

ADULT PRISONS & JAILS



Auditor Information			
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Telephone number: 614-940-4696			
Date of facility visit: March 2-4, 2015			
Facility Information			
Facility name: Federal Correctional Complex-Coleman			
Facility physical address: 846 N.E. 54th Terrace 33521			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 352-689-6000			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Tamyra Jarvis, Warden			
Number of staff assigned to the facility in the last 12 months: 1428			
Designed facility capacity: Low-1536, Medium 1152, Camp 512, USP1-960, UPS2-960 Total-5120			
Current population of facility: Low-1790, Medium-1611, Camp-484, USP1-1528, USP2-1449 Total-6862			
Facility security levels/inmate custody levels: Low, Medium and High			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Angel G. Motta		Title:	Associate
Email address: COP/PREA Compliance Manager		Telephone number:	352-689-7000
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, N.W., Washington DC 20534			
Mailing address: <i>(if different from above)</i>			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Charles E. Samuels, Jr.		Title:	Director
Email address: BOP-CPD/PREA Coordinator@BOP.GOV		Telephone number:	202-514-4919
Agency-Wide PREA Coordinator			
Name: Alix McLearen		Title:	National PREA
Email address: BOP-CPD/PREA Coordinator@BOP.GOV		Telephone number:	202-514-4919

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Complex-Coleman (FCC) was conducted March 2-4, 2015 by Nakamoto Group Inc. auditors Stephen J. Huffman (Lead) and Marie J. Carter Calvin. When the auditors arrived at the facility, an "in-briefing" meeting was held with Wardens, PREA Compliance Manager, Associate Wardens, several support staff, ACA Auditors and representatives from the Bureau of Prison (BOP) Program Review Division. The introductions and the audit process was discussed during the briefing.

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

The Complex consists of five separate facilities. The Complex consists of a low security male facility with a bed capacity of 1536 and a current inmate population of 1790. The inmate housing units consist of three two-story buildings, each with four units for a total of twelve units. The units are split into two wings, with each wing having 64 cubicles designed for two inmates in each cubicle. As a result of the increased population a third bed has been added to each cubicle area. The inmate age range is 19-81 and an average daily population of 1931. The average length of stay is 11 years, 3 months.

There is a medium security male facility with a capacity of 1536 and a current inmate population of 1611. The layout of the facility is identical to the low security facility except for the inmate housing units. The inmate housing units consist of three four-story buildings. Each building consists of four housing units, resulting in a total of twelve units. In each building, there is one unit which covers the first and second floors and the other unit consisting of the third and fourth floors of the building. The units are split into two wings, with each wing having 64 cells, which are designed for two inmates in each cell. The inmate age range is 19-77 and an average length of stay is 13 years, 9 months.

There is a high security male facility (USP-1) with a bed capacity of 960 and has a current population of 1528. USP-1 encompasses ninety acres of the total 1600 acres attributed to the Complex with approximately 580,000 square feet of building space. The inmate housing units consist of six, two story buildings. Each unit has 128 cells that will house 256 inmates. The facility is connected by an enclosed security corridor which is used for staff and inmate movement and is readily handicap accessible by inmates and visitors. The facility consists of a stun-lethal security fence that encapsulates the entire high security facility. The inmate age range is 19-77 and an average length of stay is 19 years.

The Complex consists of a second high security male facility (USP-2) with a bed capacity of 960 and a current population of 1449. The construction of USP-2 was completed in 2004 and encompasses ninety acres of the total 1700 acres. The inmate housing units consist of six, two-story buildings. Each unit consists of 128 cells. The facility is connected by an enclosed security corridor which is used for staff and inmate population movement and is readily handicap accessible by both staff and inmates. The inmate age range is 20-78 and an average length of stay is 16 years 6 months.

The Complex also has a satellite camp for female inmates with a bed capacity of 512 and a current population of 484. The inmate housing units consist of one building which is identical to the housing units at the low facility. The camp provides support to all the facilities, UNICOR warehouse and distribution operations, food service and warehouse operations and landscape/grounds and general maintenance operations.

Supervisory oversight of the shared services components is under the direction of all four Wardens. The shared services departments are; health services, financial management (comprising of three department supervisors providing oversight to the budget & accounting, procurement & property and inmate services/trust fund, human resource management, religious services, psychology, facilities management, safety, computer services, food service, correctional systems, education and recreation. The Complex also shares staffing resources and equipment within the southeast region. The Wardens meet weekly to discuss shared services and other Complex issues.

The standards used for this audit became effective August 20, 2012. This auditor discussed information contained in the Pre-Audit Questionnaire with the Complex PREA Audit Manager prior to the on-site audit visit. The National PREA Coordinator, National PREA Contract Administrator for the BOP was previously interviewed telephonically, as was the Director's designee. As part of the audit, a review of all agency and local facility policies, and a tour of all five facilities was completed. A total of 90 inmates; 75 male and 15 female were interviewed by the two auditors. Five inmates refused interviews. One inmate interviewed was gay, four were disabled and three limited English speaking who used the language line for assistance. During the rating period of 1/1/2014-1/19/2015 there were 24 allegations of sexual abuse/harassment and 8 of the inmates were interviewed. One inmate refused and the other inmates no longer were housed at the Complex. Twenty-three allegations were found to be unsubstantiated and one was found to be substantiated. A total of 200 Complex staff were interviewed. Seventy-seven correctional officers (from all three 8 hour shifts and all five prisons, fifteen administrative staff, one contractor, one volunteer, and 106 specialized and random staff were interviewed. The administrative staff interviewed included the four Complex Wardens, five Associate Wardens, Human Resource Manager, Captain, Chief Psychologist, Health Services Administrator and two Camp administrators.

A representative from the local advocacy center, "The Haven" was contacted and she stated the center has a good relationship with the Complex and believes there is a good "PREA Culture" at the Complex. The Center and the Complex administration meet periodically to discuss PREA issues.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens.

All newly committed inmates are interviewed and screened by the education department staff that determine their individual education level and needs. A verified high school diploma or GED equivalency is required. Inmates failing to meet these requirements will enroll in the GED Program in accordance with literacy program directives. Academic classes are conducted Monday through Friday. Satisfactory completion of the GED Program will merit a GED Certificate. All inmates are assigned jobs.

English as a second language is offered for non-English speaking inmates. This course consists of three levels of communicative English instruction. Each facility within the Complex offers a variety of elective courses such as Business Education and Basic Computer Training. In addition to the academic programs, a variety of vocational training programs are offered in such areas as Culinary Arts, Horticulture, Cosmetology, Electrical, HVAC, Custodial Maintenance, and Computer/Keyboarding skills. Eight apprenticeship programs are offered through the U.S. department of Labor. Parenting classes are available at all sites. Inmate mock job fairs are held three times a year per site and assist with the Re-Entry efforts. Adult Continuing Education classes cover topics ranging from business to foreign languages. Leisure and law library services are popular and include an Inter-library Loan program.

The Complex facilities also provide court-mandated legal resource materials for inmates including Bureau of Prisons and Institution Directives and Code of Federal regulations.

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

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out brief" meeting was held with Complex Wardens, Associate Wardens, Complex PREA Manager, numerous administrative staff and representatives from the PREA Regional Office of the Bureau of Prisons. The auditors were provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. There were two areas of concern during the audit. Inmate rest rooms in the low and medium libraries did not have constant supervision. In order to have enhanced supervision the doors were removed and privacy panels were installed so staff could casually supervise the rest rooms more effectively enhancing inmate safety. The Complex staff were found to be courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit the auditors thanked the FCC-Coleman staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 4

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The agency and the facility exceed the standard with policies and practice. National Policy or Program Statement (PS) 5324.11-1b pages 3,14,25,27,28,29 and 49 and local policy IS pages 1-7 clearly exceed addressing this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to PREA. The facility PREA Compliance Manager reports to the Warden. The facility has zero tolerance posting in all areas of the facility. All staff are issued pocket size PREA Standards Guideline to carry at all times for reference. Staff receive initial training and annual training, as well as, updates throughout the year.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03-pages 8-12 , IS 5324.11, Section 9- pages 1-7 and 3d page 2 addresses this standard. Policy requires the facility to review the staffing plans on an annual basis. Interviewing the Wardens and Associate Wardens of the FCC-Coleman indicated compliance with the PREA and other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The FCC-Coleman has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and Tru Links e-mail system review of documentation, staff interviews and rosters. Documentation of unannounced rounds by administrative staff that cover all shifts were reviewed. Interviews with staff confirmed unannounced rounds to all areas of the complex are on a weekly basis and conducted with no warning to staff. Video cameras (389) are placed throughout the complex with monitoring capabilities. The Vicon Net Camera monitoring system is monitored in the main control centers and Special Investigative Supervisor (SIS) office area. The cameras have recording capabilities and is maintained for 45 days. The auditors found "blind" spots in library rest rooms which are not directly supervised by staff. The facility corrected the deficiencies prior to the close of the audit by removing the door and placing privacy panels in the rest room allowing for enhanced indirect supervision. The quarterly Workforce Committee minutes were reviewed that indicated all staffing issues are discussed by Wardens and other administrative staff.

Standard 115.14 Youthful inmates

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

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

Not Applicable - The FCC-Coleman does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5324.11-1a-d page 18, Section 11 page 2 and IS pages 1-7 addresses this standard. Cross-gender strip or body cavity searches are prohibited, except in emergency situations. Searches are to be performed by medical staff and documented. Staff indicated they received cross-gender pat search training during initial and annual training sessions. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit and beginning of the shift. The facility also utilizes an intercom speaker system announcing at the beginning of the shift and several times during the shift, stating the possibility of opposite gender staff may be entering the housing unit. There are notices posted in the housing units indicating opposite gender presence. These posting and announcements were observed by the auditors. The posting are written in both English and Spanish. Staff were aware of the policy prohibiting the search of trans gender or intersex inmates to determine their genital status.

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

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

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

PS 5324.11 pages 20 and 21 addresses the requirements of this standard. The FCC-Coleman takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, posting and inmate handbooks are in English and Spanish. The auditors reviewed all mentioned documents. Staff interviewed were aware that under no circumstance are inmate interpreters or assistants are to be used when dealing with PREA issues. Inmates with disabilities and who are limited English proficient were interviewed and confirmed compliance to this standard.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03-page 28, 41-45, PS 3420.11 pages 6&7, PS 5324.11-K1&2 page 10, Pre-Employment Guide and BOP Recruitment Flyer page 1 addresses this standard. The Human Resource Manager was interviewed, and stated that all components of this standard have been met. All employees, contractors, volunteers have had their background checks completed. BOP Regional Office staff conduct background checks before approving a promotion. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy states false information submitted by applicants is grounds for termination. Auditor reviewed employment documentation supporting compliance to this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

The FCC-Coleman complex has an extensive video and visual monitoring system in place and has continued upgrading the system. All upgrades are reviewed and discussed during quarterly administrative meetings to ensure the safety of staff, visitors and inmates.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.11 pages 4, 5, 23, 24, PS 6031.03 pages 42 & 45 and Health Services Procedural Manual page 78 addresses compliance of this standard. Custody and medical staff were interviewed concerning this standard and all were knowledgeable of procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Staff were aware of the Special Investigative Supervisor Team (SIS) conducted investigations. Inmates are transported to local Leesburg Regional Medical Center and The Haven Advocacy Center for SAFE/SANE exams. A representative of "The Haven" Advocacy Center was contacted and she stated the center has an excellent relationship with the FCC-Coleman. She believes there is a good PREA culture at the complex. The complex has a Memorandum of Understanding with the center and there were no SAFE/SANE exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.11 pages 44, 45 and 46 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant was interviewed and found to be very knowledgeable concerning his responsibilities. There are 253 agency investigators and 7 complex investigators. The FBI conducts the criminal investigations for the complex. There were 24 allegations of sexual abuse or harassment during January 1, 2014 through January 19, 2015 audited period. One allegation was determined to be substantiated and the remaining allegations were determined to be unfounded. The auditor was able to interview 9 inmates who made allegations who were still housed at the complex. One inmate refused to be interviewed. Eight inmates interviewed believed staff responded appropriately and one believed they did not. After reviewing the investigation this auditor believes staff acted appropriately. All 24 allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports. All 24 allegations were reported and thoroughly investigated within 7 days after the incident. Review of documents and interview with staff and inmates confirmed excellent rating of compliance with the standard.

Standard 115.31 Employee training

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

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PS 5324.11 pages 14, 15, 25, 26 and 27 and Annual Training Plan addresses all training required by this standard. The Bureau of Prisons (BOP) provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Contractors and volunteers are provided training relative to their duties and responsibilities. Much of this training was provided through an on-line course on PREA provided by BOP. Annual refresher training including PREA topics is provided to all staff. Staff acknowledge in writing their understanding of PREA. Staff training files and facility training curriculum was reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated they had received PREA training.

Standard 115.32 Volunteer and contractor training

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

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PS 5324.11 and Annual Training Plan addresses the requirements of this standard. There are 321 contractors and volunteers who have received PREA training that covered zero-tolerance, reporting and responding requirements. All training is documented and interview with education contractor indicated he was knowledgeable of his responsibilities. Auditor examined training files that confirmed standard compliance.

Standard 115.33 Inmate education

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

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

5324.11 page 28, 5290.14-g-page 10 and 5324.11-e- page 28 addresses the requirements of this standard. I believe the facility does an exceptional job in educating the inmates in PREA. Inmates receive information during the intake process that includes a PREA video, pamphlet and handbook printed in English and Spanish. The inmates have available TRU Links computer program providing them with PREA information. Unit staff meet periodically with inmates concerning PREA standards giving the inmates an opportunity to ask questions and present any concerns. There are posters throughout the facility and in each housing unit and a "hotline" telephone number to call to report abuse or harassment. The Office of Inspector General address is posted in each housing unit for inmates to write concerning any sexual abuse or harassment. There is a language line available to limited English speaking inmates. Interviews with staff and inmates, as well as documentation review, support the complex exceeds compliance of the standard.

Standard 115.34 Specialized training: Investigations

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

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

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

Standard 115.35 Specialized training: Medical and mental health care

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

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The PREA training lesson plan and PS5324.11 pages 1-7 addresses this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive annual refresher training and all training is documented. The auditor reviewed training records and training lesson plan.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.11 pages 30-32 addresses the requirements of this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, review of documentation and observation of intake process confirmed this information.

Standard 115.42 Use of screening information

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

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

PS 5324.11-a-g page 34 addresses compliance of this standard. Policy requires the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused / harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates with continued follow-up and monitoring when needed. Staff and inmate interviews confirm compliance of the standard.

Standard 115.43 Protective custody

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

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

PS 5324.11-a-d pages 34 and 35 addresses this standard. The FCC-Coleman Special Housing Unit (SHU) is a separate unit in the facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in the SHU in the past 12 months for 1-24 hours awaiting completion of assessment. There were 14 inmates at risk of sexual victimization who were assigned to the SHU in the past 12 months for longer than 30 days while awaiting alternative placement.

Standard 115.51 Inmate reporting

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

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PS 5324.11 a-d page 36, PREA pamphlet, and inmate handbook in English and Spanish addresses compliance of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (including verbally, in writing, anonymously, privately and from a third party for inmates to report sexual abuse/harassment. Staff document all allegations. There are posters and other documents on display throughout the complex (observed by auditors) also explain reporting methods.

Standard 115.52 Exhaustion of administrative remedies

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

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

1330.18 pages 1-4 and pages 14&15 and 1330.18-g-pages 14-16 addresses this standard. Inmates may file a grievance; however, all allegations of abuse/harassment when received by staff, would immediately result in an administrative or criminal investigation. The process does not include staff may be subject of the complaint by the inmate. There were no grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.11 page 37 and inmate handbook addresses this standard. The complex has a Memoranda of Understanding with the local "The Haven" advocacy center to provide all services relevant to this standard. A center representative was interviewed and she stated the center and the complex have a good working relationship and meet periodically to discuss services. She stated she believes the complex has a good PREA culture.

Standard 115.54 Third-party reporting

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

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

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", inmate handbook, posters, posted address of Office of Inspector General, and website www.bop.gov address the requirements of this standard. The website and facility posters assist third party reporters on how to report allegations. Staff and inmate interviews confirm compliance to this standard.

Standard 115.61 Staff and agency reporting duties

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

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

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

Standard 115.62 Agency protection duties

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

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

PS 5324.11 page 39 addresses this standard. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure scene and protect possible evidence, not allow inmates to destroy possible evidence and contact supervisor and medical staff. In the past 12 months there were 51 inmates determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.11 a-d page 40 addresses this standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. There were 5 allegations received the past 12 months stating that sexual abuse occurred at another facility. Policy requires the Warden where the inmate is currently being housed notify the Warden where the inmate was previously housed within 72 hours after being notified. The policy requires an investigation be immediately initiated. This standard was verified by reviewing policy and interviewing Warden and Associate Wardens.

Standard 115.64 Staff first responder duties

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

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

PS 5324.11 a1-4 pages 40 & 41 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation. The staff stated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact supervisor and medical staff. All staff are issued and carry a pocket size PREA guideline booklet for reference. There were 24 allegations made by inmates in the past 12 months.

Standard 115.65 Coordinated response

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

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

FCC Policy 5324.11-Section 7-page 2 and Emergency Plan addresses this standard. The documentation was reviewed by the auditor. The policy and plan describes first responders, medical / mental health staff, investigators and facility administration coordination to resolve sexual abuse / harassment incidents.

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

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

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

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

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.11 a-e pages 43 and 44 addresses this standard. The policy prohibits any type of retaliation to any staff person or inmate who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. The complex captain who is designated the retaliation monitor was interviewed and he stated he would conduct checks with the inmate weekly or as needed up to 90 days or as long as needed to make sure the inmate is safe from retaliation or inmate is transferred. There have been no cases of retaliation the past 12 months.

Standard 115.68 Post-allegation protective custody

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

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

PS 5324.11 a-page 44 addresses this standard. Interview with staff and an examination of the complex facilities indicated that there is a viable alternative to placement in involuntary segregated housing (SHU). The staff consider separate housing of victim and predator and transfer of inmates. There have been 14 inmates placed in involuntary segregated housing (post-allegation protective custody) within the past 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

Standard 115.73 Reporting to inmates

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

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

PS 5324.11 a-e pages 46 & 47 addresses this standard. There were 24 administrative investigations during the January 1, 2014 - January 19, 2015 audit period requiring inmate notification per this standard. All 24 inmates were notified in writing (reviewed by the auditor). This documentation confirms compliance of this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11 b pages 6 & 7 addresses this standard. FCC-Coleman has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any reported cases of inmates engaging in sex with staff in the past 12 months. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees 7/1/2014-7/20/2017 allows for disciplinary sanctions against staff including termination for sexual abuse/harassment of an inmate.

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5324.11 a-f page 49 addresses this standard. There were 24 cases of inmate sexual/harassment investigated at FCC-Coleman during the audit period of January 1, 2014-January 19, 2015. There have been no cases of staff and inmates engaging in sex during the past 12 months. There were no substantiated cases of inmates having sex with other inmates. There was one case of substantiated harassment by an inmate with another inmate. Policy does not allow consensual sex of any nature. Inmates that sexually abuse or harass staff will be disciplined if not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with SIS investigator confirm compliance to this standard.

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

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

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

PS 5324.11 pages 30,31,33,34 and 50 addresses this standard. Interviews with medical and specialized staff indicated the complex has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. There have been 50 inmates received at the complex, 15 low security facility and 35 at the medium security facility, that disclosed sexual victimization at another facility and was offered a follow-up meeting with medical or mental health staff. Treatment services are offered without inmate financial costs. The psychology services tracking form was reviewed that tracks inmates who received services. All information is handled confidentially, and interviews with staff confirmed compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.11 pages 1-5 and 52 and IS pages 5&6 and BOP Clinical Practice Guidelines addresses this standard. The complex has a memoranda of understanding with the local Leesburg Regional Medical Center for emergency medical and mental health treatments. The treatment is offered at no financial cost to the inmates. Interviews with staff confirmed compliance with this standard.

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

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

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

PS5324.11 a-d page 52 and IS 5324.11 pages 5&6 addresses this standard. Services are consistent with community level of care without financial cost to the inmate. The complex has memoranda of understanding with local hospital Leesburg Regional Medical Center and The Haven Advocacy Center to assist with ongoing medical and mental health services. This standard compliance was determined by documentation review and medical / mental health staff interviews.

Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.11 a-d pages 53 & 54 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant was interviewed and found to be very knowledgeable concerning his responsibilities. There are 253 agency investigators and 7 complex investigators. The FBI conducts the criminal investigations for the complex. There were 24 allegations of sexual abuse or harassment during January 1, 2014 through January 19, 2015 audited period. One allegation was determined to be substantiated and the remaining allegations were determined to be unfounded. The auditor was able to interview 9 inmates who made allegations who were still housed at the complex. One inmate refused to be interviewed. Eight inmates interviewed believed staff responded appropriately and one believed they did not. After reviewing the investigation this auditor believes staff acted appropriately. All 24 allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; Incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports and a tracking log. All investigations ordinarily completed within 30 days. The review team consists of Warden, Associate Warden, PREA Manager, Complex Captain, Medical/Mental Health staff. All investigations were exceptionally thorough and interviews with staff and inmates confirmed the complex exceeded in compliance of this standard.

Standard 115.87 Data collection

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

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

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

Standard 115.88 Data review for corrective action

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Stephen J. Huffman

March 22, 2015

Auditor Signature

Date