexual abuse indicate that all four were seen by medical and/or mental health. Three of the four indicated they saw them the same day they reported the allegation.

115.83 (b): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody A review of medical and mental health documents for the five inmates who reported sexual abuse indicated that all five were seen by medical and mental health staff the same day they reported the allegation. Additionally, a review of 22 inmate files of those who disclosed prior victimization indicated they were all seen by mental health. The interviews with the inmates who reported sexual abuse indicate that all four were seen by medical and/or mental health. None advised that they had any follow up services with medical or mental health. Interviews with medical and mental health staff confirmed that follow up services would be offered. Medical staff indicated they would follow-up with any care required after a forensic examination, including labs and medication. They also stated they would conduct a physical assessment if needed. Mental health care staff stated they would offer trauma programming and individual therapy.

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

115.83 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. A review of investigative reports indicated that zero involved penetration and as such pregnancy tests were not applicable. Interviews with inmates who reported sexual abuse confirmed that none involved penetration or a need for a pregnancy test. Interviews with medical and mental health care staff indicated that if an inmate became pregnant due to sexual abuse while incarcerated she would be offered pregnancy testing and access and information to all lawful pregnancy related services as soon as they become aware of the pregnancy.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. A review of investigative reports indicated that zero involved penetration and
as such pregnancy tests were not applicable. Interviews with inmates who reported sexual abuse confirmed that none involved penetration or a need for a pregnancy test. Interviews with medical and mental health staff indicated that if an inmate became pregnant due to sexual abuse while incarcerated she would be offered pregnancy testing and access and information to all lawful pregnancy related services as soon as they become aware of the pregnancy.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A review of medical documentation indicated that none of the sexual abuse allegations involved penetration and as such tests were not required. The interviews with inmates who reported sexual abuse indicate that no penetration occurred, and as such testing would not be applicable.

115.83 (g): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse confirmed that three were not charged for their medical and mental health services. One inmate indicated she was not sure if she was charged.

115.83 (h): P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Five inmate-on-inmate allegations were made in the previous twelve months with a known inmate perpetrator. Three of the five had documentation of the alleged perpetrator being seen by mental health on the same day of the allegation. None of the allegations were substantiated and as such the evaluations were not required.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexual Abuse Incident Reviews

Interviews:
1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse review at the conclusion of every criminal or administrative sexual abuse investigation, unless it is deemed unfounded. P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated that four reviews were completed within the previous twelve months. A review of investigative reports indicated that four allegations were deemed unsubstantiated and one was deemed unfounded. As such, four reviews were required. Of the four, all had a sexual abuse incident review completed. Three of the four were completed within the 30-day time frame and one was completed on day 32.

115.86 (b): The PAQ indicated that the facility ordinarily conducts the sexual abuse incident reviews within 30 days of the conclusion of the investigation. P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that four reviews were completed within the previous twelve months. A review of investigative reports indicated that four allegations were deemed unsubstantiated and one was deemed unfounded. As such, four reviews were required. Of the four, all had a sexual abuse incident review completed. Three of the four were completed within the 30-day time frame and one was completed on day 32.

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

115.86 (d): P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the four reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The interview with the Warden confirmed that the information is utilized to make recommendations such as if there is a need for more cameras, additional training or staffing adjustments. The PCM indicated that she follows up after the report is submitted to ensure that all recommendations are implemented.
115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or document its reason for not doing so. P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements.

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

**Standard 115.87: Data collection**

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

**Auditor Overall Compliance Determination**

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. Aggregated Data

**Findings (By Provision):**

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

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

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

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

**115.87 (e):** P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report, which includes the aggregated data, indicated that data was reported for all twelve privately operated low security facilities.

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

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

**Standard 115.88: Data review for corrective action**
115.88 (a)

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

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Annual PREA Reports

Interviews:
1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): P5324.12, page 56 and the PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM indicated that the facility provides data and that it is utilized to assist in the agency assessment. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

115.88 (b): P5324.12, page 56 and the PAQ indicated that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

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

115.88 (d): P5324.12, page 56 and the PAQ indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Federal Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

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

Standard 115.89: Data storage, publication, and destruction

115.89 (a)
- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Annual Reports

Interviews:
1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

115.89 (b): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website:
https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

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

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No

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

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

115.401 (h)

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

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Findings (By Provision):

115.401 (a). The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

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

Standard 115.403: Audit contents and findings

115.403 (f)

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

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Findings (By Provision):**

115.403 (a). The facility was previously audited on February 28, 2017 through March 2, 2017. The final audit report is publicly available via their website: https://www.bop.gov/locations/institutions/ali/ALI_prea_201704.pdf
I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kendra Prisk _____________________________  March 9, 2021
Auditor Signature    Date