

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 1, 2016

Auditor Information			
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Telephone number: 301-468-6535			
Date of facility visit: April 19-21, 2016			
Facility Information			
Facility name: Federal Correctional Institution (FCI) - Cumberland			
Facility physical address: 14601 Burbidge Rd, S.E. Cumberland, MD 21502			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 301-784-1000			
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: Timothy Stewart, Warden			
Number of staff assigned to the facility in the last 12 months: 318			
Designed facility capacity: 1395			
Current population of facility: 1334			
Facility security levels/inmate custody levels: FCI-Medium/In Custody, SPC-Minimum/Out/Community Custody			
Age range of the population: 18-80 Years Old			
Name of PREA Compliance Manager: Fernando Messer		Title: Associate Warden - Programs	
Email address: CUM/PREAComplianceMgr@bop.gov		Telephone number: 301-784-1000	
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, NW, Washington, DC, 20534			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Thomas Kane		Title: Acting Director	
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number: 202-616-2112	
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title: National PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

The onsite PREA audit of the Federal Correctional Institution (FCI), Cumberland, Maryland, was conducted from April 19-21, 2016. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses in the questionnaire. Much of the documentation was Program Statements (PS) and Institution Supplements (IS) and training documentation. Program Statements are agency-wide governing policies provided by the Federal Bureau of Prisons and Institution Supplements stipulate institution specific policies.

An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: the Warden, the Associate Warden – Programs/Institution PREA Compliance Manager (IPCM), the Chief of Psychology, an ACA surveyor and a management analyst from the FBOP Central Office. A comprehensive tour of the facility and the minimum security satellite camp was completed. The tour included the facility's intake area, all housing units, segregation housing unit and the health care, recreation, food service, education and programming areas. During the tour, it was noted that there were multiple video cameras and staffing was sufficient to ensure a safe environment for inmates and staff. During the tour of housing units, female employees were always announced when entering areas where inmates of an opposite gender were housed. Signs were also posted (in English and Spanish) that indicated that employees of the opposite gender were present on the unit. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal conversations with employees and inmates regarding the PREA standards were conducted and inmates. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings with the PREA auditors' contact information were also located in the same areas. There were no letters to this auditor as a result of the audit postings in the housing units. Both the FCI and the satellite camp were clean, orderly and extremely quiet.

A total of 20 correctional staff were interviewed and included employees from the FCI and satellite camp. Line officers and lieutenants from all shifts were included. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a facility's coordinated response. Specialized staff were also interviewed and included the Warden, the IPCM/AW-P, the facility's chief investigator (SIS Lieutenant), the health care unit administrator, the director of nursing, volunteers, health care providers and mental health providers. All interviewed staff, contractors and volunteers demonstrated a knowledge and understanding of the PREA and their responsibilities under the program.

Twenty inmates were interviewed and were randomly selected from all housing units. One inmate self-identified as being bisexual and one inmate self-identified as being pre-operative transgender. Two limited English proficient inmates were included in the group of 20 inmates. All inmates interviewed demonstrated a good understanding of the PREA program and the prevention, protection and reporting mechanisms.

The agency and facility have had a sexual abuse and sexual harassment prevention and intervention program for many years. The facility's movement towards full adoption of the PREA Adult Prison and Jail standards has occurred over the last two years.

A review of the investigative files opened during the past 12 months alleging sexual abuse or sexual harassment was conducted. There were allegations by inmates of improper touching and there were no staff on inmate allegations of physical contact that involved penetration or allegations that lead to SANE/SAFE examinations.

The Interim PREA Audit Report found there were two areas of concern that surfaced during the audit. The first involved Standard 115.67, agency protection against retaliation, and the monitoring not including a review of job changes, housing/program changes, disciplinary reports, reassignments of staff and negative performance reviews and that protection measures employed in response to the retaliation were not documented. The second concern involved Standard 115.71, criminal and administrative agency investigations and the timeliness of completing PREA the related investigations. The specifics of each concern are provided in the remarks section relative to the standard. It should be noted that the facility was very responsive to the audit process and began corrective measures immediately for both concerns.

On Jul 25, 2016, the facility provided documentation of action to correct both areas of concern. The facility also provided evidence of a systems of control, in the form of an IPCM information tracking log, to monitor the progress of post allegation protocols and to prevent the previously identified concerns from occurring again. The corrective actions are detailed in the remarks section for each standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

FCI Cumberland, Maryland, is part of the Federal Bureau of Prisons, a division of the United States Department of Justice. The facility is located in the extreme western portion of the State of Maryland and is part of the Federal Bureau of Prison's Mid-Atlantic Region. FCI Cumberland houses adult male offenders with medium security custody designations, while the satellite camp houses male offenders with a minimum security designation. The population of the FCI is approximately 1125 inmates and the satellite camp averages approximately 250 inmates. The facility does not house youthful offenders. The facility offers Adult Basic Education (ABE), General Education Development (GED) and Pre-GED English as a Second Language (ESL) classes, Vocational Technical classes (carpentry and drywall installation), apprenticeship programs (HVAC, plumbing, cook, baker, computer, electrician, landscape, painters, welder-fitter, auto-mechanic and powerhouse mechanic), Adult Continuing Education classes, Correctional Learning Network (CLN) classes, parenting classes and the Hope House Book Reading and Father's Camp program. Other vocational opportunities include signage, seal and flag manufacturing. The FCI and satellite camp offer residential drug abuse programs. The psychology department supervises inmate participation in Quilts for Kids, the Wooden Toy Project, Tails of Freedom and the C&O Canal National Historic Park project. The facility sponsors a Reentry Center that prepares offenders to reenter into society.

The FCI consists of eight multiple occupancy housing units and a special housing unit that can house 72 inmates. The satellite camp has two, two-story dormitory style housing units and does not have a special housing/segregation unit. Inmates arrive to the facility from other facilities by the FBOP bus system, by air via the Justice Prison Alien Transport System (JPATS) and through self-commitments. New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. In addition to medical, dental, mental, health and social services, the facility offers academic and vocational opportunities. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. The FCI has a four cell medical observation unit that houses inmates requiring close or frequent monitoring and is sometimes used to shelter inmates who have been determined to be at imminent risk of sexual abuse. Inmates requiring health care beyond the scope of services provided in the facility are transported to providers or a hospital in the community. SANE/SAFE examinations and evidence collection is conducted at Western Maryland Health Regional Medical Center in Cumberland, Maryland.

The mission of the Federal Bureau of Prisons 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.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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.

Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Federal Correctional Institution (FCI) Cumberland (CUM) Institution Supplement (IS) Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The agency has appointed a psychologist assigned to the Correctional Programs Division as their National PREA coordinator. The Warden has appointed the Associate Warden of Programs as the Institution PREA compliance manager (IPCM). The IPCM reports directly to the warden regarding all PREA related concerns. Interviews with the agency wide coordinator and IPCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. Interviews with staff, volunteers, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment.

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 meets the requirements of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential re-entry centers [half-way houses]) to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards.

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.

FBOP PS 3000.03, Human Resource Management Manual; the facility staffing report and the Workforce Utilization Committee Meeting Minutes address the requirements of the standard. A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee Meeting minutes for the previous 12 months were reviewed and confirmed that PREA issues were considered when filling positions. Interviews with the Warden and Human Resource Manager confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. The IPCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy; findings of inadequacy from Federal investigative agencies or findings of inadequacy from internal or external oversight bodies. All essential posts are filled each shift and no essential posts are kept open for salary savings.

The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors conduct and document unannounced rounds. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that unannounced rounds by Institution Duty Officers are made each day.

Standard 115.14 Youthful inmates

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

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

Not applicable. The facility has not housed youthful inmates for over one year.

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.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and PS 5521, Searches of Housing Units, Inmates, and Inmate Work Areas address the requirements of the standard. The facility's rated capacity exceeds 50 inmates and neither the FCI or satellite camp house female inmates. Neither facility permits cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity searches conducted in the facility during the audit period. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of strip searches of the inmates of the opposite sex except in exigent circumstances. Interviews with male inmates confirmed that none of them had been strip searched by female officers. Inmate interviews confirmed that inmates are not delayed or prohibited from attending regularly available programming or other out-of-cell opportunities in order to comply with the standard. As confirmed by observation during the tour of all housing units, inmates are

permitted to shower, perform bodily functions and change clothing without cross-gender viewing of their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The agency and facility have a “knock and announce” policy and procedures requiring staff of the opposite sex to announce their presence when entering an inmate housing unit. Inmate interviews confirmed that male and female staff announce their presence when entering housing units where inmates of the opposite gender are housed. The practice was observed during the tour of the FCI and camp. Signs indicating that male or female staff are present are posted inside and outside each housing unit. The signs are printed in English and Spanish. A facility wide announcement is made over a loud speaker, at the beginning of each shift that tells inmates that male and female employees are on duty in their units.

Staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. One self-identified transgender inmates was housed in the FCI at the time of the audit. During an interview, the inmate stated that there had never been an occasion when a physical examination was conducted for the sole purpose of determining genital status. Interviews with male inmates confirmed that most had been pat-searched by female officers but the search was always conducted in a professional and respectful manner, and in the least intrusive manner possible,

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.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Attachment G of the Admission and Orientation (A&O) handbook address the requirements of the standard. Through policy and practice, the facility ensures 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. All PREA related information, including postings, brochures and handouts are available in English and in Spanish. Telephonic/video translation services are available through Language Line Solutions for inmates who are not English proficient or inmates who use sign language. The facility also employs staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants in the performance of first-responder duties or the investigation of an inmate’s allegations. TeleTypewriter TTY units are available for inmates who are hard of hearing. An interview with one non-English proficient inmate confirmed the availability and use of the telephonic interpretive services.

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.

FBOP PS 3000.03, Human Resource Management Manual; PS 3420.11, Standards of Employee Conduct; the Pre-Employment Guide; SF85P, the Questionnaire for Public Trust Positions; and the BOP Recruitment Flyer address the requirements of the standard. All employees who have contact with inmates have what is described as a full field background investigation in addition to finger printing and

inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates have criminal background checks completed prior to having contact with inmates. The background checks include finger printing and inquiry into the FBI's NCIC database. Volunteer and contractor background checks are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the 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; 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; or has been civilly or administratively adjudicated to have engaged in the activity. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Submission of false information by any applicant is grounds for termination. The agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The agency provides 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. The agency notifies appropriate licensing/certifying agencies when professional staff are terminated for substantiated allegations of sexual abuse or harassment.

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.

Not applicable. The facility has not had any substantial expansion or modification of existing facilities since August 20, 2012. Additionally, there has been no installation or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012. This is the facility's first PREA audit.

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.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; the Guide for First Responder/Operations Lieutenant - When Approached with an Inmate Allegation of Sexual Abuse or Harassment; PS 6031.04, Patient Care and the PREA Checklist & Instructions address the requirements of the standard. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor Team (SIS), Office of Internal Affairs (OIA) or FBI conducted investigations relative to sexual abuse allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to Western Maryland Health Regional Medical Center in Cumberland, Maryland for examination, treatment and evidence gathering by a SANE/SAFE nurse. All sexual abuse examinations, treatment, testing and follow-up care is provided without cost to the victim. Victim advocacy is offered by the FCI's psychology and religious services personnel. Quarterly attempts have been made to acquire a memorandum of understanding with a local rape crisis center. The attempts have not been successful. Follow up mental health services, testing and treatment is provided by FCI health care personnel.

The Agency's OIA determines who conducts investigations within the facility. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. When required, the agency OIA refers sexual abuse investigations to federal investigators, not associated with the FCI. The review of training records confirmed that six facility investigators have received training offered by the National Institute of Corrections on the investigation of sexual abuse and harassment in confinement settings.

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.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Services (SIS). If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be referred to the FBI for criminal investigation. The Special Investigative Supervisor was interviewed and was aware of his responsibilities in the investigative process. The Agency has 253 trained investigators and six trained institution investigators. The FBI would conduct criminal investigations for the facility.

No allegations of sexual abuse/harassment required referral to the FBI. Review of training documents confirmed that facility investigators received instruction in conducting sexual assault investigations in confined spaces/prisons.

Standard 115.31 Employee training

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

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. All FBOP employees are considered correctional workers and all new employees attend training at the Federal Law Enforcement Training Center. Training addresses all of the topics identified in the standard.

Related education is provided annually during refresher training. The review of lesson plans, training logs, and PREA PowerPoint presentations confirmed that the provided training addressed all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. All staff were issued and carry a first responder's reference booklet card detailing their duties and responsibilities related to the PREA. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training.

Standard 115.32 Volunteer and contractor training

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

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. All facility contractors and volunteers have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months. The Re-entry Coordinator is responsible for contractor and volunteer training. All training is documented. Contractor and volunteer interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities under the program. The level of training is appropriate for the services provided.

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.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. During in-processing procedures, each inmate receives a pamphlet describing the agency's Sexually Abusive Behavior Prevention and Intervention Program. The pamphlet identifies the key elements of the program; informs them of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/harassment. The pamphlet also informs the inmate that both male and female staff routinely work and visit the housing units. The pamphlet is available in English and Spanish. During their first 30 days in the facility, a mental health provider conducts an education program regarding the PREA. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the inmates right to be free from sexual abuse, sexual harassment, and retaliation. Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet.

Staff and telephonic/video translation services are available to inmates who are not proficient in English or speak sign language. Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third party reporting; the zero-tolerance policy; and their right to be free from retaliation. The tour of the facility confirmed that PREA

education posters were prominently displayed in all housing units and common areas.

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.

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; the SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the 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. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, the FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full time employees of the facility. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation.

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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FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The facility has full-time medical and mental health care providers. The review of medical and mental health personnel training records confirmed that health care staff receive the same PREA training as officers and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. All mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where SANE and SAFE nurses are on duty at all times. Interviews with medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. All inmates are immediately assessed for a history of sexually abusive behavior and risk of sexual victimization during in-processing procedures. During this time, all inmates complete a self-disclosure questionnaire check sheet. A member of the inmate’s unit team (case manager or counselor) screens all new arrivals within their first 72 hours, but ordinarily within four hours of arrival. During the audit period, 48 inmates were screened by psychology services for sexually abusive behavior and 28 inmates were screened for a history of sexual victimization during the screening process. The review of documents confirmed that inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessments. Staff also conduct screenings by reviewing records or other information from other facilities. The staff reviews all relevant information from other facilities and continues to reassess an inmate’s risk level within 30 days of his arrival. Staff and inmate interviews, a review of documentation, and observations of the intake process confirmed this information. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. Information received during the screening is only available to staff with a need to know and never to other inmates.

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)

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Risk screening information is used to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the facility considers, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year. Transgender or intersex inmate’s own views with respect to his or her own safety is given serious consideration. Transgender and intersex inmates are given the opportunity to shower, dress and use toilet facilities separately from other inmates. An interview with a self-identified transgender inmate confirmed that the inmate meets at least quarterly with mental health providers; is able to shower privately and the inmates own views with respect to safety is given serious consideration. The interview with the agency’s national PREA coordinator confirmed that a transgender inmate’s genital status is not the sole criteria for placement in a specific facility.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The FCI's special housing unit (SHU) houses both administrative and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary SHU unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. Over the previous 12 months there was one case when an inmate was held in SHU involuntarily for approximately one hour while his allegations were reviewed. During that time, he was medically and psychologically assessed and subsequently released to his housing unit once the alleged perpetrators were located and placed in restricted housing. Interviews with SHU officers confirmed that to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Mental health staff routinely meet with each inmate in segregation status at least once each week.

Standard 115.51 Inmate reporting

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

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

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program; CUM IS, Sexually Abusive Behavior Prevention and Intervention Program; the Admission and Orientation Manual, attachment G and PREA postings address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party, and anonymously) for inmates to report sexual abuse or harassment. Inmates are informed about the reporting methods through the handbook, postings in the housing units and common areas and as part of the orientation video. Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. The tour of the facility confirmed that there were numerous posters and other documents on display, explaining the reporting procedures. Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document any form of reporting. Staff are required to immediately document any allegation. Family and friends of inmates may report sexual abuse/harassment by using the FBOP website.

Inmates at FCI Cumberland are not detained solely for civil immigration purposes. All inmates and staff who were interviewed were aware of multiple methods of reporting sexual abuse and harassment concerns, including anonymous and third party reporting.

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.

FBOP PS, Administrative Remedy and CUM IS, Administrative Remedy Program address the requirements of the standard. Both policies

state that there is no time frame for filing a grievance relating to sexual abuse or harassment and neither policy requires an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment. Inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. 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 (OIA) in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited BP229 response is required to be provided within 48 hours. Best efforts are made to provide regional (BP 230) and central office (BP 231) expedited appeal responses within five calendar days. If the inmate does not receive a response within the time allotted for reply, the inmate may consider the absence of a response to be a denial at that level. Inmates may also file “sensitive” administrative remedies regarding allegations of sexual abuse. If an inmate reasonably believes the issue is sensitive and the inmate’s safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Director. “Sensitive” grievances would be processed in accordance with the administrative remedies program statement.

There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies (grievances) relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates. Policy does not prohibit the agency from disciplining an inmate for filing a grievance related to alleged sexual abuse, where the agency demonstrates that the inmate filed the grievance in bad faith.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program; CUM IS, Sexually Abusive Behavior Prevention and Intervention Program and the Admission and Orientation Manual, attachment G, address the requirements of the standard. Although the facility does house inmates who have immigration detainers, no inmates housed in this facility are detained solely for civil immigration purposes. Confidential counseling services are available through religious services and mental health providers who have been specially trained in victim advocacy. Quarterly attempts have been made to acquire a memorandum of understanding with the Maryland Coalition Against Sexual Assault, a local rape crisis center. The attempts have not been successful. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Inmates are informed as part of their orientation process that all telephone calls are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Inmates are informed that emails to the Office of the Inspector General through TRULINCS - Request to Staff tab and selecting the Department Mailbox titled, DOJ Sexual Abuse are not monitored by the facility or FBOP

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.

FBOP pamphlet "Sexually Abusive Behavior Prevention and Intervention"; the Admission and Orientation Handbook and PREA Posters throughout the facility; the posted Office of Inspector General Address and the BOP website: http://www.bop.gov/inmate_programs/sa_prevention_reporting.jsp address the requirements of the standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with staff and inmates confirmed that they were aware that anonymous and third-party reporting procedures were available

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program; CUM IS, Sexually Abusive Behavior Prevention and PS 3420.11, Standards of Employee Conduct address the requirements of the standard. All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. The reporting is ordinarily made to the shift operations lieutenant. Policy requires the 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. Compliance with all aspects of the standard was verified through a review of the policy and interviews with employees, contractors and volunteers who confirmed they were aware of their reporting duties. The facility does not house inmates under the age of 18.

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.

FBOP PS Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Staff interviewed were aware of their responsibilities when they become aware that an inmate is being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser and calling for assistance. All staff are issued a pocket size PREA Standard/First Responder Guideline that outlines their responsibilities. During the audit period, six inmates were identified as possibly being sexually victimized. As a result, the inmates were considered to be at imminent risk for further sexual abuse and protection actions were initiated.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden of the facility in which the inmate is currently housed. When the inmate reports sexual abuse/harassment from non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers (half-way houses), the Warden contacts the appropriate office of the facility, and notifies the Privatization Management or the Residential Reentry Management Branches, as appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the audit period, there were two inmates who alleged that they were sexually abused/harassed at another facility. The Warden reported the allegations to the facilities for investigation. The Warden maintains a log of such notifications. When notified by other Wardens that an inmate alleges they were sexually abused/harassed at FCI Cumberland, the Warden initiates an investigation.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention address the requirements of the standard. All staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/harassment. All staff indicated they would separate the inmates, secure the scene, not allow inmates to destroy any evidence and contact the operations lieutenant and health care providers. All staff are issued and carry a pocket size PREA first responder booklet for quick reference.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention address the requirements of the standard. Additionally, a pamphlet titled “The Guide for First Responders / Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Harassment” provides guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers/advocates and facility leadership. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response..

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 Master Agreement between the FBOP and the Council of Prison Locals was reviewed and does not limit 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

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The Warden has appointed the Associate Warden, Programs/IPCM as the retaliation monitor. At the time of the onsite audit, retaliation monitoring was performed by mental health providers who routinely meet with individuals who allege sexual abuse/harassment or cooperate with the investigation of an allegation. The meetings occur approximately every 30 days and continue for at least 90 days, unless initial monitoring indicates a continuing need. However, the periodic monitoring did not include a review of job changes, housing/program changes, disciplinary reports, reassignments of staff and negative performance reviews. Protection measures employed in response to the retaliation were not documented. There were no reported incidents of retaliation reported for the year prior to the audit. It should be noted that prior to the departure of the auditor, the retaliation monitor (AW/IPCM) and the Chief of Psychology developed a retaliation monitoring form that contains the missing monitoring items and had started collecting that data on all inmates or staff that had been part of the monitoring program.

Corrective Action: On July 25, 2016, the facility provided documentation that demonstrated periodic monitoring of retaliation, including a review of job changes, housing/program changes, disciplinary reports, reassignments of staff and negative performance reviews. The facility also now documents 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. The documentation included retroactive monitoring for retaliation using the additional criteria for three outstanding allegations. On April 21, 2016, the Warden began requiring the Chief of Psychology to monitor retaliation for inmate allegations and the IPCM is required to monitor retaliation regarding staff allegations. Both are to use logs/forms developed for this reason.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering placing an inmate in protective custody or transferring the inmate to another federal, state, or local correctional facility. To aid in that decision, policy requires the facility to complete the FBOP’s Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form. The form serves to document consideration of all options. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/harassment in involuntary segregated housing (SHU). Inmates who allege to have suffered sexual abuse may 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. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit or the facility infirmary for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restriction would last.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirements of the standard. The SIS unit conducts administrative investigations within the facility. When an allegation appears to be criminal in nature, the SIS Supervisor, in conjunction the FBOP’s Office of Internal Affairs will refer the incident to the FBI for a criminal investigation. The FBI investigator consults with the Assistant U. S. Attorney to determine if prosecution is to be pursued. If the FBI substantiates the allegation, the case is referred to the United States Attorney for possible prosecution. There were no criminal investigations within the last year. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not be determined by the person’s status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

A review of investigation case files revealed that administrative investigations were not completed “promptly” as required by the standard. As the PREA Final Standard does not define “promptly”, the FBOP’s policies and procedures were used for guidance. With regard to sexual abuse/harassment alleged using the administrative remedy (grievance) process, FBOP PS 1330.18, Administrative Remedy Program, the policy states, “*The agency shall 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*”. Additionally, prior to conducting administrative investigations, the facility SIS lieutenant sends information regarding a sexual assault allegation to the agency’s Office of Internal Affairs (OIA). In turn, the OIA sends written instructions to the facility SIS lieutenant and for each case that was reviewed, a deadline of 120 days was given for completion of the investigation and forwarding of the investigation results to the OIA. This auditor used 90 days for completion of investigations received through the administrative remedy process and 120 days for allegations forwarded to the agency’s OIA.

The review of three case files of inmates alleging sexual abuse/harassment, revealed that the 120-day investigation timeframe had been exceeded and per the SIS lieutenant, none of the three investigations had been initiated. There was no documentation that the facility had requested an extension of the 120 days allotted for completion of the investigation. It should be noted that none of the three cases involved sexual abuse involving penetration or physical injuries.

Corrective Action: *On July 25, 2016, the facility provided documentation that all investigations that were outstanding at the time of the onsite audit had been completed and the persons alleging sexual abuse/harassment were notified regarding the results of those investigations. On April 21, 2016, the facility instituted a policy requiring investigative personnel to complete all PREA related investigations within 90 days, unless an extension is granted by the Warden and only after the Warden has received a request stating a viable reason for the delay.*

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The evidence standard is a “preponderance of the evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigators were aware of the evidence standard.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The facility conducts administrative investigations. Over the previous year, during an internal audit of the facility’s Sexually Abusive Behavior Prevention and Intervention Program, it was determined that the facility had not been informing inmates whether their allegations were had been determined to be substantiated, unsubstantiated, or unfounded. Upon learning of the omission, the facility developed a reporting

template that informs the inmate of the results of the investigation. When the allegation involves staff, the form apprises the inmate if the staff member is no longer posted within their housing unit; is no longer employed at this facility; if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility. The review of documentation confirmed that all inmates had been informed, in writing, regarding the results of all completed investigations. Controls have been put in place to insure that inmates receive the results of the investigations.

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.

FBOP PS 3420.11, Standards of Employee Conduct and FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff and in the past 12 months, no staff members were disciplined or terminated for violation of agency policy. The Master Agreement between the FBOP and Council of Prison Locals American Federation of Government Employees allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate. 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 are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies, unless the activity was clearly not criminal.

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.

FBOP PS, Standards of Employee Conduct and FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures, and consider whether to prohibit further contact with inmates. During the previous year there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at FCI Cumberland.

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.

FBOP PS, 5270.09, Inmate Discipline Program and FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force as the greatest severity level prohibited act. The program identifies engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex of any nature is prohibited. Sanctions are 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. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The FBOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators confirmed compliance to this standard. The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to the inmate’s behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Consensual sex between inmates does not constitute sexual abuse.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program and CUM IS, Sexually Abusive Behavior Prevention address the requirements of the standard. Interviews with medical, mental health and specialized staff confirm the facility has a comprehensive system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. As confirmed by observation and review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit team staff and professionals during in-processing procedures. If the screening indicates the inmate experienced prior sexual victimization, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program, CUM IS, Sexually Abusive Behavior Prevention and FBOP PS, Patient Care address the requirements of the standard. FCI Cumberland’s medical and mental health staff provide services to both the main facility and the minimum security satellite camp. Mental health providers are onsite five days per week and are available for call-back at any time. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community when health care needs exceed the level of care available within FCI Cumberland. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to information on sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided within the FCI.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. As confirmed by the review of policy and health records, the facility offers 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. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or after their release from custody. The facility has a fully staffed medical and mental health department and offers sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Offenders, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are 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. Mental health evaluations are conducted of all known inmate-on-inmate abusers within 30 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. The facility does not house female inmates.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS and/or the FBI conduct all investigations. Interviews with the Special Investigative Supervisor confirmed that he was knowledgeable concerning the requirements of the program. FCI Cumberland conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. The review team consists of the Warden, the IPCM, Chief Psychologist and the Chief of Security (Captain). Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The facility implements the recommendations for improvement, or documents its reasons for not doing so.

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. As confirmed by observation and review of documents, FCI Cumberland collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from facility’s special investigative supervisor (SIS), the agency’s office of internal affairs and SENTRY, the FBOP’s computerized data management program. The data collected includes the information 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 and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

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 FCI Cumberland review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take

corrective action if needed. The IPCM forwards data to the respective FBOP Mid-Atlantic Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

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.

FBOP PS, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The National PREA Coordinator reviews data compiled by each FBOP facility, each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the FBOP, from the Office of Internal Affairs (FBOP) and issues a report to the Director of the FBOP on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The required reports cover all data noted in this standard, and is retained in a 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.

Howard Sweeney

August 1, 2016

Auditor Signature

Date