

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

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

Date of Final Audit Report: April 19, 2021

Auditor Information

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Company Name: PREA Auditors of America	
Mailing Address: PO Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 407-709-2830	Date of Facility Visit: March 2 – 4, 2021

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:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: M.D. Carvajal, Director
Email: BOP-RSD-PREACoordinator@BOP.GOV
Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator	
Email: BOP-CPD/PREA COORDINATOR@BOP.GOV	Telephone: 202-616-2112
PREA Coordinator Reports to: Sonya Thompson, Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information			
Name of Facility: FPC Bryan			
Physical Address: 1100 Ursuline Ave		City, State, Zip: Bryan, TX 77803	
Mailing Address (if different from above): PO Box 2197		City, State, Zip: Bryan, TX 77805	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input checked="" type="checkbox"/> Other (please name or describe: PREA) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: AAAH in June 2017; PREA in May 2018			
Warden/Jail Administrator/Sheriff/Director			
Name: Tonya Hawkins			
Email: BRY/PREAComplianceMgr@bop.gov		Telephone: 979-823-1879	
Facility PREA Compliance Manager			
Name: Karen Street			
Email: BRY/PREAComplianceMgr@bop.gov		Telephone: 979-823-1879	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Cassidy Brown			
Email: BRY/PREAComplianceMgr@bop.gov		Telephone: 979-823-1879	
Facility Characteristics			
Designated Facility Capacity:		747	
Current Population of Facility:		585	

Average daily population for the past 12 months:	823	
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 checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20 - 73	
Average length of stay or time under supervision:	543.8 days	
Facility security levels/inmate custody levels:	Minimum / Community / Out	
Number of inmates admitted to facility during the past 12 months:	707	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	599	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	577	
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	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input 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:	128	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	10	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	66	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	24
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
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 checked="" type="checkbox"/> Yes <input 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:)
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: Click or tap here to enter text.) <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 (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Onsite Audit Phase

The Prison Rape Elimination Act (PREA) recertification audit for Federal Prison Camp (FPC) Bryan in Bryan, Texas, was conducted on March 2-4, 2021. The audit was performed to determine continued compliance with the Prison Rape Elimination Act Standards. FPC Bryan is one of the 122 Federal correctional institutions operated by the Federal Bureau of Prisons (BOP). The audit was performed by James Kenney, a Department of Justice (DOJ) certified PREA auditor and was conducted through a third-party entity as a contractor. The auditor 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 (PAOA), and not directly by the auditor. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-onsite audit, onsite audit, and post audit review. The third-party contract assigns the auditors after the contract was executed and clearly identifies the lead auditor's responsibilities. This was FPC Bryan's third PREA audit, having completed an audit in each of the prior two audit cycles.

On 01/28/21, the auditor conducted an audit kickoff meeting by video conference with the assigned point of contact for the Bureau of Prisons, a Management Analyst from the Federal Bureau of Prisons External Auditing Branch. The Management Analyst (MA) will remain the point of contact (POC) for the audit and will be present to assist the auditor at the institution for the onsite portion of the audit. During the call, the auditor provided the MA information about the audit process, timelines, and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit, and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the institution, documents, and the staff. The auditor also explained the corrective action process and the auditor's responsibility to work with the institution to complete a corrective action plan to gain compliance within the time period, if corrective action were necessary. The MA was also provided the audit process map for review. The MA explained that the Pre-Audit Questionnaire (PAQ) and all other necessary documents would be uploaded through the contractor's file sharing site once they were available and would obtain all information needed throughout the audit process. The auditor explained the need to have the required audit notice posted throughout the institution and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates to the auditor through the address listed on the audit notice posted. The auditor requested that the notice be printed on color paper in two languages, English, and Spanish. The MA agreed to provide photos of the posted audit notice at various places throughout the institution to the auditor prior to the onsite audit.

The institution posted the required audit notice throughout the institution on 10/08/2020 and photos showing the posted audit notice in several areas of the institution were uploaded to the sharing site for the auditor to review. The notice was printed in both languages. The auditor will confirm the posting of the notice during the onsite review.

On 02/14/21 the auditor completed the documentation review and found no missing documentation. The auditor notified the MA there were no open issues at this time. The auditor requested the following additional documentation from the institution:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

In addition, the auditor requested comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. These lists were prepared and ready for the auditor on the first day of the onsite audit:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Youthful inmates
3. Inmate with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

The MA provided the auditor with written agency-level interviews that will be utilized to determine compliance with the standards.

The Federal Bureau of Prisons (BOP) is well-versed in performing these PREA audits and provided the auditor with unrequested documentation through the file sharing site. This documentation included the agency-level documentation as well as the FPC Bryan documentation for the 12 months prior to the onsite audit.

The auditor performed an independent internet search for FPC Bryan, which provided a handful of news stories from 2020. None of those stories were related to sexual abuse or sexual assault. There were several stories posted to the Federal BOP website regarding Covid-19 testing of inmates and steps taken to maintain sanitation and cleaning at Federal institutions across the Country.

The auditor viewed the BOP website and under the Custody & Care page, the auditor located a page dedicated to Sexual Abuse Prevention. This page described the Federal BOP zero-tolerance policy against sexual abuse and the commitment to respecting and protecting the rights of its incarcerated population. The page includes a required statement about the law, the agency's PREA policy, and the Federal Bureau of Prisons Annual PREA Report for 2019. The page also includes a third-party reporting form that is available for the public to complete on behalf of an inmate.

The State of Texas has no mandatory reporting requirement of sexual abuse in a correctional institution but does have a law that requires the mandatory reporting of abuse of vulnerable and elderly adults.

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the FPC Bryan. They showed no information that referenced the institution.

The auditor received no written communication from inmates or staff at FPC Bryan through the advertised mailbox prior to the onsite phase of the audit.

Onsite Audit Phase

The auditor arrived at FPC Bryan on 03/02/21 and attended a short entrance briefing in the administration building with Warden T. Hawkins, the Associate Warden/PREA Compliance Manager K. Street, the Captain, the Chief Psychologist, Case Management Coordinator, Health Services Administrator, and the Management Analyst. The auditor received a short security briefing from staff, and we discussed the schedule for the week. The auditor explained the onsite audit was intended to observe the operations of the institution and assess the day-to-day practice of the staff's interaction with inmates and the promotion of the overall sexual safety. The auditor stressed that the onsite review was intended to confirm the institution's compliance with the PREA standards, which the auditor believed the institution was already meeting. The auditor was provided with an alphabetical list of staff members. The auditor randomly selected fifteen staff members, five from each of the three shifts, and gave the list to the Associate Warden. This list was also provided to a Human Resource staff member so the auditor could review background checks and training records. The auditor also randomly selected inmates from each of the four housing units to interview, by selecting every fourth inmate in each unit. The auditor was notified that the inmate count on the first day of the onsite audit was 531.

Federal Prison Camp Bryan is a minimum-security institution housing only female inmates over the age of 18. The institution has four housing units, each designed to house up to 200 inmates, which are enclosed in two main buildings. Each building houses two units with a central entry way. At the time of the audit, the units were well under capacity. Each housing unit is designed in the same layout, a two-story unit, with dry cells, no doors on the cells, restrooms and showers at each end of the building upstairs and downstairs, and a large open dayroom. The housing unit is a large rectangular unit, which provides for wide open site lines, thus limiting the opportunities for blind spots for staff in the unit and on camera view. Each unit has cameras at both ends of the unit as well as the center, looking to the left and right.

The auditor began the site review in the housing units. The first unit is RDAP, the residential drug abuse program. The inmates assigned to this unit are nearing their release date and are participating in the intensive drug treatment program. The auditor viewed a wide-open dayroom and saw the institution's zero-tolerance signs posted on the bulletin boards. The auditor also noted the required audit notice posted in two languages. There are several stations in the dayroom with computers where inmates can access email, education, the inmate handbook, and other information. There are other stations for inmate visitation set up with a privacy screen. The cells are double bunked, with no sinks or toilets, a table, and no door, but a clear curtain hanging from the ceiling. The auditor entered the restrooms and showers and noted several toilets separated by tall enclosures with a door that latched closed for privacy. The showers were also separated by enclosures with a door that latched and could be closed when the inmate was undressing and dressing. Further inside, the shower stall itself had a shower curtain for privacy. The auditor spoke with the unit manager, who explained that inmates were required to dress in the bathroom areas and were not allowed to completely undress in any other area of the housing unit. This rule prevented the opportunity for full nudity in front of staff members of the opposite gender.

The auditor observed janitorial closets and storerooms unlocked and with doors propped open. The auditor also observed a room with exercise equipment. Inmate telephones were near the entrance to the housing unit. The auditor checked the phones and found them operational. On the second day of the onsite audit, the auditor had two different inmates make a test phone call to the national PREA hotline from the inmate phones and the call connected without a problem. The inmates explained that the auditor was making a test call for the PREA audit and asked that the call be reported back to the auditor.

The auditor completed the site review for each of the other three housing units, Madison, Brazos One, and Brazos Two, and found the same physical layout, characteristics, and zero-tolerance signage, as well as the required PREA audit notice.

During the site review of the four housing units, staff loudly announced the entrance of a male entering the housing unit before the auditor entered each time. Prior to entering any of the restroom and shower areas, staff made the same announcement and asked that the auditor wait for clearance. It was explained that this was necessary, as this was the only place where the female inmates were allowed to dress and undress. The auditor had informal conversations with several inmates throughout the site review of the units. Each of the inmates approached the auditor pleasantly and easily explained the zero-tolerance policy and how to report allegations of sexual abuse or sexual harassment if there was a need to do so. The inmates expressed that they felt very safe at FPC Bryan and described the rules about not undressing in the cells, only in the restroom areas. The auditor also spoke informally with several officers in the housing units. They described rounds made by supervisors several times daily, as well as rounds at least once per week in each of the housing units by the Warden. The auditor was told that staff do physical safety rounds every 30 minutes day and night in all units.

The auditor then continued the site review by reviewing the operations areas of the institution. First was the Facilities building, where the facilities and maintenance staff were located. The building has several large rooms, equipment storage, tool storage, and large construction tools. The auditor observed inmate workers performing tasks. There were mirrors throughout the building to assist staff in maintaining visual of inmates. Staff and inmates confirmed for the auditor that rules provided for male facilities staff to always remain in the building with at least two inmates at a time and never only one inmate. Inmates moved in and out of the building throughout the day to assist staff in performing maintenance tasks throughout the institution.

The Warehouse was reviewed next, where the institution stores dry goods. The auditor observed inmates learning skills such as driving a forklift. PREA zero-tolerance signs were clearly visible in the warehouse. The office area was off limits to inmates other than the inmate assigned as the clerk. Cameras were visible throughout the warehouse to ensure a visual of inmates at all times.

The auditor then viewed the Garage, where the institution performs maintenance of their vehicles. Inmate workers perform much of the work under the instruction of staff. The auditor was told that at least two inmates must remain in the garage at a time. The tool room was locked and only one inmate assigned to the room was allowed inside.

The auditor then toured the building housing UNICOR. This is a large warehouse size telephone call center. Currently, UNICOR provides telemarketing opportunities for twelve customers at FPC Bryan. These jobs are extremely competitive and are highly sought after by the Bryan inmates, as they pay higher than most other prison-industry jobs and their clients have a tendency to track the progress of the employees and will often lead to a future job position after release from BOP. The auditor considers this type of inmate programming to be a highly effective opportunity to provide additional sexual safety in the institution. Since the competition for UNICOR jobs is so high, inmates will avoid activities, such as sexual misconduct, to remain on the active work list to either keep their job or remain on the waiting list. The auditor noted a large PREA/sexual safety painting in the center of the UNICOR building. The auditor met with three inmates who were completing their orientation at UNICOR. They told the auditor that they would purposely avoid getting any type of discipline just to stay at UNICOR. They all said they had waited for the job for several months. The building has several cameras and mirrors throughout to maintain proper visual of inmates and staff.

Next, the auditor entered the food service building, where the inmate dining area, the kitchen, and the staff dining areas are housed. In the kitchen area, the auditor noted an extremely clean cooking area

and storage area. The auditor met with the food service manager who walked with the auditor through the kitchen area. The auditor observed the coolers and freezers to be locked, preventing inmates from entering without proper supervision. The auditor was told that the food service foreman is always present if the coolers are left unlocked during active food preparation. The dry goods storage room was staffed by two inmate workers. They politely answered the auditor's questions and explained that they were always under the view of the camera and no other inmates were allowed in the area. The boxes in the room were stocked at an appropriate height to maintain a clear visual with the cameras and mirrors leaving no blind spots in the room. Cameras were visible in each of the separated cooking areas of the kitchen. The inmate dining area was not in use due to the ongoing national pandemic, but there were no blind spots visible. The staff dining area was not open to inmates and not a safety concern. PREA signs and the audit notice were posted in the food service building.

The auditor then entered the Education building for the site review. The auditor was introduced to the four staff members, who proudly described their unit as scoring highly nationally in the number of inmates passing the General Educational Development (GED) testing. Again, the auditor considers this focus on programming for inmates to add to overall sexual safety, as it provides activities that eliminates free time when inmates could or would engage in improper behavior. Although much of the Education building is not in use due to the ongoing pandemic, the GED testing is still performed in two rooms. All of the rooms are fitted with cameras and there are mirrors throughout the building to provide additional viewing.

The auditor then visited the Hobby Craft building. This small crafting building is not utilized much at this time due to the pandemic, but the auditor confirmed that there are no blind spots and staff are required to be present at all times when inmates are inside.

The auditor then moved to Psychology Services in the next two buildings. First was the Trauma Treatment center. Here the auditor met the doctor who leads the intensive program for inmates identified with post-traumatic stress disorder (PTSD). The auditor was shown several testing rooms as well as therapy rooms. Each of the rooms has a camera and open site lines. The program is very structured, and boundaries are well explained to staff and inmates. Inmates are not allowed to enter staff offices for safety.

The main Psychology Services offices are in the next building. Group therapy rooms, the psychology services library, and a video library are all in this building, as well as the staff offices. As in the other building, cameras are visible, as well as mirrors. If staff meet with inmates here, the doors are closed, but there must always be at least one other person in the building. The male psychologist performs his face-to-face meetings with the inmates in the housing unit training rooms, which have large windows to provide safety for both he and the inmate.

The auditor then moved to the ICC building, which is staff training, administrative, and social building. This is typically not an inmate area. During this national pandemic, however, the institution was utilizing one separate classroom area as a quarantine room for inmates prior to their release from the institution. The auditor verified that inmates were safely housed here in a room with clear sight lines and privacy in the restroom and showers. Inmates are held here for no more than 15 days during their last 15 days of incarceration. All other areas of the building are non-inmate areas and were not toured.

Next the auditor reviewed the institution's chapel building. Most of the building was currently in use for quarantine during the national pandemic, so the auditor was not able to tour that section. That section consists of the chapel and other classrooms and offices. The auditor visited the chaplain's administrative office area. The auditor confirmed that inmates were not allowed to meet one-on-one with the male chaplain staff in this area. There was a large mirror installed here to provide assistance with viewing. The auditor discussed with the chaplain's staff the requirements for approval as a

religious volunteer, the requirements for PREA education, and the tracking of this education. This will all be discussed in the standard later in this document.

The auditor then toured the institution's control room. This is also a non-inmate area. The auditor reviewed the institution's video monitoring system, which is based in the control room. The control room operator showed the auditor the cameras available and the auditor verified that there was no camera that provided for a view of any restroom, toilet, or shower. Most cameras have the ability to pan and zoom, providing a great amount of viewing opportunities, however, the auditor could not see any violations of cross-gender viewing, even if the control room officer is a male. The auditor was told that there are over 100 cameras operational and there is a retention period of approximately 24 days. Other than the officers stationed in the control room, the Warden, Associate Warden, Captain, and Lieutenants have access to the video monitoring system to watch live video and to review recorded video.

The auditor was then escorted to the visitation building. Visitation is open for inmates on weekends and on Federal holidays only. The auditor was shown the visitation process and how inmates are searched prior to and after visitation. Strip searches of inmates, if necessary, are completed in a private room by a female officer only. The large visitation room has mirrors installed to allow for additional viewing.

The auditor then toured the Receiving and Discharge building. This building is utilized to process new intake inmates into the institution and process the release of inmates from the institution. The auditor asked several questions and then asked to be processed as a new intake inmate. The auditor was shown the pat search and strip search process, which is performed in a side room, behind a curtain, performed by a female staff member only. The auditor was then provided with intake paperwork, which includes the initial risk screening information, a medical questionnaire, mental health paperwork, and the Inmate Admission & Orientation Handbook (A&O Handbook). The auditor was asked risk screening questions, social screening questions, medical screening questions, registered in the inmate management system in the computer, then met with a medical practitioner for a medical screening, prior to being cleared for escort to a housing unit. The auditor clarified that each inmate would be processed in this same manner and was told that each inmate must complete the same process and complete the same documents and confirm in writing the receipt of the risk screening, the zero-tolerance education, and the Inmate A&O Handbook.

The auditor next toured the institution's medical building. The medical building does not have an infirmary or medical housing. There are two isolation cells that can be utilized for short holding, but any medically necessary treatment that requires separate housing is performed at a local hospital. Medical services, laboratory services, dental care, and mental health services are available seven days a week through the medical department. After-hours care is handled by on-call staff or staff will contact emergency services based upon the situation. Any services not available by onsite staff is provided to inmates by local providers. Most of the medical staff members are institution staff members, but several job positions are contractors. The auditor confirmed that all contractors have received the required PREA education. The medical building has numerous cameras and mirrors located throughout to provide adequate viewing of all areas, without seeing inside the treatment rooms.

The auditor toured the Operations building, where the shift lieutenant's office is located. The lieutenant is the first point of contact for any PREA report. There are only offices located in this building with no concerns for sexual safety.

The auditor next reviewed the Cosmo building, which is the institution's instructional hair salon. This is a fairly open room with several salon stations. There are adequate mirrors in this large open room and education staff is always on duty while inmates are present for learning and practice.

The auditor then visited the laundry area. The institution has mirrors installed to provide viewing behind the large machines. The inmates explained to the auditor that they are always under the supervision of a staff member while working. Staff will not allow only one inmate to work with only one staff member. There must be at least two inmates or at least two staff members present.

The last building toured by the auditor was commissary. Cameras and mirrors are installed in the main room and the storeroom in the back. Inmates must be escorted to the back storeroom. Inmates are in plain sight while working in the main room and the exterior doors to the main room are secured, preventing other inmates from entering the commissary.

Following the full site review of the institution, the auditor returned to the administration building, which is outside the secure perimeter of the institution. The administration building is generally a non-inmate area, but an inmate worker comes to the building to clean offices and empty trash cans. The inmate has instructions not to enter offices alone with staff members.

Throughout the site review, the auditor talked with several inmates and asked questions about the safety of the inmates and cross-gender announcements. Each inmate the auditor addressed was respectful and stated that male staff members always make the announcement prior to entering the housing unit. The inmates were also clear that they were able to shower and change clothes without being in view of male staff. They also understood the zero-tolerance policy and knew how to ask for help if it was necessary.

The auditor also spoke to several staff members and was greeted respectfully each time. The staff could clearly explain their role in the prevention, detection, and response to allegations of sexual abuse and sexual harassment allegations.

The auditor confirmed with the health services administrator that forensic medical examinations for inmates at FPC Bryan are performed at a local hospital. The hospital has a SANE nurse on duty at all times and is prepared to perform the examination. The auditor contacted the St. Joseph's Hospital and spoke with the charge nurse in the emergency room and confirmed the presence of a SANE nurse. She also confirmed that sexual assault examinations are performed there in consultation with local law enforcement. Following the examination, staff at the hospital would provide a treatment plan for testing, follow-up, and prophylactic medications, which would be provided to the institution. The institution medical staff would follow the treatment plan upon return to the institution.

The auditor interviewed the Warden's Executive Assistant to confirm the institution's grievance procedures for inmates. For the BOP, grievances are called administrative remedies. Inmates complete written forms on multiple copy forms, keep a copy for themselves, and turn in the form in their housing unit. The forms are picked up daily in the housing unit and delivered to the administrative building, where the administrative assistant documents the administrative remedy and forwards it to appropriate staff member to review. Once reviewed and thoroughly investigated, the remedy is forwarded to the Warden, who will provide a formal response. The response is then sent to the inmate. This must be completed within 20 days. Administrative remedies related to sexual abuse and sexual harassment are considered emergency remedies and are handled immediately by staff. Response must be completed within five days.

The auditor met with a staff psychologist and a case manager, who performed a risk screening with the auditor. It was explained that the risk screening is a two-step process, always performed at intake for inmates, either the day they arrive or the next day. The case manager and the psychologist each interview the inmate and complete part of the screening. The questions on the risk screening meet the information required under the standard. Staff from Psychology Services perform a second risk screening within fourteen days of the inmate's arrival at FPC Bryan and responses are compared to the

initial screening. Any concerns noted are immediately forwarded to the Unit Team for review. The Unit Team performs a reassessment of each inmate every six months. This reassessment is also completed for each transgender inmate every six months.

Inmate Interviews

The auditor conducted random and targeted inmate interviews in small conference rooms outside each of the four housing units. Based on the inmate population of 531 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted interviews are required. The chief psychologist and the health services administrator facilitated the interviews of all inmates privately in the conference rooms. The auditor conducted the following inmate interviews during the onsite phase of the audit:

Category of Inmates	Interviews Conducted
Random Inmates (Total)	17
Targeted Inmates (Total)	13
Total Inmates Interviewed	30
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with physical disability	2
• Inmates who are blind, deaf, or hard of hearing	1
• Inmate who are LEP	0
• Inmates with a cognitive disability	1
• Inmates who identify as lesbian, gay, or bisexual	1
• Inmates who identify as transgender or intersex	2
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	1
• Inmates who reported sexual victimization during risk screening	5
Total Number of Targeted Inmate Interviews	13

The institution provided the auditor with a complete list of inmates for each of the targeted categories for interviews. The auditor randomly selected inmates from each list and provided those names to the institution during the entrance briefing. It is important to note that the institution's risk screening and medical evaluation perfectly captures each of the traits necessary to identify inmates needed for these targeted interviews. In this manner, the institution is also able to ensure proper education for those inmates that might need assistance as well as properly identify those inmates that may be vulnerable to sexual abuse or sexual harassment in the institution.

The auditor was also provided a list of inmates housed in each housing unit. The auditor randomly selected every fourth inmate in each unit for the random inmate interviews, interviewing at least four inmates from each unit. All interviews were completed using the Department of Justice interview protocols.

Staff Interviews

The auditor conducted interviews with institution and agency leadership and are not counted in the totals below:

Warden Tonya Hawkins, Institution Warden
M.D. Carvajal, Director, Agency Head
Jill Roth, Agency PREA Coordinator

The auditor conducted the following interviews with institution staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (Total)	12
Specialized Staff (Total)	19
Total Staff Interviewed	31
Breakdown of Specialized Staff Interviews:	
• Intermediate- or higher-level institution staff	1
• Institution PREA Compliance Manager	1
• Medical and mental health staff	2
• Non-medical staff involved in cross-gender strip searches	1
• Human resources staff	1
• SANE staff	1
• Volunteers and Contractors who have contact with inmates	1
• Investigative staff	1
• Staff who perform screening for risk of victimization	3
• Staff who supervise inmates in segregated housing	0
• Incident review team	1
• Designated staff member charged with monitoring retaliation	1
• First responders, custody staff	1
• First responders, non-custody staff	0
• Line staff who supervise youthful inmates	0
• Education and program staff who work with youthful inmates	0
• Intake staff	1
• Mailroom Staff	1
• Training Supervisor	1
• Grievance coordinator	1
Total Specialized Interviews	19

The institution supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. The institution lists 66 volunteers and 8 contractors on their approved entry list. There were no volunteers available to interview due to the ongoing coronavirus emergency. Information regarding volunteers was confirmed through other interviews and is reviewed under that standard discussion later in this document. For random staff interviews, the auditor selected four staff members from each of the three custody shift rosters. Random staff interviews were conducted in a private

setting, in the administration area. The specialized staff interviews were conducted in the same manner. All interviews were completed using the Department of Justice interview protocols.

Document Sampling and Review

The institution provided the auditor the requested listings of documents, files, and records. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

Name of Record	Number Reviewed
Employee Files	8
Inmate Files	10
Investigation Files	3
Total Files	21

Employee Files: The auditor was provided eight employee records that included hiring information and training records that were randomly selected by the auditor from the alphabetical list of staff members.

Inmate Files: The auditor reviewed ten inmate files that were selected to match the risk screening records that were provided to the auditor during the pre-audit and site review.

Investigation Files: During the previous 12 months, there were a total of three allegations of PREA related misconduct at the institution and each of the investigations were closed and completed. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. There was one substantiated allegation of sexual misconduct. There were no reports of criminal investigations for any of the investigations. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded	Investigation Ongoing
Inmate-on-inmate abusive sexual contact				
Inmate-on-inmate nonconsensual sexual act	1	1		
Inmate-on-inmate sexual harassment				
Staff-on-inmate sexual misconduct			1	
Staff-on-inmate sexual harassment				
Total Allegations	1	1	1	0

The investigations were provided to the auditor for review, to demonstrate compliance with the standards. The investigation files were complete and included detailed victim and suspect interviews, evidence descriptions, incident reports, medical and mental health records, retaliation monitoring documentation, investigation memorandums, and sexual abuse incident reviews. Each investigation was completed promptly and thoroughly.

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the Warden, the Associate Warden, the MA, and the rest of the staff that was present at the opening meeting. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor presented an overall positive report from the onsite review. The auditor expressed to the

Warden and her team his thanks for the cooperation of the entire staff during the onsite visit. All the staff appeared to be very well educated on PREA and they were all friendly and respectful. The auditor explained that the institution's broad focus on reentry and programming designed to provide inmates with skills beneficial to the inmate's success following their release, all support the institution's efforts to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The competitive opportunities for jobs, programs, and therapy at FPC Bryan provide the inmates with incentive to maintain good behavior and avoid acts of misconduct that would prevent removal from these opportunities. This all leads to a higher level of sexual safety at the institution. The auditor was impressed with the cleanliness of the institution and the cooperation of the entire team to complete with the audit. The auditor appreciated the cooperation of everyone to assist in the onsite portion of the audit.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested some minor additional documentation from the MA to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to promptly complete the review.

The auditor did not receive any correspondence from staff or inmates through the advertised auditor mailbox.

The auditor utilized the auditor compliance tool to assist in the review of the policies and procedures, documentation and data, interview notes, and site review notes to triangulate the results of each of the standards to confirm compliance or non-compliance. Final results were uploaded into the Online Audit System and a final report was submitted to the PREA Resource Center and to the Federal Bureau of Prisons.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Federal Prison Camp Bryan is located at 1100 Ursuline Avenue, Bryan, Texas. The institution is operated by the Federal Bureau of Prisons, one of 122 institutions overseen by Director M.D. Carvajal and Agency PREA Coordinator Jill Roth. FPC Bryan was activated in 1988. The institution currently employs 128 personnel, who all work under the leadership of institution Warden, Tonya Hawkins. Institution leadership consists of an Associate Warden and a Captain. There are three custody shifts. The Bureau of Prisons (BOP) requires that all institution staff members complete Introduction to Correctional Techniques (ICT), so all staff are correctional workers first.

FPC Bryan houses female inmates only with an age range of 20 to 73. The institution does not house youthful inmates. The average daily population for the last 12 months is 823, with an average length of stay of 544 days. There were 707 inmates admitted to FPC Bryan over the last 12 months and 599 whose length of stay was for 72 hours or more. The designated institution capacity is 747.

The institution has two buildings dedicated to housing with each building holding two housing units, separated by a central entry way. Each housing unit is designed in the same layout, a two-story unit,

with dry cells, no doors on the cells, restrooms and showers at each end of the building upstairs and downstairs, and a large open dayroom. The housing unit is a large rectangular unit, which provides for wide open site lines, thus limiting the opportunities for blind spots for staff in the unit and on camera view. Each unit has cameras at both ends of the unit as well as the center, looking to the left and right. The cells are double bunked, with no sinks or toilets, a table, and no door, but a clear curtain hanging from the ceiling. The restrooms and showers each have several toilets separated by tall enclosures with a door that latches closed for privacy. The showers are also separated by enclosures with a door that latches and can be closed when the inmate is undressing and dressing. Further inside, the shower stall itself has a shower curtain for privacy. The inmates are required to dress in the bathroom areas and are not allowed to completely undress in any other area of the housing unit. This rule prevents the opportunity for full nudity in front of staff members of the opposite gender.

The institution has a total of 24 buildings. Ancillary service buildings for UNICOR, Food Service, Garage Services, Facilities, Warehouse, Education, Chaplain, and Visitation are all on the institution's property. Each of the buildings is well-maintained and built in a wide-open floor plan, providing for no blind spots and easy sight lines for staff and video monitoring.

The institution has a large mental health and Psychology Services presence. There is a clear focus on the health of the inmate at the institution, physically and mentally. Besides basic mental health care, the institution provides an intensive recovery care program, a residential drug abuse program, and group counseling services.

The medical building does not have an infirmary or medical housing. There are two isolation cells that can be utilized for short holding, but any medically necessary treatment that requires separate housing is performed at a local hospital. Medical services, laboratory services, dental care, and mental health services are available seven days a week through the medical department. After-hours care is handled by on-call staff or staff will contact emergency services based upon the situation. Any services not available by onsite staff is provided to inmates by local providers. Most of the medical staff members are institution staff members, but several job positions are contractors.

Inmate visitation is available on weekends and on Federal holidays. Visitation is held in a large open room, under direct watch of a correctional officer. There are signs in the visitation area for the public to view the institution's zero-tolerance policy regarding sexual assault and sexual harassment as well as the information for them to report allegations of sexual abuse.

The food service building, where the inmate dining area, the kitchen, and the staff dining areas are housed, is extremely clean in the cooking and storage area. The auditor met with the food service manager who walked with the auditor through the kitchen area. The coolers and freezers were locked, preventing inmates from entering without proper supervision. The dry goods storage room was staffed by two inmate workers. The boxes in the room were stocked at an appropriate height to maintain a clear visual with the cameras and mirrors leaving no blind spots in the room. Cameras were visible in each of the separated cooking areas of the kitchen. The inmate dining area was not in use due to the ongoing national pandemic, but there were no blind spots visible. The staff dining area was not open to inmates and not a safety concern.

FPC Bryan provides the inmates with access to several work opportunities and programs to meet their mission of reentry. The institution requires all inmates to hold a job and participate in one of the programs. This action leads to better sexual safety at the institution by keeping the inmates busy and providing a reason to avoid misconduct to maintain their job or program. Some of the many programs and educational opportunities available at FPC Bryan include UNICOR, Facilities Construction, Horticulture, GED classes, Parenting programs, post-secondary education, Cosmetology, and hobby craft classes.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: 115.65

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 2. Federal Bureau of Prisons Organizational Chart
2. Interviews:
 1. PREA coordinator
 2. PREA compliance manager

Findings (by provision):

115.11(a). The Federal Bureau of Prisons and Federal Prison Camp Bryan has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided Program Statement (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, which outlines their zero-tolerance sexual abuse policy. The PS clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the institution in compliance with this provision.

115.11(b). The agency has designated an agency-wide PREA coordinator, Jill Roth, who reports to the Reentry Services Division, Assistant Director of the Federal BOP. The agency's organizational chart was provided for review and shows the PREA coordinator's position in the Reentry Services Division of the BOP. There is no question as to the authority level of the PREA coordinator at this agency. The National PREA coordinator develops, implements, and oversees the Bureau's compliance with PREA. The Bureau appoints a Regional PREA coordinator to ensure policy guidelines are addressed in institutions within each region. The National PREA coordinator provides oversight to all the Regional coordinators. Based on the information in the PS, discussion with the Associate Warden, and the organizational chart the auditor understands the PREA coordinator has both the time and authority necessary to be successful and meet the standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.11(c). The agency has designated a PREA compliance manager to handle the responsibilities at their correctional facilities. The Warden at each institution must assign an Institution PREA Compliance Manager (IPCM), who except in rare circumstances will be an Associate Warden. At FPC Bryan the IPCM is Associate Warden Street. The IPCM maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program and must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified by the agency's Program Statement. Through an interview with the IPCM, the auditor was able to determine the IPCM clearly understands her role and is well educated on the PREA standards. The IPCM indicated that there was sufficient time to complete duties as the IPCM, as it was a required part of the Associate Warden's responsibilities. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. (PS) 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 1. Agency Contract Administrator

Findings (by provision):

115.12(a) The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement states, “The Bureau must ensure its contracts with secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers include their obligation to adopt and comply with the PREA standards. Privatization Management Branch and Residential Reentry Management Branch field staff must include PREA compliance monitoring within their scheduled contract monitoring activity” (p. 14).

The auditor was provided written interview responses from the Bureau’s Contract Administrator. In this interview, the administrator confirmed that all BOP contracts with private contract facilities includes the following contract language, “The contractor shall develop policy and procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent detect and respond to prison rape as contained in *28 CFR Part 115, National Standards To Prevent, Detect, and Respond to Prison Rape; Final Rule*, dated June 20, 2012.” The administrator went on to say that the Bureau monitors the contractors to ensure appropriate adherence to the national standards and regulations. The auditor was provided copies of three contracts showing the inclusion of the PREA requirements in their contracts in 2013. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.12(b) In the agency’s contract administrator interview, the administrator stated that each contractor is required to notify the BOP of any PREA allegation and forward a copy of the allegation, the investigation, and the findings to BOP oversight staff for review. BOP oversight staff will review any PREA allegation to ensure compliance with PREA requirements. Such reviews are reflected on monitoring reports. Additionally, at least once a year the BOP’s Quality Assurance Program conducts a review of all of each contractor’s PREA allegations to determine contract compliance. Ten of the Bureau’s twelve private contract facilities have undergone at least an initial national PREA certification, with subsequent recertifications every three years. Compliance results were submitted to the Bureau timely. Two new contracts were awarded in May 2019, and those contractors had scheduled their PREA compliance audits at the time the interview was written. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative

agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 2. Annual Salary/Workforce Utilization Plan FY21
 3. **FPC Bryan Institutional Duty Officer Unannounced Institution Rounds**
2. Interviews:
 1. PREA Coordinator
 2. Agency Head
 3. Random Inmates
 4. Random Staff
 5. Specialized Staff
3. Site Review Observations:
 1. Control room (electronic monitoring)
 2. Programs and work areas
 3. Housing units

4. Kitchen
5. Health services

Findings (by provision):

115.13(a). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The PS states that the Human Resource Management Division and Administration Division must consider PREA factors and safety, in general, when allocating overall staffing resources. At each institution, the Salary/Workforce Utilization Committee Meeting Minutes are utilized to monitor staffing and constitute the institution's Staffing Plan. The auditor was provided FPC Bryan's Committee Meeting Minutes for the prior 12-month period.

The staffing plan mandated in this provision must take into account 11 considerations:

1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Bureau creates posts throughout the BOP in line with national correctional practice and was developed based on direction from the National Institute of Corrections (NIC) and US Department of Justice's "Guidelines for the development of a security program".
2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – There are no judicial findings of inadequacy at FPC Bryan.
3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – FPC Bryan has not had any findings of inadequacy from any Federal investigative agency.
4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – There have been no findings of inadequacy from any internal or external oversight bodies at the Bureau.
5. Provision 115.13(a)(5) – All components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) – The Annual Salary/Workforce Utilization Meeting reviews all PREA-related concerns as part of the meeting. There are no noted concerns for the institution's physical plant.
6. Provision 115.13(a)(6) – The composition of the inmate population – The review considers the inmate population and understands that there are no concerns related to segregated housing, youthful inmates, security levels, or separation of male and female inmates.
7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The review considers the institution's ability to place staff throughout the institution, including supervisors. These tasks help to ensure sexual safety in the institution.
8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The review ensures adequate staff assigned to daily programmatic activities, including daily access to mental health programming and the residential drug abuse unit. It also includes adequate staffing to ensure excellence in educational opportunities for all inmates, while ensuring the safety of the inmates.
9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – There are no State or local laws, regulations, or standards that relate to the Bureau and its staffing.

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The review includes a review of the PREA allegations in its annual review. FPC Bryan has a significantly low number of allegations.

11. Provision 115.13(a)(11) – Any other relevant factors – The review considered all other incidents and the institution's physical plant and found no need to make modifications to the current staffing plan.

The overall staffing of the institution is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the institution that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the institution. The auditor also noted adequate staffing throughout the institution, as well as with supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, medical and mental health areas, and all housing units. There are clearly visible cameras throughout the institution and the auditor could see where the institution had identified potential areas of concern, as some mirrors had been installed. This would support the assertion in the staffing review that the institution has done an extensive review. The auditor visited the control room where staff actively monitor video within the institution. There appeared to be extensive coverage in all areas of the institution.

The auditor talked with several supervisors throughout the institution and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety.

The auditor visited the education and programs buildings and UNICOR. Inmates were able to utilize program services and easily meet their required work opportunities without taking away security and safety from the rest of the institution. In fact, inmates expressed to the auditor that participation in these programs and educational opportunities were sought after by inmates. Inmates told the auditor that they were so eager to participate that it was encouragement to avoid violating inmate rules so they could maintain their program participation, thus adding to institutional sexual safety. The staffing plan provides for required programs staff to allow full participation in work and betterment programs.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden talked about the staffing plan and indicated the staffing plan is written through the Annual Salary/Workforce Utilization Plan. The Committee meets quarterly and reviews the institution's staffing, use of overtime, Federal budget for the institution, and all concerns related to sexual safety at the institution. The Warden confirmed that the BOP considers each of the factors in the standards when considering the staffing coverage for the BOP institutions. To confirm compliance, the shift supervisors review daily and weekly staffing reports and address any concerns immediately and forward those reports to the Warden's office for additional review and approval. The auditor also interviewed the IPCM, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.13(b). The staffing plan reports total deviations in the Workforce Utilization Plan. Any shortage of staff on shift, expected terminations, retirements, Federal holiday payments, overtime usage, or budget shortfall is addressed. The institution utilizes overtime to cover deviations from the plan to ensure adequate coverage on each shift to maintain proper staffing. This ensures sexual safety of the inmates at the institution. These deviations are reported on the daily shift rosters and are included in the institution's weekly reports. This information is included in the quarterly Salary/Workforce Utilization Plan. The auditor was provided access to this information in the submitted documentation for review and the Warden confirmed this information during the interview with the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.13(c). The auditor was provided a copy of the Annual Salary/Workforce Utilization Plan FY21 in the PAQ. The annual review was completed in the first quarter of 2021. The review indicated there were no concerns with the current staffing based on the institution's inmate population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests. The annual review was completed by the Workforce Utilization Committee, which included the IPCM, and was signed by the Warden.

The auditor interviewed the agency PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year and are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.13(d). The auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This program statement states, "Unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention" (p. 16).

During the onsite audit, the auditor spoke with several staff members while completing the site review. The auditor confirmed that supervisors make rounds throughout the institution daily and weekly. In fact, the auditor was told that the Warden routinely walks through each housing unit almost every day to ensure that inmates and staff are safe. The auditor spoke with several inmates and they told the auditor that supervisors and the Warden are seen often in the housing unit and are easily accessible if the inmates have a concern. The auditor was provided several copies of the **FPC Bryan Institutional Duty Officer Unannounced Institution Rounds** completed forms for various dates throughout the last 12 months. The forms show completed rounds in all areas of the institutions, at various times of the day, by various intermediate- and higher-level staff members. The auditor interviewed an intermediate supervisor during the onsite audit. She confirmed that each upper-level supervisor is posted for one week as the Institution Duty Officer on a rotating basis. During that week, rounds must be performed throughout the institution. She stated that she utilizes keys to each building as a means to ensure her entry is unannounced. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 1. None
3. Site Review Observations:
 1. None

Findings (by provision):

115.14(a). FPC Bryan does not house youthful inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.14(b). FPC Bryan does not house youthful inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.14(c). FPC Bryan does not house youthful inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

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

115.15 (d)

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

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 2. PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*
 3. Training curriculum
 4. Training records

5. Federal Bureau of Prisons *Admission & Orientation Handbook*
2. Interviews:
 1. Specialized staff
 2. Targeted inmates
 3. Random inmates
3. Site Review Observations:
 1. Control room (electronic monitoring)
 2. Strip search room
 3. Bathrooms and shower areas
 4. Housing units
 5. Medical services

Findings (by provision):

115.15(a). In the PAQ, the institution provided PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*. This program statement outlines the proper procedures for staff at the BOP to perform visual searches of inmates. The searches must be performed by staff of the same sex as the inmate, except where circumstances are such that delay would mean the likely loss of contraband. When staff of the opposite sex makes the visual search, the staff member must document the reasons for the search. The institution stated that no such cross-gender searches were performed over the previous 12 months prior to the audit.

During the site review, the auditor viewed the strip search area in the institution's receiving area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the institution. During the site review, the auditor experienced the intake process and saw where the search would be performed and was told the search would always be performed by a female staff member based on the agency policy. The auditor had informal discussion with inmates during the site review and was told that strip searches of inmates are always performed by female officers. The auditor interviewed two officers that perform searches and they both indicated that only female officers are permitted to perform strip searches of the female inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(b). In the PAQ, the institution provided PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*. This program statement outlines the proper procedures for staff at the BOP to perform visual searches of inmates. The policy clearly states that male staff are not permitted to pat-search female inmates unless exigent circumstances exist.

During the onsite phase of the audit, the auditor interviewed 12 random staff members. Each of the 12 staff members made a clear statement that searches of the female inmates are performed by female staff only. The auditor interviewed five male staff members. Each of the five clearly understood they were prohibited to search an inmate unless there were an exigent circumstance. The auditor also interviewed 17 random inmates. All 17 inmates stated that searches are always performed by female staff members. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(c). In the PAQ, the institution provided PS 5521.06 *Searches of Housing Units, Inmates, and Inmate Work Areas*. The program statement requires that staff properly document all cross-gender searches, either pat-searches or strip searches. The institution indicated that there were no documented cross-gender searches performed over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(d). The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that this section applies only to inmate housing units and does not apply to medical housing units. The procedure requires that inmates be appropriately clothed in all common areas of the institution. Inmates are required to shower, perform bodily functions, and change clothing in designated areas only. Inmates will be notified of the presence of opposite gender staff members in four ways, including:

1. a statement in the *Admission and Orientation Handbook* advising inmates they are required to remain clothed, and the presence of cross-gender staff;
2. a posted notice on inmate bulletin boards and signs in housing units that state that male and female staff routinely work and visit the inmate housing areas;
3. an announcement made at the beginning of primary shifts, or other appropriate times in each housing unit, using a public address system;
4. for staff members with offices in the housing units, the Unit Team, the most recent schedule is posted in the unit, so inmates are aware when opposite gender staff are present.

At FPC Bryan, inmates are required to dress and undress inside the shower and restroom area only. Each inmate is given that instruction and they are expected to follow that instruction. Male staff members also make an additional opposite gender announcement prior to entering the shower and restroom areas to ensure the female inmates have an opportunity to cover up.

During the site review, the auditor visited the four housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the inmates and to prevent cross-gender viewing of inmates' breasts, genitalia, and buttocks. The showers have a shower curtain and a wall inside a separate stall with a door that can be latched. The toilets also have a separate stall with a door that can be latched. The auditor witnessed the cross-gender announcement each time the auditor entered the housing unit and when the auditor attempted to enter the shower and restroom area to view that area. The auditor spoke with several inmates during the site review and each inmate explained the internal rule that required dressing in the restroom area only. This prevents opportunities to be seen by male staff members in other areas of the unit. The auditor checked the video monitors in the institution's main control room and there was no camera which provided a clear view of any of the restroom areas, where a staff member would have the opportunity to see an inmate's breasts, genitalia, and buttocks.

During random interviews with 17 inmates, they all stated that officers routinely make an announcement before entry to the unit. Some of the inmates stated that the announcement was not made unless the male staff member was going to enter the restroom area. All 17 of the inmates interviewed confirmed they were aware of the agency's cross-gender signs and statement in the Handbook. No inmate stated they could be seen in full nudity by male staff members. During random interviews with 12 staff members, they confirmed that cross-gender announcements are performed every time a male staff member enters a housing unit. Staff stated that they cannot see inmates in the showers and restrooms. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(e). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement confirms that the agency may not search an inmate to determine their genital status, but the provision does not limit the search of an inmate to ensure the safe and orderly running of the institution.

During the onsite phase of the audit, the auditor interviewed two inmates who identify as transgender male. Both of the inmates stated that they had not been searched by the institution to determine the inmate's genital status. The auditor also interviewed 12 random staff members and was told that such

searches of transgender inmates was a violation of policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.15(f). The institution provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module.

During the onsite phase of the audit, the auditor interviewed 12 random staff members. Each of the 12 staff members confirmed receiving this required agency training. All 12 staff members stated that the training included how to perform the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 2. DOJ Blanket Purchase Order (BPA DJJ12-F-2306)
 3. Federal Bureau of Prisons *Admission & Orientation Handbook*
 4. Form NI1-120 – PREA Education
2. Interviews:
 1. Agency head
 2. Targeted inmates
 3. Random inmates
3. Site Review Observations:
 1. Postings in housing units
 2. Medical housing
 3. Inmate educational materials

Findings (by provision):

115.16(a). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The procedure requires that inmates with recognized disabilities or who are Limited English Proficiency (LEP) will be advised of the agency's zero-tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, agency translators, and Language Line translators. The IPCM is to reach out to local disabilities assistance offices to ensure the institution is providing effective communication accommodations when a need for such an accommodation is known. The auditor was provided a memo regarding the DOJ contract with LanguageLine Solutions, that is available for use at FPC Bryan. The auditor was advised that the institution has access to staff members that can translate Spanish, the language line, and American Sign Language interpreting services.

During the onsite phase of the audit, the auditor interviewed two inmates with a physical disability, one inmate with a cognitive disability, and one inmate who was partially deaf. All four confirmed they had received the PREA education and had no problems with seeing and hearing the information provided at receiving. All four could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered sexual abuse. The auditor interviewed one inmate during the random interviews that spoke Spanish. The institution provided a staff member to translate for the auditor. The inmate explained that written materials were all provided in Spanish and she clearly understood the agency's zero-tolerance policy. The auditor confirmed in an interview with the agency head, the various accommodations available to provide PREA education for all inmates, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all inmates, even those that were wheelchair-bound. Administrative remedies are available to all inmates and all inmates have full

access to inmate email, regardless of any disability they may have. Also, BOP policy requires accommodations for those that need assistance to file an administrative remedy. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The procedure requires that inmates with recognized disabilities or who are Limited English Proficiency (LEP) will be advised of the agency's zero-tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, agency translators, and Language Line translators. The IPCM is to reach out to local disabilities assistance offices to ensure the institution is providing effective communication accommodations when a need for such an accommodation is known. The auditor was provided a memo regarding the DOJ contract with LanguageLine Solutions, that is available for use at FPC Bryan. The auditor was advised that the institution has access to staff members that can translate Spanish, the language line, and American Sign Language interpreting services.

The auditor interviewed one inmate during the random interviews that spoke Spanish. The institution provided a staff member to translate for the auditor. The inmate explained that written materials were all provided in Spanish and she clearly understood the agency's zero-tolerance policy. She explained to the auditor how to file an allegation of sexual abuse if it were necessary. The auditor confirmed in an interview with the agency head, the various accommodations available to provide PREA education for all inmates, regardless of the disability or language spoken. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that use of an inmate interpreter is not allowed, except in exigent circumstances.

During the onsite phase of the audit, the auditor spoke with 12 random staff members. All staff stated that the institution does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*

2. PS 3000.03 *Human Resource Management Manual*
 3. PS 3420.11 *Standards of Employee Conduct*
 4. BOP Pre-Employment Guide
 5. BOP Recruitment Flyer
 6. U. S. Government - Questionnaire for Public Trust Positions
 7. Employment records
2. Interviews:
1. Specialized staff

Findings (by provision):

115.17(a). In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the Pre-Employment Guide, the Recruitment Flyer, and the U.S. Government Questionnaire for Public Trust Positions. PS 3420.11 *Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

The auditor reviewed the records of eight randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the eight records reviewed. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(b). PS 3000.03 *Human Resource Management Manual* includes an extensive review of the applicant's prior work history. This review asks questions regarding the applicant's sexual harassment history. This review must be completed before the applicant can be approved for employment by the Bureau.

During the onsite phase of the audit, the auditor interviewed a Human Resource staff member. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(c). In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the Pre-Employment Guide, the Recruitment Flyer, and the U.S. Government Questionnaire for Public Trust Positions. PS 3420.11 *Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

The auditor reviewed the records of eight randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the eight records reviewed. During the onsite phase of the audit, the auditor interviewed a Human Resource staff member. The auditor was told that all applicants must pass the

full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(d). In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. PS 3000.03 *Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the Pre-Employment Guide, the Recruitment Flyer, and the U.S. Government Questionnaire for Public Trust Positions. PS 3420.11 *Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

During the onsite phase of the audit, the auditor interviewed a Human Resource staff member. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(e). In the PAQ, the agency provided PS 3000.03 *Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to the background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations.

During the onsite phase of the audit, the auditor interviewed a Human Resource staff member. She confirmed that all staff members are subject to an automatic five-year reinvestigation that is performed by the Bureau with assistance of the Federal Bureau of Investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(f). In the PAQ, the agency provided PS 3000.03 *Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to the background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations. The staff member's duty to affirmatively disclose any misconduct is part of the five-year reinvestigation.

During the auditor's interview with a Human Resource staff member, it was confirmed that the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(g). The agency's employment application was provided to the auditor during the interview. The application clearly provides the applicant with the statement that all statements on the application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.

During the interview with a Human Resource staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.17(h). Although there is no prohibition to release such information, the Bureau refers such requests to Internal Affairs for response. The auditor was provided a memorandum to show that these requests are handled by Internal Affairs and release of the information may be based on a law enforcement exception.

During the onsite phase of the audit, the auditor interviewed a Human Resource staff member. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another institution. She stated that there is no law prohibiting this in Texas. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. None
2. Interviews:
 1. Agency head
 2. Warden

Findings (by provision):

115.18(a). The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit.

During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for FPC Bryan. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor also interviewed the agency head, who stated that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.18(b). The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit.

During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for FPC Bryan. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor also interviewed the agency head, who stated that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau's ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 2. Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy
 3. PREA Victim Advocacy Brochure
 4. Memorandum of Understanding – Federal Prison Camp Bryan and Sexual Assault Resource Center Bryan, Texas
2. Interviews:
 1. Specialized staff
3. Site Review Observations:
 1. Medical services

Findings (by provision):

115.21(a). In the PAQ, the agency stated that investigations of sexual abuse and sexual harassment are conducted by agency investigators with the Department of Justice Inspector General's Office. For criminal investigations, the Federal Bureau of Investigations (FBI) may offer assistance, when necessary. Administrative investigations are performed by the Inspector General's Office and the BOP Office of Internal Affairs. The auditor was provided Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy, from the DOJ Inspector General's Office (IG) for the Inspector General Manual (IGM). This memo delineates specific guidelines for investigations of sexual abuse allegations at BOP institutions to meet the PREA standards. The memo requires that personnel follow a uniform evidence protocol for administrative and criminal investigations.

During the onsite phase of the audit, the auditor interviewed 12 staff members, who clearly identified the steps to properly secure potential crime scenes and protect evidence from the victim and suspect until the evidence can be properly collected. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(b). The auditor was provided Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy, from the DOJ Inspector General's Office (IG) for the Inspector General Manual (IGM). The memo requires evidence collection in accordance with the standards set forth in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(c). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Bureau. Policy states that when there is a report of a recent incident of sexual abuse or a strong suspicion that a recent serious assault may have been sexual in nature, a physical examination of the alleged victim is conducted. If necessary, the victim is then provided the opportunity for a forensic examination as soon as possible.

During the onsite phase of the audit, the auditor interviewed the health services administrator, who stated that any forensic examination would be performed at a local hospital. The auditor then conducted a telephone interview with a charge nurse in the emergency room of that hospital. The nurse confirmed that the hospital has on staff in the emergency room, a sexual assault nurse examiner

(SANE) that would perform the forensic examiner if an inmate victim were brought to the hospital. The nurse was not aware of any such examination over the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(d). In the PAQ, the institution provided a Memorandum of Understanding – Federal Prison Camp Bryan and Sexual Assault Resource Center Bryan, Texas. This agreement (MOU) calls for the Sexual Assault Resource Center (SARC) to provide victim advocacy for FPC Bryan. This advocacy includes the advocacy accompaniment for inmate victims following sexual assaults that occur at the institution.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through SARC. Inmates are informed of the available advocates through information provided to inmates following assault incidents. The auditor interviewed one inmate who reported sexual abuse during her time at FPC Bryan. The inmate confirmed her knowledge of available victim advocacy but stated she did not need those services. The auditor contacted staff at SARC to confirm the MOU and availability of advocates for FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(e). In the PAQ, the institution provided a Memorandum of Understanding – Federal Prison Camp Bryan and Sexual Assault Resource Center Bryan, Texas. This agreement (MOU) calls for the Sexual Assault Resource Center (SARC) to provide victim advocacy for FPC Bryan. This advocacy includes the advocacy accompaniment for inmate victims following sexual assaults that occur at the institution.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through SARC. Inmates are informed of the available advocates through information provided to inmates following assault incidents. The auditor interviewed one inmate who reported sexual abuse during her time at FPC Bryan. The inmate confirmed her knowledge of available victim advocacy but stated she did not need those services. The auditor contacted staff at SARC to confirm the MOU and availability of advocates for FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(f). Since sexual abuse investigations are performed by the agency, this provision does not apply to the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.21(g). The auditor is not required to review this provision.

115.21(h). FPC Bryan has an agreement in place to provide victim advocacy services for the institution. With this agreement in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.22(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members immediately report any knowledge of an inmate's concern or allegation of sexual abuse or sexual harassment. The auditor was also provided Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy. The memorandum for the Inspector General Manual (IGM) confirms the Bureau's requirement to investigate all allegations of sexual abuse and sexual harassment and the Inspector General's role in that investigation.

The auditor was provided the agency head written interview information. The Bureau's agency head confirmed that all allegations are investigated either by the Office of the Inspector General or the Office of Internal Affairs. Institution investigative staff will investigate cases that clearly are not criminal in nature. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.22(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members immediately report any knowledge of an inmate's concern or allegation of sexual abuse or sexual harassment.

During the onsite phase of the audit, the auditor interviewed an institution investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation. The auditor reviewed the Bureau of Prisons website and located the Sexual Abuse Prevention page under the Custody & Care section. The page lists the agency's zero-tolerance policy and provides the public an opportunity to submit a notification of concern regarding an inmate at the BOP. The agency's PREA policy is also posted. The information can be found here: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.22(c). Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The policy clearly describes the responsibilities of the agency and the outside investigative agency and how they interact and share information to properly complete the investigation. This information is properly documented and posted to the public website. Based on this analysis, the auditor finds the institution in compliance with this provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Training curriculum
 - c. Training logs
2. Interviews:
 - a. Random staff

Findings (by provision):

115.31(a). In the PAQ, the institution provided a copy of their PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. All staff shall be thoroughly trained and informed regarding the Bureau's zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment annually. The general PREA training shall include the ten points listed in the PREA standard.

The auditor was provided the Bureau's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is presented in a manner that all staff members can understand, and the Bureau utilizes a test at the end of the course to measure understanding.

During the onsite phase of the audit, the auditor interviewed 12 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure institution or had received it during initial correctional training upon hire with the BOP. All officers interviewed verified the ten points of this standard in the BOP training. The auditor was told that they get PREA training as part of their annual training. The auditor reviewed training records for eight randomly selected staff members and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.31(b). The BOP training curriculum related to PREA is consistent for all corrections staff. Although FPC Bryan houses female inmates only, all staff receive the same training for PREA. No additional training would be required for staff if they were transferred to another institution where male inmates are housed, or staff are transferred to FPC Bryan from an institution where they worked with male inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.31(c). The BOP provides training annually for all staff members. The auditor reviewed training records for eight randomly selected staff members and the records confirm completed PREA education annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.31(d). All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member's understanding of the information provided.

The auditor reviewed eight randomly selected training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
 - b. Training curriculum
 - c. Training logs
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.32(a). The auditor was provided the Bureau's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is the same that is provided for staff members.

During the onsite phase of the audit, the auditor interviewed a contractor, but no volunteers were available due to the ongoing pandemic. The contractor confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. She also confirmed a requirement to complete a refresher training annually. Because the auditor was unable to interview and meet volunteers directly, the auditor spent extra time discussing the background check and training process with staff and was able to confirm that this training is a requirement for all volunteers and must be completed and documented before any volunteer is granted permission to enter the institution and have inmate contact. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.32(b). The auditor reviewed the training curriculum, which was included in the PAQ. The curriculum includes each of the required points listed in the standard.

During the onsite phase of the audit, the auditor interviewed a contractor, but no volunteers were available due to the ongoing pandemic. The contractor confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. She also confirmed a requirement to complete a refresher training annually. Because the auditor was unable to interview and meet volunteers directly, the auditor spent extra time discussing the background check and training process with staff and was able to confirm that this training is a requirement for all volunteers and must be completed and documented before any volunteer is granted permission to enter the institution and have inmate contact. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.32(c). During the onsite phase of the audit, the auditor interviewed a contractor, but no volunteers were available due to the ongoing pandemic. The contractor confirmed completion of the orientation program prior to being granted access to the secure institution. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. The auditor reviewed training records for these individuals and other random records. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. U. S. Department of Justice Federal Bureau of Prisons *Sexually Abusive Behavior Prevention and Intervention*
 - c. Bureau of Prisons *Admission and Orientation Handbook*
 - d. Inmate File Documentation
2. Interviews:
 - a. Specialized staff
 - b. Random staff
 - c. Random inmates
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.33(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement confirms that all inmates receive the *Admission and Orientation Handbook* and *Sexually Abusive Behavior Prevention and Intervention* at their intake screening when they arrive at the institution. The *Admission and Orientation (A&O) Handbook* describes the key elements of the program and informs inmates of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse.

During the onsite phase of the audit, the auditor toured the Receiving and Discharge (R&D) building and saw the handbooks readily available for new intake inmates. The auditor walked through the intake process and was provided the handbook just as any new intake inmate would be and was shown the section that provided the inmate with the zero-tolerance policy. The auditor also was provided the form to sign that acknowledged receipt of the handbook and the zero-tolerance policy. The auditor saw signs posted in the R&D building advising inmates of the zero-tolerance policy. The signs were posted in two languages. The auditor spoke with the intake officer and the staff member responsible to do the intake screening. Both confirmed that all inmates are required to review the intake paperwork, complete the initial intake screening, and confirm receipt of the zero-tolerance policy at intake.

The auditor interviewed 17 random inmates during the onsite phase of the audit. All 17 inmates confirmed that they understood the PREA information and how to ask for help or file a report. All 17 inmates confirmed receiving the A&O Handbook at intake. The auditor also interviewed intake staff who confirmed that all inmates receive the A&O Handbook during intake processing. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(b). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that inmates are to attend the Admission and Orientation (A&O) Program, which is designated by the institution Warden to a staff member. Inmate attendance at the program is documented on the Institution Admission and Orientation Program Checklist. The institution provided the auditor with several completed forms to show inmate attendance and written acknowledgement of the same. The A&O Program includes the comprehensive zero-tolerance education.

The auditor interviewed 17 random inmates during the onsite phase of the audit. All 17 inmates had been housed in the institution for at least 30 days. Each of the inmates confirmed that they had completed the A&O Program after they had arrived at the institution and the sexual abuse education

was part of the A&O Program. The auditor also interviewed staff from intake, who confirmed that all inmates are required to participate in the A&O Program and receive face-to-face education regarding PREA as part of the program. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(c). The institution has been audited two previous times and has been found in compliance. The first audit was in 2015. All inmates at FPC Bryan have been educated on PREA since that time. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(d). During the onsite phase of the audit, the auditor viewed posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. All written materials for inmates are provided in two languages, English and Spanish, and available to any inmate who may need it. The auditor was also provided information regarding several accommodations available for inmates that cannot read, are deaf, hard of hearing, or are blind. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(e). In the PAQ, the institution provided the auditor with several completed forms to show inmate attendance and written acknowledgement of the same. The A&O Program includes the comprehensive zero-tolerance education. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish. These signs reflect the BOP's zero-tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. Inmates also have access to computers with the BOP rules and regulations including the zero-tolerance policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Training Curriculum Course Code CSV-0601-BXX
 - c. Training Records

2. Interviews:
- a. Specialized staff

Findings (by provision):

115.34(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement confirms that the Captain ensures his/her Special Investigative Supervisor/Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained as well.

The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite phase of the audit. The investigator confirmed that she had completed the specialized investigations training provided through the BOP. The auditor reviewed training records and verified that a total of 13 staff members at FPC Bryan had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34(b). The institution provided in the PAQ the training curriculum for the BOP, Course Code SSV-0601-BXX. The Specialized Investigations course included all of the required points in the Standard.

The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite phase of the audit. The investigator confirmed that she had completed the specialized investigations training provided through the BOP. The auditor reviewed training records and verified that a total of 13 staff members at FPC Bryan had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34(c). The auditor reviewed training records and verified that a total of 13 staff members at FPC Bryan had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.34(d). The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Training Curriculum
 - c. Training Records
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.35(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement requires that all staff in medical and mental health receive the specialized training on PREA that includes the four points noted in this provision of the standard. The Health Services Division ensures medical staff are appropriately trained under this section and the Reentry Services Division ensures mental health staff are appropriately trained under this section.

During the onsite phase of the audit, the auditor interviewed the health services administrator, a psychologist, and a contractor who worked in medical services. All three confirmed completing the required specialized medical training. The BOP requires completion of the basic PREA education annually as well as the specialized medical training. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.35(b). The auditor was provided documentation in the PAQ that forensic examinations for FPC Bryan are performed at a local hospital. It is clearly documented in the institution documentation that inmates are transported to the hospital, if necessary, for the exam.

During the onsite phase of the audit, the auditor interviewed the health services administrator, who confirmed through our interview that all inmates are transferred to the local hospital to have the forensic examination completed. The auditor was presented with paperwork to show that budgeting for this expense has been completed by FPC Bryan in the event this becomes necessary. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.35(c). The auditor was provided training records in the PAQ. Records from the institution show all 14 of the medical, mental health, and contracted medical staff members have completed the specialized medical course through the BOP online system. Based on this analysis, the auditor finds the institution in compliance with this provision.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
 - b. Psychology Services – Risk of Sexual Victimization
 - c. BOP Intake Screening Form
 - d. Screening records
2. Interviews:
 - a. Specialized staff
 - b. Random inmates
3. Site Review Observations:
 - a. Receiving & Discharge

Findings (by provision):

115.41(a). The institution supplied PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP statement requires that all inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies.

During the onsite phase of the audit, the auditor met with the intake officer in the Receiving & Discharge (R&D) building. As there were no inmates expected to be transferred to the institution during the audit, the auditor walked through the intake process. Staff processed the auditor as an inmate and performed the initial intake risk screening with the auditor then processed the auditor for intake housing. The auditor then completed the risk screening with additional staff later during the audit. The intake officer confirmed that this process is completed for all inmates that enter the institution. The auditor interviewed 17 random inmates and each inmate stated they completed the screening process upon entry to the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(b). In the PAQ, the institution reported a total of 599 inmates entering the institution whose length of stay was more than 72 hours over the previous 12 months prior to the audit. They reported that all 599 inmates had the risk screening completed with the 72-hour time period. The auditor reviewed several initial intake screening records that were provided to the auditor in the PAQ. Each of the records was completed on the day of the inmate's intake to the institution.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. Both explained that the initial risk screening is performed at the time of intake for all inmates. The auditor interviewed 17 random inmates and each inmate confirmed that they completed the risk screening with intake staff on the day of intake in R&D. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(c). The institution provided a copy of the screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(d). The institution provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41(d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated. The tool also asks if the inmate shows unusual interest or focus on another inmate, is openly discriminatory of lesbian, gay, bisexual, transgender, or intersex, and if the inmate has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(e). The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or

sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated. The objective screening tool includes all the required items listed in the standard.

The auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They both confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. It was explained that BOP would likely not transfer an inmate with a propensity to be a sexual predator to FPC Bryan due to the classification as minimum-security institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(f). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that Psychology Services staff reassess the inmate's risk level whenever warranted and within 30 days of arrival at the institution, based upon any additional information. The auditor was provided copies of the 30-day reassessment by Psychology Services staff in the PAQ.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They provided the auditor a full description of the reassessment process and performed a reassessment on the auditor as an example. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. The counselor explained that inmates in the unit were reassessed every six months, to be reviewed for housing, program, and work opportunities. The auditor interviewed 17 random inmates, who confirmed the risk screening reassessment with psychology and the unit team. All 17 inmates stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(g). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that Psychology Services staff reassess the inmate's risk level whenever warranted based upon receipt of additional relevant information (e.g., incident of sexual abuse, protective custody request, recent diagnosis of gender dysphoria, etc.).

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They provided the auditor a full description of the reassessment process and performed a reassessment on the auditor as an example. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. Both explained that any inmate could be referred for a reassessment at any time based upon information learned through different avenues. The auditor interviewed 17 random inmates, who confirmed the risk screening reassessment with psychology and the unit team. All 17 inmates stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(h). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states if an inmate refuses to respond or elects not to disclose information that applies only to questions about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) status; gender nonconformance; previous sexual victimization; and the inmate's self-perception of vulnerability, he/she may not be disciplined.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. They both stated that inmates could not be disciplined for refusing to answer risk screening questions. Although their responses assist the BOP in

providing them with potential safety, the BOP would not punish them for not responding. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.41(i). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

During the onsite phase of the audit, the auditor interviewed a psychologist and a counselor, each performing a part of the screening for sexual victimization. Both confirmed that risk screening information is on a need-to-know basis and is not available to all staff members. The auditor also interviewed the IPCM who stated that risk screening information is not available to all staff members. It is only available to Psychology Services staff and to unit team staff. This is used only for housing and programming information and is not allowed to be viewed by others. The auditor also interviewed the PREA coordinator who confirmed that risk screening information is confidential and is treated that way within the BOP. During the site review, the auditor asked several random staff members to provide the auditor with this information and no staff could provide the auditor with the information or access in the computer. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Screening records
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.42(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states, "Once an inmate has been identified as a victim or perpetrator, or as "at risk" for victimization or perpetration, Unit Management should review classification options (p. 33)." These options may include transfer to a special treatment program, transfer to a greater or lesser security facility, or changes in housing units, cell assignments, work assignments, and/or education assignments. FPC Bryan does not house inmates who have been deemed to be at high risk for sexually abusive behavior.

During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that housing assignments, classification and access to programs are all impacted by the information derived from the risk screening. The auditor interviewed two staff members responsible for the risk screening and they also confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. The auditor reviewed completed screening assessments and could see the final determination for housing was obtained through this document. Therefore, the

outcome of the inmate screening is utilized to safely house, classify and schedule inmate programs. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(b). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This program statement makes it clear that all assignments for inmate housing and classification are made on an individual basis and are in the best interests of the safety of each inmate.

The auditor interviewed two staff members responsible for the risk screening and they confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. They stated that these assignments are decided on an individual basis. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(c). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP states that agency housing and programming assignments for transgender and intersex inmates is accomplished at the Designations & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender inmates should be reviewed by the TEC. The auditor was provided with several completed documents where the TEC recommendations have been completed for the inmate and entered in the inmate's CIM and Separate screen.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all inmates are reviewed on a case-by-case basis, as well as transgender and intersex inmates. The BOP will always take into account the transgender inmate's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed two transgender inmates during the onsite phase of the audit. Both of the inmates stated they had been asked the risk screening questions and were asked about their own safety and housing preferences. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(d). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy states that assignments for transgender or intersex inmates shall be reassessed at least twice each year to review any threats to the inmates' safety.

The auditor interviewed the IPCM and two staff members responsible for the risk screening during the onsite phase of the audit. The IPCM confirmed that transgender inmates are reviewed by the Unit Team every six months. The counselor interviewed and the psychologist interviewed stated that all inmates are reassessed every six months, including all transgender inmates. Psychology services maintains a watch list of certain inmates to be monitored, including those determined to be at risk of sexual victimization and those who identify as being transgender. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(e). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP states that agency housing and programming assignments for transgender and intersex inmates is accomplished at the Designation & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender inmates should be reviewed by the TEC. The auditor was provided with several completed documents where the TEC recommendations have been completed for the inmate and entered in the inmate's CIM and Separate screen.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all inmates are reviewed on a case-by-case basis, as well as transgender and intersex inmates. The BOP will

always take into account the transgender inmate's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed two transgender inmates during the onsite phase of the audit. Both of the inmates stated they had been asked the risk screening questions and were asked about their own safety and housing preferences. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(f). During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that transgender inmates were provided the opportunity to shower separately from the other inmates. The auditor interviewed two transgender inmates. Both stated that they were able to shower separately from the other inmates, although the showers were separated into single stalls, so there was no problem showering at the same time. The auditor also interviewed two staff members who were responsible for the risk screening. Both stated that transgender inmates were provided the opportunity to shower separately. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.42(g). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ, which states that lesbian, gay, bisexual, transgender, or intersex inmates will not be placed into dedicated facilities, units, or wings, solely on the basis of their identification or status.

The auditor interviewed the agency PREA coordinator, who stated that the BOP does not have a consent decree and inmates are not housed by their LGBTI identification or status. The auditor interviewed the IPCM. The IPCM explained that FPC Bryan does not have specific housing for individuals or groups. The auditor also interviewed two transgender inmates who were housed in general population. Both inmates told the auditor that they were housed in units with other inmates and there were no special units for gay or transgender inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Screening records
2. Interviews:
 - a. Specialized staff
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.43(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy clearly states that inmates at high risk of victimization will not be placed 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. FPC Bryan does not have segregation housing due to its classification as a minimum-security institution. The auditor was provided risk screening records and the auditor noted no records for inmates that were identified as high risk for victimization.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that inmates considered to be at high risk for victimization are not housed at FPC Bryan because the institution is a minimum-security facility. The facility does not have a segregation unit. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.43(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that when an inmate is placed in special housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the Captain ensures that documentation exists reflecting the limitation, duration, and rationale for limitation.

FPC Bryan does not have a segregation unit. There were no interviews completed related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.43(c). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states inmates assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged such assignment shall not exceed a period of 30 days.

FPC Bryan does not have a segregation unit. There were no interviews completed related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.43(d). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states when determining an appropriate method of safeguarding the inmate assigned “at risk” for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*. The Warden should evaluate the least restrictive methods for separation of the alleged victim and alleged perpetrator.

FPC Bryan does not have a segregation unit. There were no interviews completed related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.43(e). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that the inmate’s status is reviewed during weekly Special Housing Unit meetings.

FPC Bryan does not have a segregation unit. There were no interviews completed related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 - a. Random staff
 - b. PREA coordinator
 - c. Random inmates
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.51(a). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement clearly defines that Bureau inmates are encouraged

to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department, such as the Special Investigative Services Lieutenant, or by mail to an outside entity.

During the onsite phase of the audit, the auditor visited all four of the institution's housing units. In each housing unit, signs were posted that clearly inform inmates of the multiple ways inmates may report incidents of sexual abuse and sexual harassment. The signs are posted in two languages. The auditor interviewed 17 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All but two of the 17 inmates identified a staff member as their first avenue to report abuse. The auditor interviewed 12 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.51(b). The Bureau of Prisons posts information throughout the institution on all zero-tolerance signs regarding the outside entity. They provide the telephone number for the Office of Inspector General (OIG) and a mailing address in other written documents where inmates may send written complaints to the OIG.

During the onsite phase of the audit the auditor viewed posted signage throughout the institution with the required information for inmates. The auditor interviewed 17 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. The inmates included the hotline in that list of reporting options. The auditor also interviewed the IPCM who confirmed the outside hotline and mailing address option for the OIG. Based on this analysis, the auditor finds the institution in compliance with this standard.

115.51(c). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement makes it clear that staff must accept verbal, written, anonymous, and third-party reports, and document promptly any verbal reports.

During the onsite phase of the audit, the auditor interviewed 12 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. Each of the 17 random inmates interviewed were aware that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.51(d). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that staff may contact any supervisory staff at their institution, Regional staff, or Central Office staff to report incidents of sexual abuse or sexual harassment. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General.

The auditor interviewed 12 random staff members. All 12 staff members stated that they would be able to report incidents of sexual abuse and sexual harassment privately to a supervisor. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
 - b. PS 1330.18 Administrative Remedy Program
 - c. Bureau of Prisons Admission & Orientation Handbook
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.52(a). The agency is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ, which provides inmates the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(b). PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ, which provides inmates the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. The program statement includes language related to this provision: Administrative remedies regarding sexual abuse may be filed at any time. These administrative remedies may not be rejected as untimely under this Program Statement. If the inmate includes multiple unrelated issues on a single form, the inmate will be advised to use a separate form to report the portion of the administrative remedy that is unrelated to the sexual abuse. Inmates are not required to attempt informal resolution of sexual abuse allegations.

During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff were aware that inmates could file an administrative remedy in order to make an allegation of sexual abuse. The administrative remedies were easily accessible to all inmates in the housing unit. The auditor also spoke with several inmates during the site review. All of the inmates stated clearly that they could file an administrative remedy for an allegation of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(c). PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ. The policy states that matters in which specific staff involvement is alleged may not be investigated by either

staff alleged to be involved or by staff under their supervision. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs.

During the site review, the auditor interviewed the Associate Warden's Secretary, who assists in the processing of the administrative remedies. He confirmed that the BOP would not submit any remedy to the subject of the remedy for review or investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(d). PS 1330.18 *Administrative Remedy Program* was provided to the auditor in the PAQ. The program statement includes time frames of 20 days for response of any administrative remedy, which is within the time frame required under this provision. In the PAQ, FPC Bryan stated there have been no administrative remedies filed in reference to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(e). In the PAQ, PS 1330.18 *Administrative Remedy Program* states that the institution will accept grievances and allegations of sexual abuse from third parties, including fellow inmates, family, advocates, and attorneys. The policy allows for the inmate that is the alleged victim to decline the filing of the report.

The auditor was unable to verify this process, as there were no administrative remedies received related to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(f). In the PAQ the institution provided PS 1330.18 *Administrative Remedy Program* which provides the policy related to this provision. This section applies when an administrative remedy alleges a substantial risk of imminent sexual abuse. If a remedy meets both of these criteria, the remedy will receive expedited processing. The inmate shall clearly mark "emergency" on the remedy and explain the reason for filing as an emergency remedy. An expedited response shall be provided within 48 hours and the remedy response within five calendar days.

The auditor was unable to verify this process, as there were no administrative remedies received related to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.52(g). In the PAQ the institution provided PS 1330.18 *Administrative Remedy Program* which provides the policy related to this provision. The policy states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that inmates be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy.

The auditor was unable to verify this process, as there were no administrative remedies received related to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Memorandum of Understanding – Federal Prison Camp Bryan and Sexual Assault Resource Center Bryan, Texas
2. Interviews:
 - a. Specialized staff
 - b. Random inmates
 - c. Targeted inmates
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.53(a). The institution provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states “The Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse (p. 36).” The policy goes on to say that staff take reasonable action to ensure that information on available resources is provided to all inmates so that they have access to the Bureau’s efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. The institution provided the auditor with a copy of the Memorandum of Understanding – Federal Prison Camp Bryan and Sexual Assault Resource Center Bryan, Texas in the PAQ. The agreement allows for the Sexual Assault Resource Center (SARC) to provide these emotional support services for inmates at FPC Bryan.

During the onsite phase of the audit, the auditor interviewed 17 random inmates. All but two of the 17 inmates were able to explain to the auditor what the emotional support services were and how to obtain those services. They knew that it was posted on the bulletin boards in the housing unit. The information was also in the *Sexually Abusive Behavior Prevention and Intervention Handbook*. The other two inmates had heard of other support services but could not describe them completely for the auditor. The auditor also interviewed one inmate who had reported sexual abuse at the institution. She was provided the opportunity to contact SARC and chose not to, stating that services were not needed. The auditor interviewed a representative at SARC by telephone, who confirmed the validity of the information in the MOU. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.53(b). The institution provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states that “Confidential” communications are distinguished from privileged communications such as attorney-client relationships. Communications are monitored in a manner consistent with agency security practices and are addressed in the memorandum of understanding (MOU) with any outside agency.

The auditor interviewed 17 random inmates during the onsite audit. The inmates understood that communications with outside emotional support services would be confidential only to the extent possible, due to security. Mail to the SARC was not considered legal mail, but inmates were allowed to speak with outside counselors in as private as possible. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.53(c). In the PAQ, the institution also provided the auditor a copy of the Memorandum of Understanding – Federal Prison Camp Bryan and Sexual Assault Resource Center Bryan, Texas. This MOU clearly identifies that the sexual assault resource center will provide emotional support services

for those inmates that may need it. It provides the opportunity for inmates to either write to or call advocates at SARC and receive a written response or talk directly with an advocate. The MOU was originally signed in August 2019 and outlines limits to confidentiality. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
 - b. Bureau of Prisons website

Findings (by provision):

115.54(a). The auditor reviewed the Bureau of Prisons web page and located the Sexual Abuse Prevention page under the Custody & Care page. The page list the agency's zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an inmate at the BOP. The agency's PREA policy is also posted. The information can be found here: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp. Based on this analysis, the auditor finds the institution in compliance with this provision.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 - a. Specialized staff
 - b. Random staff

Findings (by provision):

115.61(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that all staff members report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant. The Operations Lieutenant is then required to notify the IPCM.

During the onsite phase of the audit, the auditor interviewed 17 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* also includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. It states that information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident.

Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the 17 random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(c). During the onsite phase of the audit, the auditor interviewed the health services administrator, a psychologist, and a contractor that is posted in the medical department. All three

confirmed the requirement to immediately report incidents of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(d). The BOP Program Statement requires that the agency notify designated State or local services agency if the alleged sexual abuse victim is under the age of 18.

FPC Bryan does not house inmates under the age of 18, so this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.61(e). In the PAQ, PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states that staff must report and respond to all allegations of sexually abusive behavior, regardless of the source of the report. The IPCM is required to refer the incident for investigation to the appropriate office and review the incident for any further response.

The auditor interviewed the Warden who confirmed that the institution investigates all allegations of sexual abuse and sexual harassment, regardless of the how the allegation is received. All allegations are forwarded to the investigators for review and investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 - a. Specialized staff
 - b. Random staff

Findings (by provision):

115.62(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states in all cases, the Operations Lieutenant is notified immediately and immediately safeguards the inmate victim. Efforts will include monitoring the situation, changing housing assignments, changing work assignment, or placing the alleged victim and perpetrator in Special Housing, depending on the severity of the alleged abusive behavior.

The auditor interviewed the agency head during the onsite phase of the audit. The agency head repeated the information from the Program Statement and stated that immediate action would be taken. If the possible threat was from a staff member, options include a change in the staff member's work assignment or removal from the facility while the investigation is conducted. The auditor also interviewed the Warden. The Warden also stated that immediate action would be taken to safeguard the inmate victim. They would immediately assess the severity of the situation and would consider a transfer of the alleged abuser to another institution, if necessary, to keep the inmate victim safe from harm. The auditor interviewed 17 random staff members. All stated that they always react immediately if they see someone in imminent danger. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
2. Interviews:
 - a. Agency head
 - b. Specialized staff

Findings (by provision):

115.63(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Office of Internal Affairs. For non-Bureau facilities, the Warden will contact the appropriate office of the facility. The auditor was provided documentation of a prior notification to a BOP institution by the FPC Bryan Warden after a transferred inmate reported sexual abuse at another institution. The written notification was completed two days after the inmate was received at FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.63(b). In the PAQ, the auditor was provided documentation of a prior notification to a BOP institution by the FPC Bryan Warden after a transferred inmate reported sexual abuse at another institution. The written notification was completed two days after the inmate was received at FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.63(c). In the PAQ, the auditor was provided documentation of a prior notification to a BOP institution by the FPC Bryan Warden after a transferred inmate reported sexual abuse at another institution. The written notification was completed two days after the inmate was received at FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.63(d). provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, states that the facility head or agency office shall ensure that the allegation is investigated.

The auditor was provided written interview responses from the agency head. The agency head stated that if the Warden receives the allegation, the Warden is to determine if the allegation can be investigated locally or if it should be referred to the Office of Internal Affairs. Each institution tracks referrals made to them by other facilities or agencies. The auditor interviewed the Warden during the onsite phase of the audit and asked about these investigations. The Warden confirmed that all allegations are investigated regardless of how they are obtained, which would include from other institutions or agencies. The Warden understood the responsibility to take such referrals from other agencies and institutions seriously and investigate them just as they would if the inmate were still in custody at FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 - a. Targeted inmates
 - b. Specialized staff
 - c. Random staff

Findings (by provision):

115.64(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information and evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.

During the onsite audit, the auditor interviewed two staff members who were first responders to incidents of sexual abuse. Both staff members related to the auditor the proper steps to take as a first responder to an incident. They both discussed the importance of safeguarding the potential evidence, as well as separating the potential abuser from the potential victim. This protects the victim, protects evidence, and preserves the opportunity to properly interview both inmates. The auditor also interviewed one inmate who had reported an incident of sexual abuse. The inmate described the steps that staff had taken when she had reported the abuse. By the inmate's statement, staff had acted appropriately to preserve evidence and to protect the victim. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.64(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all non-custody staff first responders immediately report to any custody staff the allegation for investigative purposes. For the BOP, however, this really does not apply, as all institution staff members are considered correctional workers first.

During the onsite phase of the audit, the auditor interviewed 12 random staff members and all staff knew the first responder steps to ensure safety for inmates and proper investigations. The auditor was told that all staff members are correctional workers first and would act immediately as first responders and would not require a notification to another staff member. The auditor interviewed two staff members who were first responders, and the auditor was told the same thing. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Guide for First Responders Poster
2. Interviews:
 - a. Targeted staff

Findings (by provision):

115.65(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement contains the coordinated response plan for the Bureau. The Plan is detailed and lists the specific responsibilities for the first responder, the Operations Lieutenant, SIS, Captain, the IPCM, Health Services, Psychology Services, and the Warden. According to the policy, first responders would immediately report incidents to the Operations Lieutenant, who would ensure that victims are safeguarded and refer the victim to the Health Services Unit for a physical assessment and documentation of any injuries. The Operations Lieutenant will promptly refer all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. In addition, the Operations Lieutenant will ensure that SIS, the Captain, the IPCM, and the Warden are notified. The IPCM will review the relevant factors and make a determination whether or not to proceed with full activation of

the Response Protocol. The Response Protocol will include full evidence collection and preservation, including transfer for the forensic examination, crisis intervention and assessment of treatment needs, further medical examination, prophylactic medication, and the formal investigation. The auditor reviewed the Guide for First Responders Poster and located the steps noted in the PS. The poster is brightly colored and listed nine specific response steps for staff as they respond to incidents of sexual abuse. The steps begin with the first responder and follow the process through to the notifications that are to be made.

During the onsite phase of the audit, the auditor saw the Guide to First Responders Poster in several non-inmate areas throughout the institution for staff to review when necessary. The auditor interviewed the Warden during the onsite phase of the audit and discussed the coordinated response plan. The Warden confirmed that staff can follow the plan to ensure that they complete the investigative steps properly and investigate and safeguard the victim each time. This ensures that all victims are treated properly, and evidence is properly preserved to ensure criminal prosecution.

The auditor finds this coordinated response plan to be very detailed and readily available for staff to review at all times. This makes it easy for first responders, Health Services, Psychology Services, and the Operations Lieutenant to review at any time to ensure that every detail is followed. That ensures that evidence is not lost, inmate victims are safeguarded, and victims are treated in a trauma-informed manner. Based on this analysis, the auditor finds the institution in compliance with this provision and has exceeded the Standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Master Agreement – Federal Bureau of Prisons and Council of Prison Locals
2. Interviews:
 - a. Agency head

Findings (by provision):

115.66(a). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* states the collective bargaining process in the Bureau will be completed pursuant to Title 5 of the United States Code and all other applicable laws, rules, and regulations, including third party appeals. The BOP included a copy of the Master Agreement between the Federal Bureau of Prisons and the Council of Prison Locals. On page 69 of the agreement, under Article 30 – Disciplinary and Adverse Actions section, the agreement states, “The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable law, rules, and regulations.”

The auditor was provided with written responses of the agency head's responses to the interview questions. The agency head confirmed that the Master Agreement includes the language allowing the BOP to reassign an employee from an institution when an allegation adversely affects the Agency's confidence in the employee or the security of the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Sexual abuse investigation files
2. Interviews:
 - a. Targeted inmates
 - b. Agency head
 - c. Specialized staff

Findings (by provision):

115.67(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that one of her assigned duties as the PREA compliance manager is to monitor inmates for potential retaliation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and inmates who

have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that the IPCM monitors inmates and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes housing and cell assignments, work assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that the institution could utilize several measures to protect inmates and staff from retaliation. Those measures would include housing changes, transfer of the alleged abuser, emotional support for the victim, job reassignment, shift change for the staff member, or reassignment for the staff member. The auditor interviewed the IPCM, who is responsible to monitor retaliation. She repeated the same list as the Warden.

There were no inmates in segregation to interview, as FPC Bryan does not have a segregation unit. The auditor interviewed one inmate who had reported sexual abuse. The inmate had reported the abuse one month prior to the onsite audit. The inmate did meet with the IPCM to discuss potential retaliation and she reported no concerns or problem with other inmates or staff. The auditor reviewed three sexual abuse investigation files from the previous 12 months. All three files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the three inmates in the records. Documentation included proper periodic checks with the inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(c). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that if there were indications of retaliation of an inmate or staff member, swift and prompt action would be taken to protect the inmate or staff member. These actions would include disciplinary action, housing changes, program changes, transfer from the institution, shift change for a staff member, or a transfer for a staff member. The auditor interviewed the IPCM, who is responsible to monitor for retaliation. The IPCM stated that immediate steps would be taken to ensure the safety of an inmate, including job reassignment, housing changes, disciplinary action for another inmate, or transfer of an inmate to another institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(d). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed the IPM, who is responsible to monitor for retaliation. The IPCM stated that she monitors for retaliation for 90 days, with periodic reviews with the inmate or staff member. She checks in every 30 days and documents those reviews on the monitoring form. If there are indications of a concern, she will check in more frequently. The auditor reviewed three sexual abuse investigation files from the previous 12 months. All three files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the three inmates in the records. Documentation included proper periodic checks with the inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(e). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. The program statement also includes a provision to take appropriate measures to protect other individuals that cooperate with an investigation.

The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that if an inmate or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing work supervisors, or other actions that prevent retaliation. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that the institution would take the same steps to protect any individual from retaliation, regardless of the role they play in the investigation of a sexual abuse investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.67(f). The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)

- a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
- 2. Interviews:
 - a. None

Findings (by provision):

115.68(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that the agency follows the Program Statement language from Standard 115.43 and utilizes BOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation. FPC Bryan has no special housing units and has not placed any inmates in segregation after alleging sexual abuse.

During the onsite review, the auditor interviewed the Warden and confirmed there is no segregated housing at FPC Bryan. Since there is no segregated housing, no inmates have been placed in segregation for protection after reporting sexual abuse at the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
2. Investigations:
 - a. Specialized staff

Findings (by provision):

115.71(a). In the PAQ, the agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement provides for the prompt investigation of all allegations of sexual abuse and sexual harassment. Upon activating the full Response Protocol, the investigation phase is initiated and required notifications must be made. The program statement goes on to list the required notifications of staff and investigative units to ensure the prompt investigation.

During the onsite phase of the audit, the auditor interviewed an SIS investigator. She explained that SIS is immediately notified that a sexual abuse allegation has been made and she is required to respond immediately to begin the investigation process. For anonymously reported allegations, the process is the same, but the start is a little slower, as some of the details may be a little less without knowledge of the reporting party. If an allegation is made through a third party, they must review the allegation with the alleged victim before they can begin the investigation to provide the victim an

opportunity to approve or decline the investigation. Otherwise, the investigative process is the same. The auditor reviewed three sexual abuse allegations from the previous 12 months during the onsite phase of the audit. All three investigations were investigated immediately after receipt of the initial report. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement requires that sexual abuse investigators must have received special training pursuant to standard 115.34. The auditor had previously reviewed the written documentation submitted for standard 115.34, which references the requirements for specialized investigation training. The auditor was provided written proof of completed training for 13 investigators at FPC Bryan.

During the onsite phase of the audit, the auditor met with an SIS investigator, who confirmed that all SIS staff are required to complete the investigation specialized training through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(c). In the PAQ, PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provides investigators with guidelines for performing their investigations. The guidelines include the initial steps of gathering and preserving evidence and interviewing alleged victims, suspected perpetrators, and witnesses.

During the onsite phase of the audit, the auditor interviewed an SIS investigator. She explained for the auditor the initial steps to ensure proper preservation of evidence. She described that a review of institution video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. She stated that current protocol is to have the inmate victim transported to a local hospital for a forensic examination for evidence collection and treatment of any injuries, if necessary. The auditor reviewed three sexual abuse investigations from the previous 12 months during the onsite phase of the audit. All three investigations included a full description of the evidence collected and reviewed and utilized by the investigator to make their determination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(d). During the auditor's interview with the SIS investigator, the auditor talked with the investigator about coordinating investigative efforts with the Office of Internal Affairs if an investigation involves a staff member. She confirmed that this is something routinely in place when investigating any type of misconduct on the part of a staff member. The agency's standard practice is to suspend administrative investigations while the criminal investigation is completed. It is not the practice of the BOP to conduct compelled interviews from staff until the completion of the criminal investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(e). The agency provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that the credibility of the victim not be determined by the person's status as an inmate or staff member. The Bureau does not require an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

During the onsite phase of the audit, the auditor interviewed an SIS investigator. She explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. That is something that is forbidden and would never be done by any investigator. She also confirmed that the agency would always review evidence from their investigation on its own and not allow the inmate victim's status as an inmate to affect the outcome of the investigation. The auditor interviewed one inmate who had reported sexual abuse. The inmate confirmed that she was

not asked or required to submit to a polygraph examination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(f). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse. The program statement also requires that the investigative report include all supporting documentation of the review, evidence reviewed and the findings of the investigation.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator discussed investigative reviews of agency staff members. One major part of all such investigations includes a review to determine if there were any violations of policy and violations of law. She confirmed that she is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind her final determination. She stated that all substantiated allegations would be referred for criminal prosecution. The auditor reviewed three sexual abuse investigations from the previous 12 months. All three records included a complete final report with all required elements from the standard. There was one substantiated allegation. It was not referred for criminal prosecution, as the only charge would have been for a simple battery and the findings would not have supported a sexual abuse charge. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(g). In PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, investigators are required to complete a report of investigation at the completion of all criminal investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with inmates and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination.

An SIS investigator was interviewed by the auditor during the onsite audit. She confirmed that she is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind her final determination. Each of the three investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews, and final determination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(h). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The policy includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred for prosecution.

An SIS investigator was interviewed by the auditor during the onsite phase of the audit. She confirmed that all substantiated allegations of sexual abuse would be referred for potential prosecution. The investigator stated that there was one substantiated case of sexual abuse during the previous year. There were three sexual abuse investigations during the previous 12 months. There was one substantiated case, which was not referred for prosecution. The auditor learned that based on the facts of the case, sexual abuse charges were not indicated, and the only charge would have been for battery. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(i). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ for the auditor's review. The program statement confirmed the requirement to maintain the sexual abuse records for the time period required in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(j). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The program statement requires agency investigators to complete sexual abuse investigations even if the alleged abuser or victim is no longer housed within the institution or under the employ of the BOP.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator stated that all sexual abuse investigations must be completed whether or not the abuser or victim are still incarcerated or employed by the BOP. Sexual abuse allegations are a serious matter and must be investigated no matter what. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(k). The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.71(l). Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The agency does not employ outside agencies to perform their administrative investigations, other than the Office of Investigator General. The auditor received written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the majority of the sexual abuse investigations are conducted internally. If the Office of Investigator General is conducting the investigation, they provide updates to the institution. At the conclusion of their investigation, they inform the Office of Internal Affairs of the outcome. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.72(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states the Bureau applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator stated that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the institution. The auditor reviewed three investigation files from the previous 12 months and determined that the institution uses this standard for all investigations. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.73(a). In the PAQ, the auditor was provided a copy of PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. In This program statement, the Bureau makes it clear that the Special Investigative Services Lieutenant provides all notifications to inmates required under this section.

During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The auditor interviewed the Warden, who stated that the inmate is always notified of the outcome of the investigation. The auditor also interviewed an SIS investigator. The investigator explained that after the investigation is completed, the investigation report is submitted, and the Special Investigative Services Lieutenant will issue the written notification to the inmate. The auditor reviewed the institution's three investigation files from the previous 12 months and was able to easily locate the written notification of the investigative findings to the inmate. The auditor was able to interview one inmate who had filed an allegation of sexual abuse. She stated that she received notification of the outcome of the investigation, which the auditor located in the investigation file. Based on this analysis, the auditor finds the institution is in compliance with this provision.

115.73(b). This provision does not apply, as the agency performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the institution is in compliance with this provision.

115.73(c). The auditor was provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ for this provision. The policy clearly outlines the required notifications to an inmate related to the staff member alleged to have committed sexual abuse against the inmate. The policy states that inmates are only notified if there is a nexus between the listed actions and incident of sexual abuse. The timing of the notifications should not interfere with any pending criminal or administrative investigations.

During the onsite phase of the audit, the auditor interviewed one inmate who had filed an allegation of sexual abuse. The inmate confirmed she had been properly provided written notification of the outcome of the investigation. She did not receive any additional notifications as required under this provision, as the allegation was not against a staff member. The auditor was unable to review any additional information regarding this provision, as there have been no substantiated allegations against a staff member. There were no notations in any of the investigation files regarding separation of an inmate from an alleged staff member abuser, as it was not required. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.73(d). The auditor was provided information from PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ for this provision. The policy clearly outlines the

required notifications to an inmate related to the inmate alleged to have committed sexual abuse against the inmate. The notifications in the policy meet the requirements of the standard.

During the onsite phase of the audit, the auditor interviewed one inmate who had filed an allegation of sexual abuse. The inmate confirmed she had been properly provided written notification of the outcome of the investigation, but charges were not filed in her case. The auditor was unable to review any additional information regarding this provision, as charges were not filed in any of the three investigations during the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.73(e). In the PAQ, the auditor was provided a copy of PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all notifications to inmates in this standard be documented in the investigation file.

During the onsite phase of the audit, the auditor reviewed three investigation files from the previous 12 months. All such notifications were easily found in the investigation file. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.73(f). The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. PS 3420.11 *Standards of Employee Conduct*
 - c. Investigation files
2. Interviews:
 - a. None

Findings (by provision):

115.76(a). In the PAQ, the institution provided PS 3420.11 *Standards of Employee Conduct*. This program statement provides disciplinary actions for BOP employees for rule violations. It includes penalties for offense 31, Improper relationship with inmates, former inmates, their families, or associates, and a penalty that includes termination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.76(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement *Standards of Employee Conduct* and the collective bargaining agreement. PS 3420.11 *Standards of Employee Conduct* was also provided in the PAQ. This program statement includes language regarding sexual relationships or contact with inmates. It states that employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.76(c). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement Standards of Employee Conduct and the collective bargaining agreement.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.76(d). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement Standards of Employee Conduct and the collective bargaining agreement.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. PS 3420.11 *Standards of Employee Conduct*
 - c. Investigation files
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.77(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that volunteers and contractors would be prohibited from contact with inmates, but generally this would apply in cases where there is possible criminal prosecution. In PS 3420.11 *Standards of Employee Conduct*, under Personal Conduct, staff, volunteers, and contractors are prohibited from engaging in sexual behavior with an inmate and will be subject to administrative action up to and including removal for such behavior.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a volunteer or contractor. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.77(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This section of the policy generally applies in cases where administrative investigation/actions would be appropriate.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that although remedial measures could be utilized, any volunteer or contractor would be removed from the institution and they would prohibit further inmate contact. This would be done to prevent further contact in case the individual's behavior became worse and led to sexual abuse that became criminal. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
 - c. Bureau of Prisons *Admission & Orientation Handbook*
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.78(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy outlines disciplinary action for inmates found guilty of sexual abuse or sexual harassment through a formal disciplinary process. The policy states that any inmate who is found criminally guilty of sexual abuse of another inmate or with an administrative finding of guilt, is subject to discipline through the formal disciplinary process.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigations from the previous 12 months prior to the audit. There were no investigations that led to administrative disciplinary sanctions for an inmate, as the accused inmate in the only substantiated case had been transferred out of FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(b). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy requires that sanctions for inmates be proportionate with the nature and circumstance of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for the comparable offenses by other inmates with similar histories.

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that disciplinary actions for inmates were commensurate with the abuse committed. She stated that it would likely cause the inmate to be transferred from FPC Bryan due to the classification as minimum security and without having no disciplinary housing. The auditor reviewed three sexual abuse investigations from the previous 12 months prior to the audit. There were no investigations that led to administrative disciplinary sanctions for an inmate, as the accused inmate in the only substantiated case had been transferred out of FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(c). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* includes a provision to consider whether or not the inmate's mental disabilities or mental illness contributed to the sexual abuse behavior.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that they would always look at the inmate's history before issuing discipline and consider mental illness or disabilities when applying any discipline. There were no records of inmates receiving discipline in the investigative records for the auditor to review and confirm. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(d). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement does include a provision to offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse.

During the onsite phase of the audit, the auditor interviewed the health services administrator and a psychologist. Both confirmed that therapy and counseling could be utilized as an alternative to discipline for sexual abuse offenders. That would not occur at FPC Bryan, as inmates in that classification would not be housed there due to the institution's security level. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(e). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement is clear that there must be a review to ensure the staff member did not consent to the sexual contact before issuing discipline to the inmate.

The institution had no records of any inmate disciplined for sexual contact with a staff member that could be reviewed by the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(f). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The BOP states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that inmates be held responsible for manipulative behavior and intentionally making false allegations.

The auditor reviewed three sexual abuse investigative files from the previous 12 months during the onsite phase of the audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.78(g). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement prohibits all sexual activity between inmates. Any sexual activity is subject to discipline.

The auditor reviewed the Bureau of Prisons *Admission & Orientation Handbook*. In the Handbook, the auditor found inmate rules, that include a prohibition on sexual contact. Based on this analysis, the auditor finds the institution in compliance with this provision.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.81(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement states that all inmates who have disclosed prior sexual victimization during the risk screening are offered a follow-up meeting within 14 days with a medical or mental health practitioner. The follow-up meetings under this section are conducted by Psychology Services.

During the onsite phase of the audit, the auditor interviewed a counselor and a psychologist who perform the risk screening. They both confirmed that all inmates are asked about prior sexual victimization on the risk screening. Any inmate who indicates that were a prior sexual abuse victim are provided the opportunity to meet with medical or mental health staff. That meeting typically happens within two days of their admission to the institution. The auditor interviewed five inmates who reported prior sexual victimization on the risk screening. Each of the five inmates confirmed to the auditor that they were seen by medical services and the psychologist on their second or third day at FPC Bryan. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.81(b). In PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, the institution addresses this standard. The policy states that inmates considered high risk for sexual reoffending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques. FPC Bryan indicated in the PAQ there were no inmates screened that indicated they had previously perpetrated sexual abuse. The auditor understood that due to the security classification of FPC Bryan, inmates that were considered to be at risk to perpetrate sexual abuse in custody would not be housed at that institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.81(c). FPC Bryan is a Federal prison, and this provision does not apply. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.81(d). FPC Bryan is a Federal prison, and this provision does not apply. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.81(e). The institution provided the auditor PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that medical and mental health staff obtain informed consent from inmates prior to reporting information about prior sexual victimization.

During the onsite phase of the audit, the auditor interviewed the health services administrator and a psychologist. They both indicated that informed consent must be obtained from all inmates prior to reporting sexual abuse allegations if the abuse occurred outside the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.82(a). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that inmate victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an inmate self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence.

During the onsite phase of the audit, the auditor interviewed the health services administrator and a psychologist. Both discussed the steps taken upon notification that an inmate has reported sexual abuse. The inmate would be taken to Health Services and would receive an injury assessment. Care would be taken to preserve forensic evidence, but emergent medical care will be provided. The psychologist stated that Psychology Services would be notified, and crisis intervention services would be provided as soon as possible after the incident. The auditor interviewed one inmate who had reported sexual abuse and she stated that she was taken immediately to Health Services and was provided a full health examination. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.82(b). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement defines that the Operations Lieutenant is to take preliminary steps to safeguard the inmate victim and notify appropriate medical and mental health practitioners.

During the onsite phase of the audit, the auditor interviewed the health services administrator and a psychologist. The institution has medical staff on duty 24 hours a day who can readily respond to incidents of sexual abuse. Staff on duty after seven o'clock in the evening and before six o'clock in the morning would have to send the victim to the hospital if injuries were severe. After regular hours, Psychology Services would receive notification by electronic mail to see the victim as soon as possible. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.82(c). In the PAQ, the auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that inmate victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an inmate self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence.

During the onsite phase of the audit, the auditor interviewed the health services administrator and a psychologist. It was explained that all inmate victims would be provided information and access to care for sexually transmitted infections, including HIV, and pregnancy. If the victim had a forensic examination, the SANE nurse would complete the examination and provide follow-up information to the institution for the inmate's medication and testing. The auditor interviewed one inmate who had reported sexual abuse during the onsite phase of the audit. The inmate explained that there was no need for such testing, as there was no physical contact this severe to require it. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.82(d). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning inmate co-pays for medical treatment shall not be applied to victims of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes ☐ No ☐ NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigative files
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.83(a). The institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states that all inmates are offered medical and mental health evaluation and treatment who have been victimized by sexual abuse in any institution.

During the onsite phase of the audit, the auditor confirmed through interviews with the health services administrator that inmates who report victimization are provided services, treatment, and counseling by medical and mental health staff. The auditor also interviewed an inmate who reported an incident of sexual abuse. She confirmed she was provided a full health examination and was then seen by Psychology Services and has spoken with someone several times. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* provides institution policy regarding the medical and mental health care for inmates. The policy states that inmates will be provided follow-up services, treatment plans, and referrals for continued care following transfer or placement in other facilities or release from custody.

The auditor interviewed the health services administrator and a psychologist during the onsite phase of the audit. They both described some of the services available, such as testing for HIV and sexually transmitted infections. They also told the auditor that any treatment plan would go with the victim upon the victim's release from the institution. The auditor interviewed an inmate who reported an incident of sexual abuse. She told the auditor she was provided the opportunity for services at Health Services but declined, as she was not harmed and did not require those services. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(c). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that victims will be provided with medical and mental health services consistent with the community level of care.

The auditor interviewed the health services administrator and a psychologist during the onsite phase of the audit. The administrator was clear that all services provided at Health Services were consistent with the community level of care. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(d). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that female victims of sexual abuse while incarcerated are offered pregnancy tests.

The auditor interviewed an inmate who had reported an incident of sexual abuse. She stated that she was not abused in a manner that could cause pregnancy, so pregnancy testing was not necessary. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(e). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that Bureau providers deliver comprehensive prenatal counseling and care for pregnant female offenders.

The auditor interviewed the health services administrator and a psychologist during the onsite phase of the audit. The administrator explained that any inmate who became pregnant would receive information about all lawful pregnancy-related services. The Bureau would provide the best services available to ensure a healthy child. The auditor interviewed an inmate who had reported an incident of sexual abuse. She stated that she was not abused in a manner that could cause pregnancy, so these services were not necessary. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(f). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that all inmate victims would be offered tests for sexually transmitted infections.

The auditor interviewed an inmate who had reported an incident of sexual abuse. She stated that she was not abused in a manner that would require such testing. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(g). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning inmate co-pays for medical treatment shall not be applied to victims of sexual abuse.

The auditor interviewed an inmate who had reported an incident of sexual abuse. She stated that she was not financially responsible for any medical or mental health services. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.83(h). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement language is clear that inmate-on-inmate abusers will be offered treatment when deemed appropriate.

The auditor interviewed a psychologist during the onsite phase of the audit. The psychologist stated that the BOP does identify sexual abusers and will offer them treatment. This happens in other BOP institutions, but not at FPC Bryan. They will not house sexual abusers at Bryan due to the minimum-security classification of the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Investigation files
2. Interviews:
 - a. Specialized staff
 - b. Incident review team

Findings (by provision):

115.86(a). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. In this section, the policy states in cases of substantiated or unsubstantiated allegations, Institution Executive Staff review the incident to assess the facility's response to the allegations. All factors noted in this Standard are considered. The IPCM documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. Consideration for staff affected by the incident is necessary. Efforts to mitigate potential stress associated with these events should be offered to affected staff.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigation files from the previous 12 months. All three of the files contained the written incident review report. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.86(b). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement requires the incident review to be completed within 30 days of the conclusion of the investigation.

During the onsite phase of the audit, the auditor reviewed three sexual abuse investigation files from the previous 12 months. All three of the files contained the written incident review report, which was completed within 30 days of the written report of the investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.86(c). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This policy states the review team also may include input from the local Union President. The Union representative will be provided an opportunity to review the draft report and submit recommendations, which will be included in the review team's final report and recommendations as an addendum. Adoption of the Union's recommendations in the final report is at the discretion of the review team.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that the IPCM leads the sexual abuse incident review team and holds the review meetings with upper-level officials to review the incident and the details. The auditor reviewed three sexual abuse investigation

files from the previous 12 months. All three of the files contained the written incident review report. The reports outlined the review team members and showed input from other staff members who would have information about the incident. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.86(d). In the PAQ, the institution provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement properly lists each of the required elements of this provision, as well as requiring the preparation of a report to be submitted to the institution's Warden.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated that each incident review includes a consideration of each of the elements in this standard's provision. The team discusses the facts of the allegation and the findings from the investigation to determine if any of the factors in this provision may have had an impact on the incident. The team then prepares a report that is submitted to the Warden. The auditor also interviewed the IPCM who stated that she leads the incident review meetings and ensures that the team reviews each of the items in this provision. The auditor interviewed a member of the incident review team. That staff member confirmed the same information, that the team reviews each incident for each of the elements in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.86(e). The auditor was not provided any documentation to show compliance with this provision. The auditor discussed compliance with the Warden. The Warden stated that best efforts are made to implement recommendations from the incident review reports. Failure to do so may lead to additional abuse incidents. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*
 - b. Annual Reports (2013 through 2018)

Findings (by provision):

115.87(a). The institution provided the auditor with PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. This program statement requires that the Bureau tracks information concerning sexual abuse using several methods. The SIS maintains secure investigative files and data, including victims and perpetrators of sexually abusive behavior, factual descriptions of the events, formal and informal actions taken, collateral reports, memoranda, video, medical forms, and any other evidentiary materials pertaining to the allegation. The Office of Internal Affairs reports cumulated data on the inmate victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year. The Information, Policy and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. The Captain in each institution is responsible for accurate

inmate codes from the computer system related to sexually abusive behavior. Access to this information is limited to those staff who are involved in managing and treating the inmate victim or inmate perpetrator or investigating the incident.

The auditor was provided copies of the BOP Annual PREA Report for years 2013 through 2018. Each of the reports includes data that is listed in categories that meet the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ). Based on this analysis, the auditor finds the institution in compliance with this provision.

115.87(b). This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.87(c). This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.87(d). This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.87(e). This provision is included in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The Bureau collects this data from each of the contracted institutions that housed BOP inmates.

The auditor was provided copies of the BOP Annual PREA Report for years 2013 through 2018. The auditor reviewed the provided annual reports and each report includes all of the required elements for this Standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.87(f). The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
 - b. Annual Reports (2013 through 2018)
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.88(a). The auditor was provided PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. Under this section, the program statement indicates that the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division and the Office of Internal Affairs, and issues a report to the Director on an annual basis, meeting the requirements of this section.

The auditor was provided written responses to the Agency Head's interview questions. The Agency Head stated that if the incident-based sexual abuse data shows patterns, such as the LGBTI inmates being targeted or a significant number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified. For example, we noted that almost 38% of "Substantiated" cases in calendar year 2018 involved inmate witnesses. This resulted in continued emphasis during inmate education of the zero-tolerance policy and reporting incidences of sexually abusive behavior to staff when they are observed. Additionally, 45% of perpetrators in "Substantiated" cases admitted to all or some part of the sexually abusive behavior. This was notable and was attributed to both inmate witnesses providing details to investigators and also investigators receiving training in conducting thorough investigations for evidence that could not be disputed.

The auditor also reviewed written responses from the National PREA Coordinator. The PREA Coordinator stated that the annual data is aggregated, is reviewed, and compiled into a report and issued to the Director annually. The agency complies with the Freedom of Information Act, but investigative, psychological, and medical data are securely maintained. The annual report does not contain identifying information. Corrective action is taken on an ongoing basis.

The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM explained that aggregated data from FPC Bryan is included in the Agency annual report. This would be reviewed internally, and any necessary corrective actions would be taken to ensure the safety of the inmates and staff at the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.88(b). The auditor reviewed copies of the agency's annual reports for years 2013 through 2018. The reports clearly include a comparison of the current year's sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.88(c). The auditor reviewed copies of the agency's annual reports for years 2013 through 2018. The reports are signed by the agency Director. The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act.

The auditor was provided written interview responses by the Agency Head. The Agency Head stated that the annual report for the prior calendar year is reviewed by me prior to being placed on our public website. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.88(d). The auditor reviewed copies of the agency's annual reports for years 2013 through 2018. The reports do not contain any personally identifiable information that would require redaction.

The auditor was provided written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the Bureau complies with the Freedom of Information Act. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. If information needs to be redacted, the nature of the redacted material would be indicated. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
 - b. Annual Reports (2013 through 2018)

2. Interviews:
- a. PREA coordinator

Findings (by provision):

115.89(a). The institution includes language regarding the retention of sexual abuse data in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The program statement mandates secure retention of the agency's sexual abuse aggregated data.

The auditor was provided written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the agency complies with the Freedom of Information Act and all other applicable laws, rules, and regulations. Investigative, psychological, and medical data are securely maintained. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.89(b). PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* requires the agency to make the aggregated sexual abuse data available to the public through its website.

The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.89(c). The auditor reviewed annual reports for 2013 through 2018 and did not identify any information that personally identified any victim or perpetrator. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.89(d). The institution includes language regarding the retention of sexual abuse data in PS 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program*. The policy mandates secure retention of the agency's sexual abuse aggregated data for at least 10 years after the date of initial collection. Based on this analysis, the auditor finds the institution in compliance with this provision.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)

- a. Agency website
- 2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.401(a). This was the third audit completed by the Federal Prison Camp Bryan. The auditor confirmed this information with the Management Analyst and through the Bureau website. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(b). This is the second year of the third PREA audit cycle. This audit of FPC Bryan is being completed as part of the second third of the BOP facilities in the second year of the third PREA audit cycle. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested in order to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 30 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.401(n). The institution posted the required audit notice in every housing unit, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor's contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Agency website
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.403(f). This was the third audit completed by the Federal Prison Camp Bryan. The Bureau has posted the second audit report on the institution's website for public review per the requirements of this Standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

James Kenney

April 19, 2021

Auditor Signature

Date

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

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