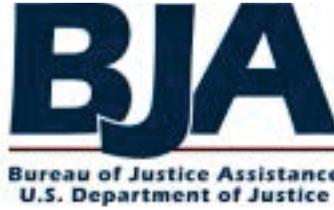


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> Stephen J. Huffman			
<b>Address:</b> 11820 Parklawn Drive, Suite 240			
<b>Email:</b> stephen.huffman@nakamotogroup.com			
<b>Telephone number:</b> 614-940-4696			
<b>Date of facility visit:</b> June 2-4, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> United States Penitentiary-Atwater			
<b>Facility physical address:</b> 1 Federal Way, Atwater, California 95301			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 209-386-0257			
<b>The facility is:</b>	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Andre Mantevousian			
<b>Number of staff assigned to the facility in the last 12 months:</b> 358			
<b>Designed facility capacity:</b> 1008			
<b>Current population of facility:</b> USP-1306 and SCP-113			
<b>Facility security levels/inmate custody levels:</b> Minimum/High and Community/Out/In/Maximum			
<b>Age range of the population:</b> 20-86			
<b>Name of PREA Compliance Manager:</b> David Brewer		<b>Title:</b>	Associate
<b>Email address:</b> ATW/PREAComplianceMgr@bop.gov		<b>Telephone number:</b>	209-386-0257
<b>Agency Information</b>			
<b>Name of agency:</b> Federal Bureau of Prisons			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> U.S. Department of Justice			
<b>Physical address:</b> 320 First Street NW, Washington DC 20534			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 202-307-3198			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Charles E. Samuels, Jr.		<b>Title:</b>	Director
<b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV		<b>Telephone number:</b>	202-514-4919
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Alix McLearen		<b>Title:</b>	National PREA
<b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV		<b>Telephone number:</b>	202-514-4919

## AUDIT FINDINGS

### NARRATIVE

The on-site to conduct a Prison Rape Elimination Act (PREA) compliance audit of the United States Penitentiary Atwater, Atwater, California was conducted June 2-4, 2015 by the Nakamoto Group, Inc. certified PREA Lead Auditor Stephen J. Huffman and PREA Auditor Marie Carter. When the auditors arrived at the facility, an "in-briefing" meeting was held with Warden, Associate Wardens, PREA Manager, Executive Assistant, Captain and various facility staff and Bureau of Prisons (BOP) Administrators. The introductions and audit process was discussed during the briefing.

The facility is accredited by the American Correctional Association (ACA).

The standards used for this audit became effective August 20, 2012. This auditor discussed information contained in the Pre-Audit Questionnaire with the FCC Pollock PREA Audit Manager and BOP Regional PREA Administrator prior to the on-site audit visit. The National PREA Coordinator, National PREA Contract Administrator for the BOP and the Director's designee were telephonically interviewed prior to the audit. As part of the audit, a review of all agency and local facility policies and a tour of the the facility was completed. A total of 75 inmates were interviewed by the auditors. These interviews included one trans gender inmate, one gay inmate, 8 inmates with limited English proficiency an interpreter assisted with the interviews. All inmates stated they felt safe at the facility and the facility assists them to meet their needs. A total of 4 inmates refused to be interviewed. There were 10 allegations of sexual abuse/harassment filed by inmates during the rating period of the past 12 months. One case was determined to be unfounded. Eight cases were determined to be unsubstantiated. All files were reviewed and appropriate documentation was completed. All inmates received in writing the outcome of the investigation. One case is still under investigation by the Office of Internal Affairs.

A total of 119 staff were interviewed including correctional officers from all three 8 hour shifts and housing units. Nine administrative staff were interviewed including Warden, Associate Wardens, Chief Psychologist, Human Resource Manager, PREA Compliance Manager, Complex Captain, SIS Lieutenant, Health Care Administrator, and Food Service Administrator. Specialized staff included medical, mental health, investigators, incident review team, retaliation monitor, segregation officers, food service, shift supervisors, volunteers, chaplain, medical contractors, intake and unit staff were interviewed.

The auditor did not interview a representative from the local advocacy centers Valley Rape Crisis Center and Fresno Rape Crisis Center due to facility not having a memorandum of understanding. The facility does have the hot-line numbers available to the inmates. The facility has several staff trained for assisting the inmates with emotional and support services. [REDACTED]

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

## DESCRIPTION OF FACILITY CHARACTERISTICS

The United States Penitentiary, Atwater, California, began activation activities in the year 2000. Camp inmates arrived that year to assist staff in preparing the penitentiary for operation. Inmates began arriving at the penitentiary in January of 2002. The average age of inmates is 37, with a age range of 20-86, serving an average length of sentence of 168.5 months.

USP Atwater includes over 500,000 sq. feet of building and related facilities. The Air Force transferred 648.8 total acres to the Bureau of Prisons which includes 32 acres inside the perimeter. The penitentiary has two manned towers with lethal/less lethal options. Tower seven oversees the recreation yard located in the center of the institution. Tower 5 oversees the rear gate and the perimeter is secured with an electrified fence. USP Atwater consists of six housing units. Each housing unit has two wings equipped with 64 double-bunked cells. Each wing can hold up to 128 inmates for a total of 256 inmates per housing unit. The use of updated technology substantially improves inmate video monitoring while the Laser Voice system allows for 100% monitoring of all inmate calls made.

Innovative programs such as the vocational training in building trades, computer skills, computer graphics, and U.S. Department of Labor-certified apprenticeship programs in cooking, college correspondence programs, and Mock Job Fairs serve to increase re-integration opportunities for inmates. Inmates are permitted visitation with approved family members and friends and visiting under confidential circumstances with attorneys. This allows them to maintain important family and community ties throughout the period of incarceration.

Health Services staff members provide a complete range of outpatient care to all inmates. The bulk of the health care cost emanates from the Medical Referral Centers (essentially prison hospitals) which house offenders with health concerns, and also house large numbers of younger offenders suffering from chronic debilitating diseases which result from the lifestyle they have led. Institutional professionals manage a food service program which provides nutritionally balanced, quality meals. USP Atwater utilizes a standard ration program to ensure nutritional adequacy, and all menus are analyzed for variety. Special diets are also available to meet religious requirements and special dietary considerations of some inmates. The institution is allowed approximately \$3.40 per capita per day to feed each inmate.

UNICOR is the trade mark for the Federal Prison Industries. UNICOR provides inmates with viable work experience to allow the inmate to develop skills, thereby enhancing employability upon release. UNICOR does not receive any Congressional funding and is operated solely on its earnings. The pay scale for inmates employed in UNICOR ranges from .23 cents to \$1.15 per hour. UNICOR at USP Atwater maintains a computer recycling factory which disassembles de-manufactures computer components for re-use.

### Affirmative Action Status

USP Atwater depends upon a diverse group of committed staff to operate in this unique fashion. The ethnic make-up of the staff includes 36.3% Hispanic, 5.3 % African-American, 7.0% Asian, and 0.6% Native American. Approximately 16.1% of the institution staff are female. The Affirmative Action Committee is active and responsive. A Chairperson, six program managers, three recruiters, and a Re-entry Affairs Coordinator provide staff and community education programs and engage in frequent recruitment activities in the surrounding communities.

### Accreditation Status

USP Atwater was fully re-accredited by the American Correctional Association (ACA) on January 28, 2013.

### Community Relations Board Status

The Community Relations Board meets quarterly. Approximately 18-20 members regularly attend the meetings. During these meetings, participants have the opportunity to express their needs for support from the institution as well as their comments and recommendations for the institution.

### USP Atwater's Mission Statement

It is the mission of the United States Penitentiary and Satellite Camp Prison, Atwater, California, to protect society by providing a safe, secure, and humane environment for both inmates and staff. Innovative programming and opportunities for self-improvement are offered throughout the institution to assist offenders in their successful re-entry into society.

### Vision Statement

The Federal Bureau of Prisons, judged by any standard, is widely and consistently regarded as a model of outstanding public administration, and as the best value provider of efficient, safe and humane correctional services and programs in America. This vision will be realized when...

The Bureau provides for public safety by assuring that no escapes and no disturbances occur in its facilities. The Bureau ensures the physical safety of all inmates through a controlled environment which meets each inmate's need for security through the elimination of violence, predatory behavior, gang activity, drug use, and inmate weapons. Through the provision of health care, mental, spiritual, educational, vocational and work programs, inmates are well prepared for a productive and crime free return to society. The Bureau is a model of cost-efficient correctional operations and programs.

Our talented, professional, well trained, and diverse staff reflect the Bureau's culture and treat each other fairly. Staff work in an environment free from discrimination. A positive working relationship exists where employees maintain respect for one another. The workplace is safe, and staff perform their duties without fear of injury or assault. Staff maintain high ethical standards in their day-to-day activities. Staff are satisfied with their jobs, career opportunities, recognition, and quality of leadership.

## **SUMMARY OF AUDIT FINDINGS**

At the conclusion of the on-site audit, an "out-brief" meeting was held with facility Warden, Associate Warden/PREA Compliance Manager and Human Resource Supervisor. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. The facility staff were found to be courteous, cooperative, knowledgeable and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Warden and staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 4

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The agency and the facility exceed the standard with policies and practice. National Policy or Program Statement PS 5324.11 a-b pages 3, 14, 25, 27-29 and 49 and IS page 1-4 clearly exceed addressing this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to PREA. The facility PREA Compliance Manager is a Associate Warden who reports to the Warden. The facility has zero tolerance posting in all areas of the facility. All staff are issued pocket size PREA Standards Guideline to carry at all times for reference. Staff receive initial training and annual training, as well as, updates throughout the year.

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

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

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

The agency and facility complies with this standard. This was confirmed by a review of documentation submitted requiring other entities contracted with for the confinement of inmates to comply with the PREA standards. The Agency Contract Administrator was interviewed by telephone concerning this standard. The contracts with the entities contracting with the agency, (i.e. Corrections Corporation of America in Nashville, Tennessee, GEO Group, Inc. in Boca Raton, Florida and Management & Training Corporation in Centerville, Utah) were reviewed.

### Standard 115.13 Supervision and monitoring

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

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

PS 3000.03 pages 8-12 addresses this standard. Policy requires the facility to review the staffing plans on an annual basis. Interviewing the Warden, Associate Wardens of USP-Atwater indicated compliance with PREA and other safety and security issues are always a primary focus when they consider and review their staffing plan. The auditor reviewed the facility staffing plan and was determined to be acceptable. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and Tru-links e-mail system, review of documentation, staff interviews and rosters. Documentation of unannounced rounds by administrative staff that cover all shifts were reviewed. Interviews with staff confirmed unannounced rounds to all areas of the facility on a weekly basis and conducted with no warning to staff. Video cameras (300) are placed throughout the facility with monitoring capabilities. The camera monitoring system is monitored in the main control center, Warden's Office and Special Investigative Supervisor (SIS) office area. The cameras have recording capabilities and is maintained for 15 days and are in the process of being updated to high definition for improved clarity.

Quarterly Workforce Utilization Committee Meeting minutes and Work Programming Meeting minutes were reviewed that indicated all staffing issues are discussed by Warden and other administrative staff.

### Standard 115.14 Youthful inmates

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

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

Not Applicable - The facility does not house youthful inmates.

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

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

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

PS 5324.11-1a-d pages 18-20, IS page 1 and staff training curriculum addresses this standard. Cross-gender strip and body cavity searches are prohibited, except in emergency situations. Searches are to be performed by medical staff and documented. Staff indicated they received cross-gender pat search training during initial and annual training sessions. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. Inmates and staff reported that staff of the opposite gender announce their presence before entering the housing areas. Staff were aware of the policy prohibiting the search of trans gender or intersex inmates to just determine their genital status.

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

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

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

PS 5324.11 pages 20-21 addresses the requirements of this standard. The facility takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, posting and inmate handbooks are in English and Spanish. There is a TTY and an agreement with Telephonic Language Translations/Language Line Solutions for limited English speaking inmates. The auditor reviewed all mentioned documents. Staff interviewed were aware that under no circumstances are inmate interpreters or assistants are to be used when dealing with PREA issues. Inmates with disabilities and who are limited English proficient were interviewed and confirmed compliance to this standard.

### Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03 pages 9, 28, 41-45, PS 3420.11 pages 6-7, PS 5324.11- K 1-2 page 10, Pre-Employment Guide and BOP Recruitment Flyer page 1 addresses this standard. The Human Resource Manager was interviewed, and stated that all components of this standard have been met. All employees, contractors, volunteers have had their background checks completed. BOP Regional Office staff conduct background checks before approving a promotion. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy states false information submitted by applicants is grounds for termination. Auditor reviewed employment documentation supporting compliance to this standard.

### Standard 115.18 Upgrades to facilities and technologies

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

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

The facility has an extensive video and visual monitoring system in place and has continued upgrading the system. [REDACTED] The cameras are in the process of being upgraded to high definition. Additional cameras were installed in Unit 1A, as well as, unit renovations are in the process. Mirrors were installed in the camp and recreation area to eliminate blind spots. All upgrades are reviewed and discussed during quarterly administrative meetings to ensure the safety of staff, visitors and inmates.

## Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.11 pages 4-5 and 23-24, PS 6031.03 pages 42 & 43, IS page 8 and Health Services Procedural Manual page 78 addresses compliance of this standard. Custody and medical staff were interviewed concerning this standard and all were knowledgeable of procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Staff were aware of the Special Investigative Supervisor Team (SIS) conducted investigations. Inmates are transported to local Fresno Rape Crisis Center for SAFE/SANE exams. There were no SAFE/SANE forensic exams during the audit period.

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

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

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

PS 5324.11 pages 44, 45 and 46 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant and staff was interviewed and found to be very knowledgeable concerning their responsibilities. There are 253 agency investigators and 12 facility trained investigators. The FBI conducts the criminal investigations for the facility. There were 10 allegations of sexual abuse or harassment during the audit period. Eight allegations were determined to be unsubstantiated, one allegation was determined to be unfounded and the remaining allegation is still being investigated. The auditors were able to interview 2 inmates who made allegations and the remaining were not interviewed because they were not housed at the facility. After reviewing the investigation documentation the auditors believe staff acted appropriately. All allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; Incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports. All allegations were reported and thoroughly investigated within 7 days after the incident. Review of documents and interview with staff and inmates confirmed rating of compliance with the standard.

### Standard 115.31 Employee training

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

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

PS 5324.11 pages 14, 15, 25, 26 and 27, IS page 2 and Annual Training Plan addresses all training required by this standard. The Bureau of Prisons (BOP) provides extensive PREA standards training, which all staff must attend and successfully complete. Contractors and volunteers are provided training relative to their duties and responsibilities. Much of this training was provided through an on-line course on PREA provided by BOP. Annual refresher training including PREA topics is provided to all staff. Staff receive continuous updating throughout the year and have available a pocket size PREA Reference card carried during their shift. Staff acknowledge in writing their understanding of PREA. Staff training files and facility training curriculum was reviewed and contained documentation supporting exceeds compliance to this standard. All staff interviewed indicated they had received PREA training.

### Standard 115.32 Volunteer and contractor training

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

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

The Annual Training Plan (Sexually Abusive Behavior Prevention and Intervention) addresses the requirements of this standard. There are 162 contractors and volunteers who have received PREA training that covered zero-tolerance, reporting and responding requirements. All training is documented and interview with volunteers and contractors indicated they were knowledgeable of their responsibilities. Auditor examined training files that confirmed standard compliance.

### Standard 115.33 Inmate education

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

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

PS 5324.11 pages 27 & 28 addresses the requirements of this standard. I believe the facility does an exceptional job in educating the inmates in PREA. Inmates receive information during the intake process that includes a PREA video, Sexually Abusive Behavior Prevention and Intervention pamphlet and A & O handbook printed in English and Spanish. The inmates have available TRU Links computer program providing them with PREA information. Unit staff meet periodically with inmates concerning PREA standards giving the inmates an opportunity to ask questions and present any concerns. There are zero tolerance posters in English and Spanish throughout the facility and in each housing unit and a "hot line" telephone number to call to report abuse or harassment with the Valley Rape Crisis Center and Fresno Rape Crisis Center. There are also trained Medical and Mental Health staff for advocacy services. The Office of Inspector General address is posted in each housing unit for inmates to write concerning any sexual abuse or harassment. The facility has a contract with a translation company to assist limited English speaking inmates. Interviews with staff and inmates, as well as documentation review, support the facility exceeds compliance of the standard.

### Standard 115.34 Specialized training: Investigations

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

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

PS 5324.11-a-d page 29 addresses this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice training sessions. Training records were reviewed confirming the completion of the required training. There are 253 agency trained investigators and 12 facility trained investigators.

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

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

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

The PREA training lesson plan (Sexually Abusive Behavior Prevention and Intervention) and PS5324.11 pages 29-30 addresses this standard. Sixteen mental health and medical staff have received specialized training on victim identification, interviewing, reporting and clinical interventions through the Health Services Division. Staff receive annual refresher training and all training is documented. The auditor reviewed training records and training lesson plan and training sign-in sheets.

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

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

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

PS 5324.11 pages 30-36 and 50 addresses the requirements of this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, review of documentation and observation of intake process confirmed this information. There were 784 inmates screened for risk of sexual victimization or risk of sexually abusing other inmates whose length of stay was more than 72 hours and there were no inmates screened that were reassessed after 30 days of arrival for possible sexual abuse or victimization based upon additional information received.

### Standard 115.42 Use of screening information

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

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

PS 5324.11-a-g pages 25-27 and 34, IS page 4 addresses compliance of this standard. Policy requires the use of a PREA Objective Screening Instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused / harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates with continued follow-up and monitoring when needed. There are weekly staff meetings addressing PREA concerns and issues. Staff and inmate interviews confirm compliance of the standard.

### Standard 115.43 Protective custody

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

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

PS 5324.11-a-d pages 34 and 35 addresses this standard. The Special Housing Unit (SHU) is a separate unit in the facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in the SHU during rating period for 1-24 hours awaiting completion of assessment. There were no inmates at risk of sexual victimization who were assigned to the SHU for longer than 30 days while awaiting alternative placement.

### Standard 115.51 Inmate reporting

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

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

PS 5324.11 a-d pages 36-37, PS 3420.11 pages 5 & 6 and IS pages 5-7, PREA Sexual Abusive Behavior Prevention and Intervention pamphlet, and inmate handbook in English and Spanish addresses compliance of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (including verbally, in writing, anonymously, privately and from a third party for inmates to report sexual abuse/harassment. Staff document all allegations. There are posters and other reporting documents, i.e. Office of Inspector General on display throughout the complex (observed by auditors also explain reporting methods. The facility does have hot-line telephone numbers available for the Crime Stoppers, Valley Rape Crisis Center and Fresno Rape Crisis Center. The inmates also can utilize the TruLinks computer system to access PREA policy and also names, telephone numbers and addresses of advocacy agencies for reporting sexual abuse/harassment. The facility also has trained advocacy staff to address inmate concerns.

### Standard 115.52 Exhaustion of administrative remedies

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

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

PS1330.18 pages 1-7 and 14-15, PS1330.18 G 1-8 pages 7-8 and 14-16 addresses this standard. Inmates may file a grievance; however, all allegations of abuse/harassment when received by staff, would immediately result in an administrative or criminal investigation. The policy allows for an emergency grievance to be completed by the inmates. There no grievances filed involving PREA related issues during the rating period.

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

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

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

PS 5324.11 page 37, IS page 7, BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention" and inmate handbook addresses this standard. The facility makes available telephone hot-line number for the local Fresno Rape Crisis Center and Valley Rape Crisis Center to provide all services relevant to this standard. The facility has contact information for Office of Inspector General and 16 medical and mental health staff are advocacy trained to address inmate issues.

### Standard 115.54 Third-party reporting

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

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

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", inmate handbook, posters in English and Spanish, and posted address of Office of Inspector General, Crime Stoppers telephone number and website [www.bop.gov](http://www.bop.gov) address the requirements of this standard. The website and facility posters assist third party reporters on how to report allegations. Available telephone numbers of the Valley Rape Crisis Center, Fresno Rape Crisis Center for advocacy services allows inmates to contact the centers at any time. Staff and inmate interviews confirm compliance to this standard.

### Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.11 a-e pages 38 & 39 addresses this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse and harassment and retaliation relevant to PREA standards including third party. This standard of compliance was verified through staff interviews and review of policies.

### Standard 115.62 Agency protection duties

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

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

PS 5324.11 page 39 addresses this standard. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure scene and protect possible evidence, not allow inmates to destroy possible evidence and contact supervisor and medical staff. During the rating period there were no inmates determined that an inmate was subject to substantial risk of imminent sexual abuse.

### Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.11 a-d page 40 addresses this standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. There was one allegation received during the rating period stating that sexual abuse occurred at another facility. Policy requires the Warden where the inmate is currently being housed notify the Warden where the inmate was previously housed within 72 hours after being notified. The policy requires an investigation be immediately initiated. There were no allegations received from other facilities. This standard was verified by reviewing policy and interviewing Warden and Associate Wardens.

### Standard 115.64 Staff first responder duties

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

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

PS 5324.11 a1-4 pages 40 & 41 addresses this standard. All staff, contractors and volunteers interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation. The staff stated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact supervisor and medical staff. All staff are issued and carry a pocket size PREA guideline for reference. The auditors determined this standard exceeded expectations. There were 26 allegations made by inmates during the rating period. Two of the allegation cases are still under investigation by Office of Internal Affairs, twenty-one allegations determined to be unfounded and three allegation cases were determined to be unsubstantiated.

### Standard 115.65 Coordinated response

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

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

The written facility coordinated response plan (Operations Lieutenant Post Orders) addresses this standard. The plan describes first responders, medical / mental health staff, investigators and facility administration coordination to resolve sexual abuse / harassment incidents. The documentation was reviewed and staff were interviewed by the auditor confirming compliance to this standard.

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

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

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

The USP Atwater collective bargaining agreement between Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees Article 30 Section G, dated July 21, 2014-July 20, 2017 and agreements with contractors and volunteers complies with this standard protecting inmates from harm. The agreements were examined by the auditor.

### Standard 115.67 Agency protection against retaliation

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

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

PS 5324.11 a-e pages 43-44 and IS pages 1, 5 and 6 addresses this standard. The policy prohibits any type of retaliation to any staff person or inmate who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. The Associate Warden / PREA Compliance Manager is designated the retaliation monitor was interviewed and he stated he would conduct checks with the inmate weekly or as needed up to 90 days or as long as needed to make sure the inmate is safe from retaliation or inmate is transferred. There have been no cases of retaliation during the rating period.

### Standard 115.68 Post-allegation protective custody

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

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

PS 5324.11 a-page 35 & 44 addresses this standard. Interview with staff and an examination of the facility indicated that there is a viable alternative to placement in involuntary segregated housing (SHU). The staff consider separate housing of victim and predator and transfer of inmates. There were no inmates placed in involuntary segregated housing (post-allegation protective custody) during the rating period.

### Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.11 a-j pages 44-46 addresses this standard. The SIS staff conducts administrative investigations within the facility and refers criminal investigations to the FBI who consults with the Assistant Attorney General to determine if prosecution will be pursued. There were no criminal prosecutions during this audit period. Per the Warden, the facility cooperates fully with any outside agency who initiates an investigation.

### Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

### Standard 115.73 Reporting to inmates

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

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

PS 5324.11 a-e pages 46 & 47 addresses this standard. There were 10 administrative investigations during the audit period requiring inmate notification per this standard. All inmates were notified in writing (reviewed by the auditor) with the exception of the one investigation pending conclusion. This documentation confirms compliance of this standard.

### Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11 b pages 6 & 7 addresses this standard. The facility has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any reported cases of inmates engaging in sex with staff during the audit period. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees 7/1/2014-7/20/2017 allows for disciplinary sanctions against staff including termination for sexual abuse/harassment of an inmate.

### Standard 115.77 Corrective action for contractors and volunteers

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

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

PS3420.11 b pages 6 & 7 addresses this standard. During the rating period there were no contractors or volunteers accused of sexual abuse/harassment of an inmate. Warden interview indicated contractors or volunteers would be terminated immediately if they engaged in sexual abuse or harassment of an inmate.

### Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5324.11 a-f page 49 addresses this standard. There were 10 cases of inmate sexual abuse/harassment investigated at USP Atwater during the audit period. There have been no cases of staff and inmates engaging in sex during the audit period. There were no substantiated cases of inmates having sex with other inmates. There was no cases of sexual abuse by an officer with an inmate and there was no criminal cases of inmate on inmate sexual abuse. There is still one case pending investigation by the Office of Internal Affairs. Policy does not allow consensual sex of any nature. Inmates that sexually abuse or harass staff will be disciplined if not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with Warden, Associate Wardens and SIS investigators confirm compliance to this standard.

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

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

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

PS 5324.11 pages 30,31,33,34 and 50 addresses this standard. Interviews with medical and specialized staff indicated the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. All inmates received at the facility that disclosed sexual victimization at another facility was offered a follow-up meeting with medical or mental health staff within 14 days. Treatment services are offered without inmate financial costs. The psychology services tracking form was reviewed that tracks inmates who received services. All information is handled confidentially, and interviews with staff confirmed compliance with this standard.

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

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

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

PS 5324.11 pages 1-5 and 52, IS pages 3,4 and 8 and A & O inmate handbook page 27 and BOP Clinical Practice Guidelines addresses this standard. The facility transports inmates to the local Valley Rape Crisis Center and Fresno Rape Crisis Center for emergency medical and mental health treatments. The treatment is offered at no financial cost to the inmates. Interviews with medical and mental health staff confirmed compliance with this standard.

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

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

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

PS5324.11 a-d page 52 addresses this standard. Services are consistent with community level of care without financial cost to the inmate. The facility transports inmates to local Valley Rape Crisis Center and Fresno Rape Crisis Center for ongoing medical and mental health services. This standard compliance was determined by documentation review and medical / mental health staff interviews.

### Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.11 a-d pages 53 & 54 and PREA Tracking Log addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant and staff was interviewed and found to be very knowledgeable concerning their responsibilities. There are 253 agency investigators and 12 trained facility investigators. The FBI conducts the criminal investigations for the facility. There were 10 allegations of sexual abuse or harassment during audit period. Eight allegations were determined to be unsubstantiated, one allegation determined to be unfounded and one still being investigated by the Office of Internal Affairs. The auditors were able to interview 2 inmates who made allegations and the remaining were not interviewed because they were not housed at the facility. All allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; Incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, investigation reports and a tracking log. All investigations ordinarily completed within 30 days. The review team consists of Associate Warden, PREA Manager, SIA Lieutenant, Medical/Mental Health staff. All investigations were exceptionally thorough and interviews with staff and inmates confirmed the facility exceeded in compliance of this standard.

### Standard 115.87 Data collection

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

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

PS 5324.11 pages 55 & 56 addresses this standard. The facility collects accurate uniform data for every allegation of sexual abuse/harassment by using a standardized instrument. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates all data annually and reviews it annually. The auditor reviewed the 2013 annual report.

### Standard 115.88 Data review for corrective action

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

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

The Bureau of Prisons and the USP Atwater administration reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action if needed. The facility PREA Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website [www.bop.gov](http://www.bop.gov). The 2013 Annual Report was reviewed by the auditor.

## Standard 115.89 Data storage, publication, and destruction

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

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

PS 5324.11 pages 57 & 58 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is securely retained and published on the BOP website [www.bop.gov](http://www.bop.gov). The reports cover all data noted in this standard, and is retained in a secured file.

## AUDITOR CERTIFICATION

I certify that:

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

Stephen J. Huffman

June 22, 2015

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Auditor Signature

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Date