

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report April 8, 2020

Auditor Information

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Company Name: PREA Auditors of America, LLC

Mailing Address: 14506 Lakeside View Way City, State, Zip: Cypress, TX 77429

Telephone: 713-818-9098 Date of Facility Visit: March 3-5, 2020

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 ☐ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☐ State ☒ Federal

Agency Website with PREA Information:
https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: M.D. Carvajal

Email: BOP-CPD/PREACORDINATOR@BOP.GOV Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth

Email: BOP-CPD/PREACORDINATOR@BOP.GOV Telephone: 202-616-2112

PREA Coordinator Reports to: Hugh J. Hurwitz, Assistant Director, Reentry Services Division Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: FCI Beckley

Physical Address: 1600 Industrial Road

City, State, Zip: Beaver, WV 25813

Mailing Address (if different from above):
PO Box 1280

City, State, Zip: Beaver, WV 25813

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: David L. Young

Email: BEC/PREAComplianceMgr@bop.gov

Telephone: 304-252-9758

Facility PREA Compliance Manager

Name: Maria Arviza

Email: BEC/PREAComplianceMgr@bop.gov

Telephone: 304-252-9758

Facility Health Service Administrator

Name: Lt. Cmdr. Brandon Fain

Email: BEC/PREAComplianceMgr@bop.gov

Telephone: 304-252-9758

Facility Characteristics

Designated Facility Capacity:	FCI - 1,511; SCP - 384	
Current Population of Facility:	FCI - 1,614; SCP - 106	
Average daily population for the past 12 months:	FCI - 1,661; SCP - 110	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-78	
Average length of stay or time under supervision:	FCI – 25-60 Months; SCP- 60-119 Months	
Facility security levels/inmate custody levels:	IN/Medium, Minimum/Out or Community	
Number of inmates admitted to facility during the past 12 months:	1,207	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1,195	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1,116	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	331	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	32	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	11	

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	49
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	19
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	13
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	73
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Correctional Institution (FCI) Beckley, Federal Bureau of Prisons (BOP) in Beaver, West Virginia was conducted on March 3-5, 2020 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, onsite audit and post-audit.

The previous PREA audit was conducted by PREA auditor Donald Chadwick on May 2-4, 2017. The previous auditor found one not applicable standard and 42 met standards.

Prior to the on-site 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 six emailed photos of the PREA audit announcement that were posted within the facility prior to the audit. The photos were emailed on January 31, 2020. The notices were located in human resources and five housing units. The auditor did not receive any correspondence from inmates or staff prior to the audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (1,614) 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. 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.

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

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	21
Total Inmates Interviewed	41 ¹
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	0
• Inmates who are LEP	3
• Inmates with a Cognitive Disability	4
• Inmates who Identify as Lesbian, Gay or Bisexual	1
• Inmates who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	5 ²
• Inmates who Reported Sexual Victimization During Screening	5

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site 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* supplemented by 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
 - 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

¹ There were 38 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.

² One inmate in this category reported harassment rather than abuse.

- 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

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	20
Total Staff Interviews	32
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher-Level Facility Staff	4
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• 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	1
• 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. David Young (Warden)
- Ms. Jill Roth (PREA Coordinator “PC”)
- Ms. Maria Arviza (PREA Compliance Manager “CM”)

The on-site portion of the audit was conducted on March 3, 2020 through March 5, 2020. 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. The auditor began documentation review and continued until lunch. A tour of the facility began at 1:30pm. The tour included all areas associated with FCI Beckley and the Camp, to include all housing units, intake (R&D), medical and mental health, visitation, work and program areas (chapel, food service, the vocational training area, the UNICOR factory, commissary, the barber shop, laundry and inside facilities shops) and common areas (the recreation and gym area and numerous offices/support staff areas). 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. During the tour the auditor spoke to staff and inmates informally about PREA and the facility in general. The tour was completed at 4:30pm.

Interviews were conducted on March 4, 2020 and March 5, 2020. 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 331 staff assigned. The auditor reviewed a random sample of 44 personnel and training records that included 37 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 five volunteers and four contractors were sampled randomly across functional service areas. Personnel and training files were selected for those staff that the auditor conducted random interviews with and as such the files selected were an unbiased random sample.

Inmate Files. On the first day of the onsite phase of the audit, the inmate population was 1,614. A total of 38 inmate records were reviewed. The records reviewed were of those inmates selected to be interviewed via the targeted and random inmate selection.

Medical and Mental Health Records. During the past year, there were seven inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed the medical and mental health records of the four inmate victims with completed sexual abuse investigations, as well as mental health documents for the five inmates who disclosed victimization during the risk screening and five inmates who were identified by the risk screening of being a potential victim or potential aggressor.

Grievances. In the past year, the facility had one grievance that was identified as a PREA grievance. The auditor reviewed the grievance log for the previous twelve months and selected eleven grievances to review that were staff misconduct or improper conduct. A review of the eleven grievances indicated that no additional PREA grievances were received.

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 were two 205 incident reports and no 206 or 114 incident reports. A review of the 205 incident reports indicated that both were not PREA and involved inmates masturbating toward staff.

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

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	3	0	1	0
Unfounded	0	0	0	0
Total Allegations	3	0	1	0

Facility Characteristics

FCI Beckley is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 1600 Industrial Road, Beaver, West Virginia. FCI Beckley is a medium security institution with a minimum-security satellite camp. The facility is located in Raleigh County, immediately to the northeast of the Raleigh County Memorial Airport and a little over three miles from Beaver, West Virginia. The facility is an hour southeast of Charleston, West Virginia. The facility comprises 283 acres, with 54 acres inside the secure perimeter. The facility was constructed in 1993 and was officially opened in 1995. FCI Beckley includes a Bureau Responsibility and Value Enhancement (BRAVE) Program and a Residential Drug Abuse Program (RDAP). The facility has one complex that houses medium security inmates and then a separate smaller complex that houses minimum security inmates. The minimum-security satellite camp (SCP) is located south of the medium security institution (FCI). FCI Beckley is comprised of nineteen buildings (twelve at the medium security, three at the minimum security and four outside the secure perimeter).

The total capacity for the facility is 1,895. On the first day of the audit the population at the facility was 1,614. The facility houses adult male inmates. The age range of the facility's population is 18-78 years of age. The facility houses minimum and medium custody inmates. The average length of stay for inmates at the facility is between 25 and 119 months.

The only other area at the facility that an inmate can be housed is found in medical where one single man cell is available for suicide observation status. The cell is equipped with a toilet. The shower is located outside of the cell and has appropriate privacy. Inmates are assigned to monitor these inmates and as such, all observation is done via a male.

Unit	Capacity	Style	Inmate Population
Oak A Upper	124	Double Occupancy	General Population - Medium
Oak A Lower	128	Double Occupancy	General Population/BRAVE - Medium
Oak B Upper	124	Double Occupancy	General Population - Medium
Oak B Lower	128	Double Occupancy	General Population - Medium
Pine A Upper	124	Double Occupancy	General Population - Medium
Pine A Lower	128	Double Occupancy	General Population - Medium
Pine B Upper	124	Double Occupancy	General Population - Medium
Pine B Lower	128	Double Occupancy	General Population - Medium
Poplar A Upper	124	Double Occupancy	General Population - Medium
Poplar A Lower	128	Double Occupancy	General Population/RDAP – Medium
Poplar B Upper	124	Double Occupancy	General Population - Medium
Poplar B Lower	128	Double Occupancy	General Population - Medium
Special Housing Unit	143	Double Occupancy	Special Housing Unit
Maple	102	Open Bay	General Population – Minimum (VACANT)
Evergreen	282	Open Bay	General Population - Minimum

In addition to the housing units the facility comprises administrative offices, program areas, work areas and common areas at both the minimum and the medium security facilities. The medium security facility has numerous buildings that house these program and work areas, while the camp has one large building that comprises all of these areas.

[REDACTED]

[REDACTED]

The minimum-security facility has one large building that houses all the program and work areas. [REDACTED]

[REDACTED]

The facility employs 331 staff. Security staff make up three shifts: first shift works from 8:00am-4:00pm, second shift works from 4:00pm-12:00am and third shift works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least two officers are 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, ranging from 6:00am to 10:00pm. The facility employs nine contractors. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 49 volunteers that provide services to the inmates.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.31

Standards Met

Number of Standards Met: 44

Standards Not Met

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. P5270.09
5. BEC-5324.12f
6. Inmate Admission and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention
8. Memorandum of Understanding with National PREA Coordinator

Interviews:

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

Findings (By Provision):

115.11 (a): 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, BEC-5324.12f, the Inmate Admission 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 sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and is agency-wide. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The MOU confirms that 20% of the PREA Coordinator's time is spent on PREA responsibilities. The PC provides guidance through six regional PREA Coordinators and 122 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 facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the CM 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 he/she reports directly to the Warden. The interview with the Compliance Manager indicated 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 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 sexual safety practices demonstrates that the PC and CM 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

☐ **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. BEC-5324.12f
5. Staffing Plan
6. Memorandum of Non-Occurrence
7. Annual Reviews
8. 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 based off of 1,679 inmates. The facility employs 331 staff. Staff mainly make up three shifts: first shift works from 8:00am-4:00pm, second shift works from 4:00pm-12:00am and third shift works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least two officers are 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 from 6:00am till 10:00pm. Interviews with the Warden and the CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The CM indicated that each facility gets all of the BOP facilities quarterly program review deficiencies and these are reviewed at Beckley to determine if there are any necessary changes to policies, procedure and practices. She also indicated they review the National PREA Coordinator reports to monitor any trends and make appropriate modifications. The CM indicated that the plan is reviewed quarterly and also during any monthly program reviews. The Warden indicated that the facility reviews to eliminate any blind spots, to place staff in high traffic areas and areas that have special populations. The Warden indicated that staff review the population to include aggressors and victims and determine any areas of weakness at the facility for these individuals. He also indicated that posts are not authorized to be unmanned and overtime or mandatory overtime would be utilized if necessary.

115.13 (b): The facility indicated in the PAQ that no deviations from the staffing plan had occurred during the previous twelve months. 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 for correctional service rosters to be unmanned. He indicated that they pay overtime or mandate mandatory overtime. He also indicated they could augment with non-security staff if needed.

115.13 (c): The staffing plan was most recently reviewed on June 19, 2019. 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 CM), 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 March 26, 2019, October 30, 2018 and December 17, 2018. The reviews indicated a need to replace current video monitoring technology that was broken and could not be repaired. 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): 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 CM for retention. Additionally, BEC-5324.12f, page 2, section 5A indicates that unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week. A review of the PAQ supplemental documentation indicated that announced rounds are being conducted weekly by the IDO in all locations at the facility as well as by the Shift Lieutenant(s). Additionally, 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. A review of documentation of three days of unannounced rounds in each dorm for the Shift Lieutenant indicated that rounds were conducted at least once on each shift in each of the housing units. Additionally, a review of nine IDO rounds documentation, indicated that rounds are being made between the hours of 4:00am and 11:00pm each week. During the interviews, supervisory staff indicated that they deviate their times and locations and bounce around from unit to unit instead of in a consistent pattern in order to prohibit staff from alerting other staff about the rounds.

Based on a review of the PAQ, P3000.03, P5324.12, BEC-5324.12f, the staffing plan, the memorandum of non-occurrence, annual reviews, documentation of unannounced rounds, observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

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 – None under the age of 18

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FCI Beckley. 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 CM 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 Beckley. 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 CM 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 Beckley. 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 CM 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 CM, 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 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. Memorandum
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 Absence of Female Inmates
3. Observation of Cross Gender Announcement Posters

Findings (By Provision):

115.15 (a): 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 are 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 no female inmates are housed at the facility and therefore this provision of the standard does not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

115.15 (c): 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 are 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 facility does not house female inmates and as such no cross gender pat searches of female inmates would be conducted or documented. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

115.15 (d): A Memorandum from the Warden indicated that the facility refers to P5324.12 for 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, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes. Staff indicated that the inmates have blinds they can put up over their windows. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit and that there is information posted about this and an announcement is routinely made over the loud speaker. During the tour, the auditor heard the opposite gender announcement being made. The auditor observed that all dorms at the FCI, except in the SHU, had a saloon style swinging door in each shower stall. Toilets in these dorms are in the cells. All cells have a solid door with a small window that are equipped with blinds which allows for adequate privacy. The SHU had showers and toilets in each cell. Cell doors were solid with a small window that had blinds they can put up over the window which provided adequate privacy. SCP dorms had single stall showers and toilets with partitions and doors.

115.15 (e): A Memorandum from the Warden indicated that a staff member at FCI Beckley shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with staff indicated that all twelve confirmed that these types of searches were not authorized to be conducted by staff. Interviews with the transgender inmates indicated that they had never 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 twelve training records indicated that twelve had received the search training, which included a video on searches. Interviews with a random sample of staff indicated that they all had received this training during the previous year.

Based on a review of the PAQ, P5521.06, 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 half walls, saloon doors and the opposite gender announcement as well as information from interviews with random staff, random inmates and a transgender inmate 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. BEC-5324.12f
4. LanguageLine Solutions Contract
5. Staff American Sign Language (ASL) Memorandum
6. Memorandum on Blind Inmates
7. PREA Posters
8. Inmate Admission 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 BEC-5324.12f, 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. The CM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. Additionally, the Warden provided a Memorandum indicating that FCI Beckley shall 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. 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 and inmates who have a cognitive disability indicated that inmates receive PREA information in a format that they can understand. A review of the four cognitive disabled inmate files indicated that they received PREA information and they understood the information. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): P5324.12, page 20 and BEC-5324.12f, 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). The CM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) 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. A review of PREA posters, the inmate handbook, PREA directives and inmate distributed information confirmed that information is available in both English and Spanish. Interviews with the Agency Head and inmates who are LEP indicated that inmates received PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of three files for LEP inmates indicated that they received PREA information and they understood the information. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): P5324.12, page 20 and BEC-5324.12f, 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 types of assistance. Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes. Interviews with LEP inmates and inmates with cognitive disabilities indicated that other inmates were not utilized however they did get assistance from staff related to understanding PREA documents. One inmate did indicate that he asked his cellmate to assist him but that this was not initiated by staff.

Based on a review of the PAQ, P5324.12, BEC-5324.12f, the LanguageLine Solutions contract, the memo from the Warden, 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 a cognitive disability 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 USA Jobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for 37 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. All contractors also have a completed background check and as such the four contractors reviewed all had a background check completed prior to enlisting their services. 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 nineteen personnel files of staff (the PAQ indicated 32 staff were hired in the previous twelve months, however it was determined that there were five additional hired between the PAQ and the audit for a total of 37) 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 have been eleven contracts at the facility within the past twelve months. A review of four contractor personnel files indicated that a criminal background check had been conducted. 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 USA Jobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for 37 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 USA Jobs 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 but they were [REDACTED].

[REDACTED]. 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. [REDACTED]

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 from NaphCare, Inc. related to Forensic Medical Exams
5. Memorandum on Advocacy Services
6. Memorandum of Understanding with the Women's Resource Center
7. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
8. Qualified Staff Advocacy Training Documents
9. 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 they are aware of evidence protocol and that they were responsible for preserving evidence.

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 NapCare, Inc. indicated that they provide forensic medical exams at three local hospitals for FCI Beckley (Beckley Appalachian Regional Healthcare Hospital, Charleston Area Medical Center and Princeton Community Hospital). The memo indicated that SANE are available at all three hospitals in the emergency department. 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 so 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 memo from the Warden indicated that the facility has an MOU with the Women's Resource Center to provide an advocate. Additionally, the facility has available qualified staff members to serve as advocates if necessary. The interview with the CM indicated that the facility has an MOU with the Women's Resource Center to provide these services and that they are the local rape crisis center. The interviews with the inmates who reported sexual abuse indicated that none of them utilized a victim advocate, however one did indicate that he spoke to the Psychologist. It should be noted that none of the inmates who reported sexual abuse that were interviewed had allegations that involved penetration. The inmates have access to the victim advocacy information as it is included in the inmate handbook and the pamphlet.

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 facility memo indicated that inmates are transported to one of the three local hospitals for forensic examinations. Additionally, the facility has an MOU with the Women's Resource Center that indicates on page 4, section A5, that an advocate will provide victim support services during the forensic medical exam and during investigatory interviews. The facility also has available a qualified staff member to serve as advocates if needed. The interview with the CM indicated that the facility has an MOU with the Women's Resource Center to provide these services. The interviews with the inmates who reported sexual abuse indicated that none of them utilized a victim advocate, however one did indicate that he spoke to the Psychologist. It should be noted that none of the inmates who reported sexual abuse that were interviewed had allegations that involved penetration. The interview with the Women's Resource Center staff indicated that they would respond to the hospital to accompany the inmate during an forensic exam.

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 member is one of the Psychologist at the facility. 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 and advocacy, the MOU with the Women's Resource Center, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager and an inmate 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
4. Attorney General (AG) Memo – Duty to Report Misconduct and Cooperate with Investigations
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, three that resulted in a criminal investigation and three that resulted in an administrative investigation. A review of documentation indicated there were seven allegations reported in the previous twelve months. Four of the allegations were investigated and closed, while three were still open. All four of the closed allegations were deemed unsubstantiated. 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 the facility has the legal authority to conduct administrative investigations and that criminal investigations are referred to the FBI.

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. BEC-5324.12f
4. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
5. Sample of Staff Training Records (Acknowledgement Form)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): P5324.12, pages 24-25, as well as BEC-5324.12f, page 2, indicate 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 twelve staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff confirmed that they had received PREA training during annual training and that they receive information through supplemental BLU (Bureau Learning University) Trainings. Staff confirmed all required topics were covered in the training.

115.31 (b): P5324.12, page 25, indicate that the annual refresher 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 training includes information on male and female inmates.

115.31 (c): The PAQ indicated that 331 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 all staff received PREA training and that all hired prior to the previous twelve months (seven) had received annual refresher training.

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 twelve staff training records indicated that twelve signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, BEC-5324.12f, 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 annual training and supplements annual training through emails, BLU trainings and other mechanisms.

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 58 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of nine training documents for contractors and volunteers indicated that nine had received PREA training. Additionally, the interviews conducted with contractors and volunteers confirmed that they receive PREA training each year, that they were aware of the zero-tolerance policy and knew to immediately report to the Chaplain or security.

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 nine training documents for contractors and volunteers indicated that nine had received PREA training. Additionally, the interviews conducted with contractors and volunteers confirmed that they receive PREA training each year, that they were aware of the zero-tolerance policy and knew to immediately report to the Chaplain or security.

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. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. 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 1,207 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 38 inmate files indicated that 38 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided the inmate handbook and were also asked the risk screening questions during this time. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the A&O handbook. 36 of 38 inmates that were 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 1,195 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. A review of 38 inmate files indicated that 35 had received comprehensive PREA education within 30 days of intake. Of the three that did not receive the education within 30 days, two received it however it was late due to arriving and being immediately housed in SHU and the other inmate record could not be located by staff. Interviews with the intake staff confirmed that all inmates receive comprehensive PREA education. Interviews with inmates indicated that 36 of 38 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 go through R&D, receive the handbook and then go through A&O orientation. A review of documents for two inmates received prior to 2013 indicated they were educated on PREA.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. The facility has staff members who are fluent in Spanish to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) 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 memo from the Warden indicated that posters and information are provided to deaf and hard of hearing inmates and that information is verbally provided to inmates with cognitive disabilities and literacy issues. 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 four disabled and three LEP inmate files indicated that all seven received PREA information in a format they could understand.

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 38 inmate files indicate that 37 were documented to have received PREA education.

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, 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 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
4. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting
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. A review of the facility investigator's training record indicated that he had completed the training in 2016 and 2019. Additionally, a review of training records revealed that five additional 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 he completes the NIC training 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 the facility investigator's training record indicated that he had completed the training in 2016 and 2019. Additionally, a review of training records revealed that nineteen additional 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 he completes the NIC training annually.

115.34 (c): The PAQ indicated that currently there are six facility investigators who the agency currently employs to conduct investigations at Beckley. Of the six, the PAQ indicated that all have received specialized 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 all six investigators had completed the specialized 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 online through NIC and that it is documented.

115.34 (d): All criminal sexual abuse allegations are referred to the OIG or FBI for possible criminal prosecution. When a referral is declined or the allegation does not contain a criminal element, the investigation is conducted by Bureau of Prisons investigators. 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 interviews with 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 Regarding Forensic Medical Examinations
7. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

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 25 medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health training records indicated that the four sampled had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training.

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 facility memo indicated that inmates are transported to one of three local hospitals for forensic examinations and that exams are performed by a SANE or a doctor. 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 four 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 four medical and mental health staff members training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention 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.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

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 Re-Assessment 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 private offices in intake. Interviews with random inmates confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened using the screening instrument.

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 1,195 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 a 38 inmate records confirmed that 38 were screened within 72 hours.

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 his 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. Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes and no format, with a few that are open ended.

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. Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes and no format, with a few that are open ended.

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 1,116 inmates were reassessed within 30 days. The PAQ indicated that 1,116 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. Interviews with random inmates indicated that only four remember a reassessment. A review of a sample of 38 inmate files indicated that 28 inmates were reassessed within the 30-day timeframe. Of those sampled, two were not yet due to be completed, two were completed but documents were missing and two were received prior to 2013 and as such the standards were not applicable. The two inmates received prior to 2013 did however have a risk screening subsequently completed. 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): 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 which was then passed on to security to review. Interviews with staff responsible for risk screening indicated that inmates are reassessed when warranted. The interviews with random inmates indicated only four remember the risk assessment being conducted after the initial time. 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): P5324.12, page 32 as well as the PAQ indicated 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, the policy 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 during the risk screening is limited to staff who have a need to know. This would include the Unit Team and those individuals that determine housing and work assignments.

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 random inmates indicate that this standard appears to be compliant.

Recommendations:

While the standard is compliant the auditor recommends that the facility take action to improve their current documentation practices to more clearly document assessments and reassessments. The 30-day reassessments are completed during the initial program review. This is documented in the inmates file and it is articulated that the reassessment is completed during this time. However, there is no specific documentation indicating it was completed during the program review. As such, the auditor recommends that staff indicate in the notes section of the current documentation that the 30-day PREA reassessment was completed and any notes of the outcome of the assessment. This can be handwritten or via a stamp. Additionally, while reassessments are being completed in mental health after an allegation of sexual abuse, the actual risk screening tool is not being utilized. The auditor recommends that the facility utilize the initial risk screening tool for inmates who allege sexual abuse in order to more accurately assess their victimization and abusiveness levels.

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

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. BEC-5324.12f
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): P5324.12, page 33 and BEC-5324.12f, page 2-3, 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. Specifically, the policies indicate 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. The interview with the Compliance Manager indicated that information is given to Psychology and if they have any concerns the inmates is placed on the hot list. The Unit Manager reviews this list to ensure inmate are housed appropriately. The interviews with the staff responsible for the risk screening indicated that there is a hot list that is updated weekly that is used for housing, work and program assignments. The staff members indicated they would also check periodically to ensure that the recommendations for housing, program and work assignments are being followed. 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 Unit Manager will review the hot lists to ensure that inmates are housed appropriately.

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. The interview with the CM indicated that the agency male and female housing unit determinations are made on a case by case basis by the Executive Staff. The local facility housing determinations for transgender inmates are also on a case by case. The interviews with the transgender inmates indicated that they were not asked about their safety by staff at the facility and they did not feel they were housed specifically due to their sexual identity. A review of housing documents indicated that the three transgender inmates were reviewed and determined to be best housed at a male facility. Additionally, documents show they were asked about their safety during their assessments.

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 interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year. A review of risk assessments for the transgender inmates indicated that two were assessed twice in 2017, 2018 and 2019. One was assessed once in 2020 due to just recently identifying as transgender (January 2020).

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 CM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments and this information is given serious consideration. The interviews with the transgender inmates indicated that they were not asked about their safety by staff at the facility and they did not feel they were housed specifically due to their sexual identity. 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 saloon style door attached. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The interviews with the transgender inmates indicated that they are able to shower separately from other inmates.

115.42 (g): P5324.12, page 33, the PAQ and a review of housing assignments for the four inmates who identified as LGBTI indicated that inmates were not assigned to one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and CM confirmed that LGBTI inmates are not placed in one specific housing unit. The interviews with the LGBTI inmates indicated that they did not feel they were placed in any specific dorm based on their sexual preference and/or gender identity.

Based on a review of the PAQ, P5324.12, BEC-5324.12f, 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 the LGBTI inmates, indicates that this standard appears to be compliant

Recommendations:

While the facility was performing biannual assessments of transgender inmates during program reviews there was not specific notation in the notes of these reviews indicating these biannual assessments were occurring during the review. The current facility CM was also duplicating work and documenting the biannual assessments in a memo style. The auditor recommends that the facility document this review in one place. The facility indicated they will document it in the program reviews. As such, the auditor recommends either a hand written note or a stamp be added to the notes section indicating this biannual review and the narrative/notes of the outcome of the review.

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 inmate from likely abusers. The PAQ indicated there have been two instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. After review it was determined that these inmates were placed in segregation after an alleged incident of sexual abuse and these two individuals fall under standard 115.68. There have been no inmates placed in involuntary segregated housing due to high risk for sexual victimization. The interview with the Warden indicated that inmates would not be placed in involuntary segregated housing due to their risk of sexual victimization unless there was no other housing available at the facility. The Warden indicated they have the ability to transfer the inmates to other facilities if needed.

115.43 (b): 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 everything except a work assignment. They indicated that staff make rounds for education and programs weekly. The staff member indicated any limitations would be notated on a 292 form as well as in the logs.

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 two instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. After review it was determined that these inmates were placed in segregation after an alleged incident of sexual abuse and these two individuals fall under standard 115.68. 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 also indicated that they would be placed there for the minimum amount of time necessary to either move the victim or the aggressor. The Warden confirmed that inmates in segregated housing are reviewed at least every 30 days. The interviews with the staff who supervise inmates in segregated housing indicated that the facility tries to find alternative housing for these inmates. The interview indicated they typically would

not exceed a week or two in this housing status and that all inmates in SHU are reviewed every seven days.

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 two instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. After review it was determined that these inmates were placed in segregation after an alleged incident of sexual abuse and these two individuals fall under standard 115.68.

115.43 (e): P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy 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 are reviewed every seven days.

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): 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. Interviews with a sample of inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. 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): 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. During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units. All inmates have access to the computer system. Inmate can send a confidential email directly to the Office of the Inspector General. The interview with the CM indicated that the outside information is located on the black and gold posters and they can send information to the OIG. The CM indicated the information would be forwarded back to the facility investigator or to SIA if it involved staff. Interviews with a sample of inmates confirm that most are aware of the email reporting mechanism and that the information is posted in their housing area.

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 memo from the Warden as well as the PAQ indicated that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. Interviews with a sample of inmates confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to the Operations Lieutenant and fill out the form on the computer.

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 a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to facility leadership or through the form on the computer.

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 CM, random inmates and random staff, this standard appears to be compliant.

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 and Sample Grievances

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): P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, 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 indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that there was one documented PREA allegation on the grievance log. A review of that grievance indicated that that allegation did not rise to the level of PREA as it was related to anonymous letter that indicated the author was not gay and did not want to be harassed by gay inmates.

115.52 (c): 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 indicated that page 3 discusses administrative remedy procedures. A review of that grievance indicated that that allegation did not rise to the level of PREA as it was related to anonymous letter that indicated the author was not gay and did not want to be harassed by gay inmates.

115.52 (d): 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 was one grievance of sexual abuse filed in the previous twelve months. The PAQ indicated that the grievance was completed within the 90-day timeframe. After a review of the grievance it was determined that it did not rise to the level of PREA as it was related to anonymous letter that indicated the author was not gay and did not want to be harassed by gay inmates. The grievance however was responded to within the 90-day timeframe.

115.52 (e): P1330.18, page 14, section e, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, 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 indicated that there were eleven grievances of staff misconduct or inappropriate conduct, none of which involved sexual abuse or a PREA complaint.

115.52 (f): P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, 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 indicated that there were eleven grievances of staff misconduct or inappropriate conduct, none of which involved sexual abuse or a PREA complaint.

115.52 (g): 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. BEC-5324.12f
4. Sexually Abusive Behavior Prevention and Intervention
5. Memorandum of Understanding with the Women's Resource Center

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 BEC-5324.12f, 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 a manner as possible. 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 205 Woodlawn Avenue, Beckley, WV 25801. During the tour the auditor observed that advocacy information was included in the inmate education and pamphlet. Interviews with random inmates indicated that most were not familiar with the advocacy information, however it is provided to them in their packet of information at intake and during the education orientation. Most inmates indicated they believed that any contact with these services would be confidential. Interviews with inmates who reported sexual abuse indicated that they did not speak to an advocate after they reported their allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. A phone interview with Ms. Patricia from the Women's Resource Center confirmed that services are provided to inmates via phone, mail and at the hospital during the forensic examination. Ms. Patricia indicated the hotline is available 24/7 and that the calls are made on a confidential line from the facility.

115.53 (b): 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. During the tour the auditor observed that advocacy information was included in the inmate education and pamphlet. Interviews with random inmates indicated that most were not familiar with the advocacy information, however it is provided to them in their packet of information at intake and orientation. Most inmates indicated they believed that any contact with these services would be confidential. Interviews with inmates who reported sexual abuse indicated that they did not speak to an advocate after they reported their allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. A phone interview with Ms. Patricia from the Women's Resource Center confirmed that services are provided to inmates via phone, mail and at the hospital during the forensic examination. Ms. Patricia indicated the hotline is available 24/7 and that the calls are made on a confidential line from the facility.

115.53 (c): The facility has an MOU with the Women's Resource Center. This organization is the local rape crisis center for the area. The MOU was signed on December 3, 2018. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, BEC-5324.12f, the Sexually Abusive Behavior Prevention and Intervention, the MOU with the Women's Resource Center, observations from the facility tour related to PREA signage and posted information and interviews with random inmates, inmates who reported sexual abuse and the staff member from the Women's Resource Center, this standard appears to be compliant.

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>.

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 they would only provide information to the Operations Lieutenant by filling out the PREA form that is on each facility computer.

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 PAQ along with 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.

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 PAQ along with 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 along with the interview with the Warden confirmed that this is the practice. A review of investigative reports indicate that all allegations are reported initially to SIS and then forwards to OIA, OIG or the FBI as required by policy.

Based on a review of the PAQ, P5324.12, investigative report and interviews with random staff, medical, mental health, 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

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 noted that there were no inmates who were determined to be at risk of imminent sexual abuse. Interviews indicated that if an inmate is at imminent risk that staff would immediately contact the Operations Lieutenant and remove the inmate from the situation. The interviews with the Agency Head and Warden 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 SHU. Additionally, the interviews indicated that appropriate measures may also include moving a staff member's work assignment or removing the staff from the facility until the investigation is complete.

Based on a review of the PAQ, P5324.12 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 Letters
4. 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 the three allegations indicated that all three were reported to the appropriate agency/facility head via a letter.

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 the notification letters indicated that two of the allegation notifications were made within 72 hours (one reported on March 13, 2019 and forward on March 15, 2019 and the other reported on September 4, 2019 and forwarded the same day). The third allegation was outside of the BOP and was forwarded four days later (October 11, 2019 reported and forwarded October 15, 2019).

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 the notification letters indicated that two of the allegation notifications were made within 72 hours (one reported on March 13, 2019 and forward on March 15, 2019 and the other

reported on September 4, 2019 and forwarded the same day). The third allegation was outside of the BOP and was forwarded four days later (October 11, 2019 reported and forwarded October 15, 2019).

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 indicated that during the previous twelve months, the facility has received one allegation from another facility that an inmate reported to them he was sexually abused while housed at FCI Beckley. A review of the documentation indicated that the facility received an allegation related to an inmate at Fort Dix. The documentation revealed that the initial notification came from another facility and was forwarded after the inmate departed that facility's custody. While the timeframe was extended due to the confusion related to the inmate's whereabouts, the allegation was reported and was investigated with a finding of unsubstantiated. 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 that there was one allegation of this type since he has been at the facility.

Based on a review of the PAQ, P5324.12, notification letters, 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

Findings (By Provision):

115.64 (a). P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security 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. All random staff interviewed were well versed on their first responder duties. Staff all had a card that they can utilize during incidents to ensure they complete all the required steps. All twelve staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. A few staff indicated they would take the inmate to medical.

115.64 (b): P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security 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. Interviews with first responders confirmed that they are aware of their first responder duties.

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. BEC-5324.12f

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, investigators and facility leaders. A review of BEC-5324.12f 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, BEC-5324.12f 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 CM 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 and staff responsible for monitoring indicated inmates would be reviewed for up to 90 days for retaliation and that staff could be removed from the area or facility and the inmates could be moved to another facility.

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. Interviews with the Warden and staff responsible for monitoring retaliation all indicated that the inmate would be safeguarded and an investigation would be initiated. Monitoring staff indicated that she would review the inmate for at least 90 days and would spot check every few weeks. She indicated that housing changes, job changes, progress reviews in SHU, disciplinary reports and unreasonable incident reports would be reviewed for retaliation. A review of monitoring documents indicated that of the four completed investigations, three involved monitoring. The fourth was not completed due to the inmate not being housed at the facility (the inmate reported at Ft. Dix and was housed at Ft. Dix at the time of the allegation). Of the three that included monitoring, all included the appropriate reviews and a status check.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. While no instances of monitoring were required, staff did monitor an inmate who alleged sexual harassment for 90 days. This monitoring included status checks. The Interview with staff responsible for monitoring indicated that she would review the inmate for at least 90 days and this would include status checks.

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, removal of inmates or staff, protective protocols, counseling and an investigation.

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 and staff charged with monitoring for retaliation, this standard appears to be compliant.

Recommendations:

While monitoring was completed for the three applicable allegations, the documentation of the monitoring could be improved. Currently, one memo is included in the file indicating the checks were completed and that in person status checks were completed. The memo indicates only one date, the date of the completion of the monitoring. The auditor suggests that the memo include the dates and notes/narrative of all of the disciplinary, housing, program, etc. checks as well as any and all in person status checks.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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 two inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were two inmates placed in segregation due to a PREA allegation. A review of the BP-A1002 for the two inmates indicated that both inmates were placed in safekeeping after a sexual abuse allegation because they refused to identify the perpetrators. As such the facility was unable to ensure the inmates safety if housed in general population. The BP-A1002 for both inmates indicated the statement for the basis of the facility's concern for the inmate safety as well as the reason why there were no alternative housing. A review of the SHU 30-day review memos for the two inmates indicated that they both were restricted from a work assignment; however appropriate justification was present. Both inmates had access to programming and education. Both inmates had access to commissary, but with restrictions that were noted. Both inmates had access to recreation and it was documented that the CM indicates during all SHU meetings to ensure the two inmates be afforded as much programming and privileges as possible. One inmate had two reviews, while the other had three reviews. One inmate was awaiting transfer; however it was denied and the facility was determining the next appropriate housing option. The other inmate was waiting appropriate housing based upon direction from OIA with regard to the staff allegation. The interview with the Warden indicated that inmates who alleged sexual abuse would not be placed in involuntary segregated housing unless there was no other housing available at the facility. The Warden indicated they have the ability to transfer the inmates to other facilities if needed. The Warden indicated this would typically not exceed 30 days and that the inmate would be reviewed at least every 30 days by staff. The Warden indicated there have been two inmates placed in involuntary segregated housing who alleged to have suffered abuse (within the previous twelve months). The interviews with the staff who supervise inmates in segregated housing indicated that inmates would have access to everything except a work assignment. They indicated that staff make rounds for education and programs weekly. The staff member indicated any limitations would be notated on a 292 form as well as in the logs. The interviews with inmates in segregated housing indicated that they participated in recreation and in cell education and programming, to include library. They indicated that they did not have a job assignment. They indicated that staff see them frequently, typically weekly.

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

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): 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 seven allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, four of which were closed. A review of those four investigations confirmed that all of the allegations were forwarded to SIS for investigation. Two of the investigations were completed within two weeks and were thorough and objective, while the other two were completed within 60 days and were thorough and objective. The interview with the investigator confirmed that an investigation is initiated immediately and as soon as he returns to work he begins the process. He indicated that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

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 nineteen 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 and he completes the NIC training annually.

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 seven allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, four of which were closed. A review of those four investigations confirmed that all included statements and interviews, however none required physical, DNA or electronic evidence collection. The interview with investigative staff indicated that he would ensure the inmate was safeguarded and begin his investigation. This would include interviews, evidence collection, photographs, medical assessments, mental health assessments, report writing and facts and findings. The investigator indicated that the investigation from start to finish would typically take five days.

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. The interview with the investigator confirmed that he would only conduct compelled interviews after consulting with prosecutors.

115.71 (e): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, 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 inmates 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 indicated they were never subjected to 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. Four 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 all facts and findings. The report would contain a memorandum, photos (if any), interviews, summary, initial allegation and a conclusion. The investigator indicated that he would review video evidence, TRUESCOPE logs and rosters to determine if staff actions or failure to act contributed to the 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 had 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 and include all factual findings as well as the conclusion of the findings. He indicated they would have all the same components as an administrative investigation except there may be additional information as it relates to staff to include phone calls and emails.

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 confirmed that if fact finding lead him to believe it occurred it would be referred for prosecution.

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. Four administrative investigations were completed within the previous twelve months. A review of those investigations indicated that the investigation was completed for all allegations. 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): P5324.12, page 45, indicates that the agency does not impose no 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 four sexual abuse or sexual harassment administrative investigations were completed within the previous twelve months. A review of these investigations indicated that all were completed with findings of unsubstantiated. A review indicated the findings were accurate based on the evidence. The interview with the investigator indicated that 51 percent (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 has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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): 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 six investigations completed within the previous twelve months. Upon further review it was determined that there were seven allegations in the previous twelve months, four of which were completed. Of the four closed investigations, three included victim notifications. The fourth victim reported at another facility and information was forwarded to the other facility to notify the inmate but no confirmation was available of the notification. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and that the verbal notification is then documented on a memo. 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 abuse indicated that one was notified of the outcome of the investigation, while three were not certain they would be notified but hoped they would. Of the four inmates interviewed, three had completed investigations with notifications documented as being completed.

115.73 (b): P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIA, OIG and FBI are responsible for criminal 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 three investigations completed within the previous twelve months by an outside agency. Upon further review it was determined that these three investigations were still open and were being conducted by OIA. Once completed OIA would forward the investigation to the facility for notification.

115.73 (c): 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 substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months, however none required notification.

115.73 (d): 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. The PAQ indicated that there have been substantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months, however none required notification.

115.73 (e): 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 six notifications made during the audit period. A review of documents indicated that only four investigations were completed with three documented notifications. The three notifications indicated that the inmates were verbally informed of the outcome of their allegation.

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): 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): 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

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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): 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 that in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

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 that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed in the facility. He also indicated that they may be referred to the FBI for prosecution.

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): 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 administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate 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. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that if the allegation was not criminal that a disciplinary hearing would take place and sanctions could include loss of good conduct, disciplinary segregation, transfer to another facility or transfer to a higher level of security. If it was criminal it could be referred for prosecution.

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. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary sanctions hearing.

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. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. 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): 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): 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. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): 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 ☒ NA

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Memo Related to Informed Consent
4. 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 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 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for the five 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 the same

day. Additionally, during a review of inmate files it was determined that six inmates were identified as potential predators or potential victims. All six of these inmates were referred and seen by mental health within fourteen days. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health typically immediately, but definitely within fourteen days. The interview with the inmates who disclosed prior victimization indicated that four of the five were offered mental health services after they disclosed during the risk screening.

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 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 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. No inmates were identified who reported to have previously perpetrated sexual abuse during the risk screening.

115.81 (c): This provision does not apply as the facility is not a jail but rather a federal prison.

115.81 (d): 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 practitioners 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 kept behind locked doors with limited access by staff.

15.81 (e): 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 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. Additionally, they indicated that victims under eighteen and vulnerable adults fall under mandatory reporting laws and they would be required to report any allegations from these individuals.

Based on a review of the PAQ, P5324.12, the memo from the Warden, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

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): 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 maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health area consisted of an emergency room area, numerous exam rooms, offices and one room for suicide observation. All areas were private and consisted of solid doors that allowed for adequate confidentiality. The interview with the inmates who reported sexual abuse indicate that all inmates were seen by medical. Four of the five inmates indicated that they were seen by mental health, and in fact three reported their allegations to mental health. Interviews with medical and mental health care staff

confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement.

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. The interviews with first responders indicated the inmates would be immediately separated, that evidence on the inmates would be preserved, the crime scene would be secured and the Operations Lieutenant would be contacted.

115.82 (c): 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 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 the same day as the allegation. The interview 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 sexual transmitted infection prophylaxis.

115.82 (d): 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 care 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. 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): 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 area consisted of an emergency room area, numerous exam rooms, offices and one room for suicide observation. The mental health area consisted of numerous offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality. A review of documentation indicated that all inmates who reported sexual abuse at the facility were referred and seen by mental health within 24 hours. Additionally, they were offered follow up mental health services after the initial consultation as part of their treatment plan.

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 documentation indicated that the three inmate victims who reported PREA allegations at the facility were seen by mental health within 24 hours. The interview with the inmates who reported abuse indicated that four of the five had seen mental health and in fact three had initially reported their allegation to mental health. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include ongoing treatment related to suicidal ideation, retaliation, depression, self-esteem, trauma reaction, etc., referrals to community services and transfer summary suggestions.

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): 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. However, this provision does not apply as the facility does not house female inmates.

115.83 (e): 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. However, this provision does not apply as the facility does not house female inmates.

115.83 (f): 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.

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. Three inmate-on-inmate allegations were made in the previous twelve months with a known inmate perpetrator. In all three instances the alleged perpetrator was referred and seen by mental health within the required 60 days. Interviews with medical and mental health staff confirm that inmate on inmate abusers would be offered mental health services.

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 care 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): 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 CM 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 six reviews were completed within the previous twelve months. Further review indicated that only four investigations were completed within the previous twelve months. Of the four allegations, one was a sexual harassment allegation and did not require a review. The remaining three were unsubstantiated and required reviews. Two of the three abuse allegations had completed sexual abuse incident reviews. The third was not completed as the allegation was reported at a different facility and as such the team had an oversight related to the review. It should be noted that three reviews were completed however, as one was completed for the sexual harassment allegation. Of the three reviews, two were completed within the 30-day time frame. One was completed within 60 days and included a written request for an extension to the Warden, which was approved.

115.86 (b): 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 six reviews were completed within the previous twelve months. Further review indicated that only four investigations were completed within the previous twelve months. Of the four allegations, one was a sexual harassment allegation and did not require a review. The

remaining three were unsubstantiated and required reviews. Two of the three abuse allegations had completed sexual abuse incident reviews. The third was not completed as the allegation was reported at a different facility and as such the team had an oversight related to the review. It should be noted that three reviews were completed however, as one was completed for the sexual harassment allegation. Of the three reviews, two were completed within the 30-day time frame. One was completed within 60 days and included a written request for an extension to the Warden, which was approved.

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 consists of upper management officials, with input from line supervisors, investigators and medical and mental health. 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 three reviews indicated that upper management leadership, 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, medical 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 CM 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 three reviews indicated that all required components are included in the review. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the reviews assist with managing incidents. The staff will determine if anyone needs moved, if there are any flaws in security practices, any issues with the physical plan and if there are any recommendations or needed corrective action.

115.86 (e): 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. A review of the three incident reviews indicated that a section exists for recommendations and corrective action.

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 CM 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 at minimum, 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 at minimum, 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 eleven privately operated low security facilities.

115.87 (f): P5324.12, page 55 and the PAQ indicated that the agency provides the Department of Justice with 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 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. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The CM indicated that the facility provides data monthly that is utilized to compile an annual report. The annual report is utilized at the facility to assess practices. 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 CM, 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 first year of the three-year cycle.

115.401 (h) – (m): 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

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):

115.403 (a). The facility was previously audited on May 2-4, 2017. The final audit report is publicly available via the website until the current audit report replaces it, but can always be obtained via a public records request.

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.

Kendra Prisk _____

____ April 8, 2020 _____

Auditor Signature

Date

