

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 4/10/2019

Auditor Information

Name: James L. Roland, Jr. Email: james.roland@nakamotogroup.com

Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Drive, Suite 240 City, State, Zip: Rockville, MD. 20852

Telephone: 301-468-6535 Date of Facility Visit: 3/26-28/2019

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Federal Bureau of Prisons U.S. Department of Justice

Physical Address: 320 First Street, NW. City, State, Zip: Washington DC. 20534

Mailing Address: City, State, Zip:

Telephone: 202-307-3198 Is Agency accredited by any organization? ☒ Yes ☐ No

The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☐ State ☒ Federal

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

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

Agency Chief Executive Officer

Name: Hugh J. Hurwitz Title: Acting Director

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

Agency-Wide PREA Coordinator

Name: Jill Roth		Title: National PREA Coordinator	
Email: BOP-CPD/PREACORDINATOR.GOV		Telephone: 202-616-2112	
PREA Coordinator Reports to: R.L. Rhodes, Acting Assistant Director, Reentry Services Division		Number of Compliance Managers who report to the PREA Coordinator None	
Facility Information			
Name of Facility: Federal Medical Center (FMC) Devens			
Physical Address: 42 Patton Road, Ayer, MA 01432			
Mailing Address (if different than above): FMC Devens, P.O. Box 880, Ayer, MA 01432			
Telephone Number: 978-796-1000			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The mission of the Federal Medical Center (FMC) Devens is to provide a safe, secure and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational training, and religious and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as, to facilitate the orderly operation of the institution.			
Facility Website with PREA Information: www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			
Warden/Superintendent			
Name: RADM S. Spaulding		Title: Warden	
Email: DEV/PREAComplianceMgr@bop.gov		Telephone: 978-796-1000	
Facility PREA Compliance Manager			
Name: Kimo Elraheb		Title: Associate Warden	
Email: DEV/PREAComplianceMgr@bop.gov		Telephone: 978-796-1000	
Facility Health Service Administrator			
Name: E.Eichel		Title: Health Services Administrator	
Email:		Telephone: 978-796-1000	

DEV/PREAComplianceMgr@bop.gov			
Facility Characteristics			
Designated Facility Capacity: 1188		Current Population of Facility: 1174	
Number of inmates admitted to facility during the past 12 months		688	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		688	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		688	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		48	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: (21-86)	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		3 yrs. 2 months 19 Days	
Facility security level/inmate custody levels:		Min/Low/Med/High/Com/Out/In/Max	
Number of staff currently employed by the facility who may have contact with inmates:		478	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		12	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		7	
Physical Plant			
Number of Buildings: 21		Number of Single Cell Housing Units: 14	
Number of Multiple Occupancy Cell Housing Units:		12	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		72	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The FMC utilizes a video camera system for video surveillance. Cameras are placed strategically throughout the Facility to ensure the safety and security of both inmates and staff.			
Medical			
Type of Medical Facility:		Federal Medical Center accredited for Ambulatory Care, Behavioral Care and Nursing Care by the Joint Commission.	
Forensic sexual assault medical exams are conducted at:		University of Massachusetts Medical School (UMASS)	
Other			

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	111
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	253

Audit Findings

Audit Narrative

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

Overview

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Federal Medical Center (FMC) and the Satellite Prison Camp (SCP), located in Devens, MA, was conducted on March 26-28, 2019 by U.S. Department of Justice (DOJ) certified PREA Auditor, James L. Roland Jr., Nakamoto Group, Inc. The standards used for this audit became effective August 20, 2012. The Auditor conducted an opening meeting, toured the entire facility, interviewed a randomized sample of staff and inmates and reviewed PREA related staff and inmate documentation. Upon completion of the audit process, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings and the post-audit process. Employees at the facility were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. During the closing meeting, the Auditor thanked the staff for their hard work and dedication to the PREA process.

Pre-Audit Phase

On January 14, 2019, PREA Audit Notices (in English and Spanish) were sent to the facility to be posted. The Auditor observed these postings during the tour. These notices were posted in the housing units, at the main entrance and in the visitation area. These notices were posted for eight weeks prior to the audit. The Auditor received correspondence from one inmate prior to the on-site visit.

FMC personnel were asked to complete the Pre-Audit Questionnaire (PAQ) also provided to the facility on January 14, 2019. The completed PAQ and supporting documentation was received by the Auditor on February 22, 2019. All documentation was reviewed by the Auditor, including educational materials, training logs, posters, brochures, agency policies and institution supplements, procedures, forms, organizational charts and other PREA related documentation.

On February 4, 2019, the Auditor also requested information including, but not limited to, staff rosters; inmate rosters; investigations for review; inmates self-identified as lesbian, gay, bisexual, transgender, or intersex (LGBTI); inmate reports of sexual abuse/sexual harassment;

inmates who are Limited English Proficient (LEP); and additional examples of the FMC Devens screening instrument. These documents were provided and reviewed at the time of the audit.

On-Site Audit Phase

The Auditor held an opening meeting on the morning of March 25, 2019 at the FMC Devens facility with administrative staff. The audit schedule and process were discussed during the meeting. Including the Auditor, those present at the meeting were:

- Warden
- Associate Warden (AW)/Institution PREA Compliance Manager (IPCM)
- Associate Warden/Operations
- Associate Warden/Programs
- Executive Assistant/Camp Administrator
- Chief of Psychology Services
- Bureau of Prisons (BOP) Liaison
- Captain
- Safety Officer

The Auditor was provided a private area in which to work and conduct confidential interviews. All requested files and rosters, both staff and inmates, were made available to the Auditor for review.

Site Review

Immediately following the opening meeting, a tour of the entire facility was completed. The Auditor was escorted by the AW/IPCM and the Chief of Psychology Services. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards and other pertinent entries made in electronic logs. The Auditor assessed camera surveillance, physical supervision and electronic monitoring capabilities. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision and limits to cross-gender viewing. All signs and postings were in both English and Spanish. Inmates can shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed postings were posted 60 days prior to the on-site visit. Unimpeded access to all areas of the facility was provided to the Auditor.

Inmate Interviews

At the time of the audit, there were 1174 male inmates housed at FMC Devens. A total of 41 male inmates were interviewed. One Limited English Proficiency (LEP) and one physically disabled inmate were interviewed. Two inmates who self-identified as being members of the

LGBTI community were interviewed. The Auditor interviewed one inmate who had reported sexual abuse and three inmates who had reported sexual victimization during risk screening. No inmates refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess an inmate's knowledge of the PREA and the reporting mechanisms available to them.

Staff Interviews

FMC Devens employs a staff of 478 individuals. 25 staff members were interviewed, including 15 Correctional Officers (from all three shifts) and ten administrative/specialized staff. The administrative staff included the Warden, Human Resource Manager, PREA Compliance Manager, Captain, Health Services Administrator, Chief of Psychology Services and Case Management Coordinator. The specialized staff included a Unit Counselor and a contract dental hygienist. All staff members have been trained to act as first responders when a PREA related incident occurs.

FMC Devens, through a Memorandum of Understanding (MOU) with the University of Massachusetts Medical School (UMASS), will provide services including, but not limited to, a 24-hour per day, seven days per week Sexual Assault Hotline, medical accompaniment and advocacy services for an inmate victim of sexual assault, as well as the facilitation of a forensic examination by a Sexual Assault Nurse Examiner (SANE). The MOU states that they will provide victim advocacy services through another provider, Pathways Rape Crisis Support (Pathways). A telephonic discussion with a SANE at the UMASS confirmed that examinations are conducted there.

File Review

Following the interviews, the Auditor reviewed the files requested during the pre-audit phase. The Auditor reviewed 25 personnel files to establish compliance with PREA training mandates and background checks. The Auditor also reviewed three facility contractor files. Screening and intake procedures were evaluated by reviewing 41 random inmate files which included a vulnerability assessment instrument and inmate education verification documentation.

Investigations

During the current auditing period, there were eleven reported allegations of sexual abuse/sexual harassment. All investigations are handled by the Office of the Attorney General (OIG), Federal Bureau of Investigation (FBI), or the BOP Office of Internal Affairs (OIA). Information is transmitted quickly to the appropriate investigating agency. The PREA Coordinator is responsible for receiving verbal and telephonic referrals 24 hours a day, seven days a week. Additionally, abuse investigation outcomes and general protective services assessment outcomes are submitted to, reviewed and finalized by the PREA Coordinator. Correspondence was received by the Auditor prior to the visit from one inmate. The Auditor did interview the inmate.

Closeout

A closing meeting was held with the Auditor and the administrative staff on the afternoon of March 28, 2019. Discussions centered on the audit process, preliminary findings and the post-audit process. The Auditor thanked the staff for their hard work and dedication to the PREA process.

Facility Characteristics

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



Activated in November 1998, the Federal Medical Center (FMC) Devens is an all-male administrative security federal medical center with an adjacent minimum security Satellite Prison Camp (SCP). Housing approximately 1200 inmates, FMC Devens is located in Middlesex County, Ayer, Massachusetts. This institution is approximately 39 miles west of Boston and 22 miles north of Worcester. The FMC is physically located in Devens, a planned business community located adjacent to the north central Massachusetts communities of Ayer, Harvard and Shirley.

FMC Devens is one of seven Medical Centers in the Federal Bureau of Prisons, with the primary mission of housing federal offenders who require specialized or long-term medical and/or mental health care in a correctional environment. FMC Devens also has a moderate

number of low and medium security level inmates who do not require specialized medical or mental health care.

The physical plant at FMC Devens consists of 22 buildings set on 222 acres just north of Route 2 in central Massachusetts. The buildings total 344,930 square feet of roof space. Of the 22 buildings located at FMC Devens, 10 are located inside the 30-acre secure perimeter of two chain link fences topped with razor wire. The institution was designed to house 1280 males; primarily low level chronically ill, mental health and general population inmates, along with 124 minimum security level inmates at the adjacent Satellite Prison Camp. The average length of stay is 82 months at the Satellite Prison Camp and 153 months at the FMC. The average age of inmates is 24-77 years at the Satellite Prison Camp and 21-86 years at the FMC.

Law Library

Typewriters are provided for general population inmates for typing legal documents only. Inmate law clerks are on duty to assist in locating legal references.

The Law Library is provided for the benefit of the entire inmate population. Education staff visits the Special Housing Units weekly to deliver legal requests.

Each Special Housing Unit is equipped with an Electronic Law Library (ELL) for the inmates to use. Materials which are not on the ELL may be requested from the Main Law Library. Only those items on the main law library inventory are available.

Leisure Library

The Education Department maintains a Leisure Library which contains approximately 4,000 volumes of books comprised of fiction, non-fiction and reference materials.

Spanish reading materials are also available. Novels, factual books, magazines and reference materials are maintained in the library for Spanish speaking individuals.

There is a Cooperative Library Loan Program designed to provide reading materials which are not available in the institution's library.

Academic Programs

General Educational Development (GED)

This program is offered in English and Spanish, and covers all levels.

Adult Continuing Education (ACE)

Participation in this program requires a high school diploma.

The ACE Program is designed to provide continuing educational experiences in a wide variety of high interest subject areas. Academic subject matters which support existing education programs may be taught when needed. Courses taught are determined by residential surveys and by staff request.

The Adult Continuing Education Program includes general interest courses designed to enrich the inmates' general knowledge in particular subjects. Classes are eight to 12 weeks in length and course completion is entered on the student's transcripts.

Advanced Occupational Education

The Advanced Occupational Education (AOE) Program affords inmates an opportunity to further their education above the high school level. Soft Skill courses are available to inmates in general population. Also, correspondence courses which offer degrees can be obtained by inmates who wish to pay for the classes.

English as a Second Language

This class is mandatory for non-English speaking inmates; unless the inmate demonstrates proficiency at the 8.0 grade level on the Comprehensive Adult Student Assessment System (CASAS) Examination.

Parenting Program

The Parenting Program helps build positive relationships between inmates, their spouses and children during and after incarceration. The program assists inmates in identifying and counteracting negative behavior which may result from a parent being incarcerated. Additionally, the program assists the inmate in his adjustment back into the community and home life. This course is conducted by a contracted agency.

The Satellite Prison Camp currently offers one GED and one ESL class. Other classes include ACE, Parenting, Keyboarding, CDL, Conversational Spanish, Business Development and Dogs for Life/National Education for Assistance Dog Services (NEADS) Program. Inmates at the Camp are also encouraged to participate in the Vocational Training (VT) Computer Applications and Apprenticeship Programs.

Recreation

The Recreation Department provides Leisure and Wellness Programs to reduce inmate idle time. Some of the programs offered include: Unit Activities; Sporting Leagues; classes in Guitar, Piano, Drum, Violin, Drawing, Painting, Card Making, Crocheting and Disease Prevention; an At Risk Inmate Program; Presidential Award Program; N-Unit Coloring Book Program; NFPT (Personal Trainer); Anatomy; Sports Injury; Classic Cinema; and Yoga. On federal holidays, inmates are offered board game activities and Sports League Tournaments.

Camp inmates are afforded the same recreation opportunities listed above as the FMC inmates.

Religious Services

The Federal Medical Center Devens' mission is to accommodate the free exercise of religion by providing pastoral care to all federal inmates and facilitating the opportunity to pursue individual religious beliefs and practices in accordance with the law, Federal Regulations and Bureau of Prisons policy. Local Religious Volunteers provide weekly ministries for the following faith groups: Protestant, Buddhist, Jehovah's Witnesses, Latter Day Saints, Episcopalian and Judaism.

Psychology Services

The Psychology Services Department at FMC Devens is one of the three largest in the Bureau of Prisons. Psychology Services provides essential care to the mental health and chronic medical populations. Inmates in these areas receive specialized treatment and assessment services from Psychology staff with the goal of enhancing insight, coping skills and overall function. In addition to these basic services, the department provides the following

Drug Abuse Program (DAP)

FMC Devens has a Non-Residential Drug Abuse Program (DAP) through which inmates with a history of substance abuse receive treatment and education related to their substance use issues.

Sex Offender Treatment Program (SOTP)-Residential / Sex Offender Management Program (SOMP)

FMC Devens is home to the BOP's original Sex Offender Management Program (SOMP) which began operation in 2004. The SOTP/SOMP is designed to help sex offenders manage their behavior in order to reduce re-offending. The program seeks to evaluate the treatment and supervision needs of all eligible inmates, and offer and/or recommend specialized sex offender management and treatment services in accordance with those needs. In September 2007, the FMC activated the second Residential Sex Offender Treatment Program (SOTP-R) in the Federal Bureau of Prisons. The Residential Sex Offender Treatment Program is a high intensity program designed for high risk sex offenders (ordinarily, inmates with multiple sex offenses or a history of contact sex offenses). The SOTP-R is a unit-based program with a cognitive-behavioral emphasis. The co-housing of SOTP-R participants permits the implementation of a modified therapeutic community. 112 beds are designated to the program and the program is designed to be 12 to 18 months in duration.

Forensic Assessment

FMC Devens is a forensic study site for the federal courts and receives referrals from all parts of the United States to perform evaluations concerning insanity, trial competency, risk of dangerousness, and sentencing issues. Inmates who are committed as a result of mental illness and dangerousness are assessed by the Psychology Services Department to determine appropriateness for release.

Internship Program

Another critical piece of the FMC Devens Psychology Services Department is the predoctoral

internship program. Interns from graduate programs throughout the country receive high quality training in several areas related to Correctional Psychology. The program was accredited by the American Psychological Association (APA) in 2003. Additionally, the training program features two postdoctoral fellowship positions in sex offender management and treatment.

Health Services

The Federal Medical Center Devens is a Care Level 4 institution with multiple medical missions that have varying effects on the Health Services Department. On-site medical coverage is provided 24 hours a day, 7 days a week. The main medical mission includes long-term care, rehabilitation services, mental health care, comfort care, dialysis and transplants. The long-term care unit is a 12-bed in-patient, skilled nursing unit. FMC Devens underwent a successful Joint Commission Reaccreditation Survey in December 2017, for Ambulatory Care, Long Term Care and Behavioral Health Care.

The Health Services Department is staffed with a Health Services Administrator, Clinical Director, Staff Physicians, Dentists, Pharmacists, mid-level Practitioners, Emergency Medical Technicians, X-ray/Laboratory Technicians, Assistant Administrator and an Infectious Disease Coordinator. Contract Medical Services supplement existing Health Services staff and the Department uses "911" emergency medical services for all life-threatening emergencies. The Department processes approximately 295 "clinical encounters" weekly and maintains a chronic care clinic which comprises almost 40 percent of the inmate population.

There is a moderately complex laboratory on-site, along with radiologic services, to include ultrasound. There is a fully functioning Physical Therapy Department which also provides wound care. Staffing is supplemented by contract RNs, LPNs, dialysis technicians, a respiratory therapist, a dental assistant, an x-ray technician and an administrative assistant. These contractors provide in-house services 30-40 hours per week. Medical also provides dialysis for the inmates.

Dialysis Unit

FMC Devens provides continuous quality hemodialysis care to 103 inmates. The dialysis unit is open six days a week, 14 hours a day. FMC Devens has had 49 successful renal transplants and 3 liver transplants.

Nephrology clinics are held each week by a contracted physician, along with a monthly CQI (Continuous Quality Improvement) meeting to review all inmate labs, medications, renal diets and overall medical care.

Facilities

The Facilities Department employs approximately 85 inmate workers that are taught the basic fundamentals associated with the building and trades discipline. Inmate work includes laying block, painting, plumbing, electrical, auto mechanics, welding and HVAC.

Summary of Audit Findings

Overview

During the auditing period, FMC Devens reported eleven allegations of sexual abuse/harassment in the Pre-Audit Questionnaire (PAQ). There is a well-established zero-tolerance culture throughout the institution with documentation addressing all areas of the PREA. The agency, Bureau of Prisons (BOP), maintains agency policies and the institution has developed more institution specific PREA supplements. A random review of ten (9%) personnel files for background checks and 86 (100%) employee training files established compliance with PREA training mandates and revealed that hiring and promotion practices are consistent with sexual abuse safety measures.

The Auditor found the facility administration maintaining a strong commitment to the PREA and the zero-tolerance policy. Significant time and resources have been employed to ensure a sexually safe environment for the inmates at FMC Devens. From the pre-audit phase to the completion of the on-site visit, the correctional professionals at FMC Devens proved to be organized, efficient and well-prepared.

Staff Interviews

Interviews with staff revealed they received and had a good understanding of the PREA policies. They were knowledgeable about their roles in prevention and reporting, and their responsibilities in the event of a PREA related incident, particularly first responder duties. They were able to verbalize the steps they would take if they were the first responder to a PREA related incident. Reporting mechanisms were displayed in a conspicuous manner and inmates and staff members were aware of all reporting methods available to them. A review of the FMC Devens staff training curriculum was completed by the Auditor and records support the finding that all staff members have received comprehensive PREA training. Staff appeared truly interested and vested with the inmates and expressed a true desire to see them succeed.

Inmate Interviews

Interviews with inmates revealed they had a good understanding of the PREA safeguards and the zero-tolerance policy. Comprehensive inmate PREA education is provided in written form (i.e. Inmate Handbook, entrance packet), personal instruction, videos and posters. Twenty-five vulnerability assessment instruments, reviewed by the Auditor, indicated that intake and classification assessments are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Inmates acknowledged the admissions screening process included questions regarding any history of sexual abuse or victimization and whether they would like to identify a sexual preference. Inmates expressed during interviews that they were aware of how to report abuse internally and externally. Inmates verbalized trust in the staff and would report abuse to them. The inmates demonstrated an understanding that the facility has appropriate medical and victim advocacy networks in place. Inmates affirmed they felt safe in the facility. Staff and inmate interactions were observed by the Auditor and appeared respectful and positive.

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

Number of Standards Exceeded: 0

Number of Standards Met: 45

- §115.11; §115.12; §115.13; §115.14; §115.15; §115.16; §115.17; §115.18
- §115.21; §115.22
- §115.31; §115.32; §115.33; §115.34; §115.35
- §115.41; §115.42; §115.43
- §115.51; §115.52; §115.53; §115.54
- §115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68
- §115.71; §115.72; §115.73; §115.76; §115.77; §115.78
- §115.81; §115.82; §115.83; §115.86; §115.87; §115.88; §115.89
- §115.401; §115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Concern #1- There is a blind spot located in the multi-purpose room in Building G.

Corrective Action: A convex security mirror was installed on a wall near the ceiling. This installed mirror covers all areas of the blind spot. This corrective action occurred during the completion of the on-site visit and was observed by this Auditor.

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

1. FMC Devens Pre-Audit Questionnaire
2. Program Statements (PS) 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. Institutional Supplement (IS) DEV 5324.12
4. Employee PREA Training Curriculum and Sign-in sheets
5. Employee Handbook
6. Admission and Orientation (A&O) Handbook
7. Sexually Abusive Behavior Prevention and Intervention Pamphlet (SABPIP)
8. 2019 Corporate Organizational Chart
9. Interviews with the following:
 - a. Institution PREA Compliance Manager (IPCM)
 - b. Warden

The agency's zero-tolerance policy against sexual abuse was clearly established in the above documentation and via interviews. The policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The Associate Warden serves as the Institution PREA Compliance Manager (IPCM). In addition to the IPCM, there is a designated National PREA Coordinator and a PREA Coordinator assigned to each regional office to ensure adherence to the PREA. The IPCM reports to the Warden. Zero-tolerance posters are displayed throughout every area of the facility. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during admission and orientation presentations. Additional program information is contained in the Admission and Orientation (A&O) Handbook, the Sexually Abusive Behavior Prevention and Intervention Pamphlet (SABPIP) and is posted throughout the facility, as observed during the tour by this Auditor. All PREA information, both video and written, is available in English and Spanish. Interpretive services are available for inmates who do not speak or read English or Spanish. Both institution staff and inmates are provided with multiple opportunities to become informed of PREA policies and procedures. All employees receive initial training and Annual Refresher Training (ART), as well as updates throughout the year.

Corrective action: None required

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Interview with IPCM

The agency and facility meet the requirements of this standard. An interview with the IPCM and a review of the PAQ substantiates that the agency and facility require the entities which they contract for the confinement of inmates (privatized prisons and/or residential reentry centers) to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards. FMC Devens does not individually contract for the confinement of inmates.

Corrective action: None required

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. PS 3000.03: Human Resource Management Manual, pages 8-12
5. Warden's 115.13(c)-1 Assurance Memo
6. FY18 1st. Qtr. Salary/Workforce Utilization Committee Meeting Minutes
7. FY18 3rd. Qtr. Salary/Workforce Utilization Committee Meeting Minutes
8. FMC Devens Staff Report - Pay Period 26 (12/23/2018 - 01/05/2019)
9. Institution Duty Officer Unannounced Institutional Rounds Reports
10. Interviews with the following:
 - a. IPCM
 - b. Warden

Agency policy requires each facility to review staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. In addition to the quarterly Workforce Utilization meeting, the Warden meets weekly with his executive staff including the Business Manager, Captain, SIS Lieutenant and the HRM to address staffing issues as they relate to the PREA. Quarterly Workforce Utilization minutes are on file. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, the TRULINCS e-mail system, and staff interviews and rosters. Supervisory/Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees. The FMC utilizes video cameras which were pointed out during the tour. The facility does utilize convex mirrors to supplement security in areas where there are numerous corners or potential blind spots.

Corrective action: None required

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

FMC Devens does not house youthful inmates.

Corrective action: None required

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Assurance Memo 115.15 (d)-1 Exigent Circumstances Memo
5. Inmate Pat Search CSV-0704 BXX Report
6. Employee Training Acknowledgements

7. Sexually Abusive Behavior Prevention and Intervention Pamphlet (SABPIP)
8. 2018 Annual Refresher Training Curriculum
9. Interviews with the following:
 - a. IPCM
 - b. Warden
 - c. Staff

Policies and documentation address this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff interviewed indicated they received cross-gender pat search training during initial and annual training. The Auditor observed that each unit has individual shower stalls for privacy. The facility has implemented a policy that all staff working the unit will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. The inmates interviewed acknowledged they can shower, dress and use the toilet privately, without being viewed by staff of the opposite gender. Staff members, along with a majority of the inmates interviewed, indicated that employees of the opposite gender announce their presence before entering a housing unit. The possibility of opposite gender staff entering the housing units is also announced over the speaker system at the beginning of each shift. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member at the FMC.

Corrective action: None required

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Assurance Memo 115.16 (a)-1 Protocol for Disabled Inmates
5. BOP PREA Poster - English
6. BOP PREA Poster - Spanish
7. Disability Services information poster
8. Inmate A & O Handbook
9. Employee Training Curriculum
10. Interpretation Services telephone numbers and instructions
11. Employee Training Acknowledgements
12. 2018 Annual Refresher Training Curriculum
13. Massachusetts Commission for the Deaf and Hard of Hearing Pamphlet
14. Interviews with the following:
 - a. IPCM
 - b. Warden
 - c. Staff
 - d. Inmates

The FMC take appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the Auditor. Staff members interviewed were aware of the policy that, under no circumstances, are inmate interpreters or

assistants to be used when dealing with PREA issues. The Department of Justice (DOJ) has set up a blanket purchase agreement for on-demand over-the-phone interpreter services, which are available to all BOP institutions. The translation service is LanguageLine Solutions and is provided for inmates who don't have a basic command of the English language. This service is available 7 days a week. Medical magnifying equipment is available to all inmates with limited vision to read any/all documents. The Massachusetts Commission for the Deaf and Hard of Hearing also provides services for those inmates with disabilities. A Limited English Proficiency inmate was interviewed during this audit. The review of documentation and staff and inmate interviews support a finding that the facility is in compliance with this standard.

Corrective action: None required

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. PS 3000.03: Human Resource Management Manual, pages 28, 41 & 45
5. Standards of Employee Conduct, pages 6 & 7, Pre-Employment Guide, page 2 (PS 3420.11)
6. Questionnaire for Public Trust Positions, page 1
7. BOP Recruitment Flyer, page 1
8. Email from DEV/Human Resources dated 3/09/2019, 5 year Background Checks (e-QIP)
9. Interviews with the following:
 - a. IPCM
 - b. Human Resource Manager

Policies and interviews confirm compliance with this standard. Four employee files were reviewed for the components of this standard. The HRM was interviewed and stated that all components of this standard have been met. Background checks have been completed on all employees, contractors, and volunteers. BOP Regional Office personnel also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The agency makes its best efforts to contact all prior institution employers for information on substantiated

allegations of sexual abuse or resignations occurring during a pending investigation of sexual abuse. The agency also provides information on substantiated allegations of sexual abuse/sexual harassment involving former employees, when requested by a potential institutional employer, unless prohibited by law. Appropriate licensing and certifying agencies are notified, when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment. Documentation on file supports a finding that the facility is in compliance with this standard.

Corrective action: None required

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Warden's Assurance Memo 115.18 (b)-1 Updated Video Monitoring System
2. Letter SigNet Technologies dated 11-15-16
3. Interviews with the following:
 - a. Warden

Policies and interviews confirm compliance with this standard. FMC Devens utilizes a video camera system for video surveillance. This upgraded video monitoring system was installed in 2017. Cameras are placed strategically throughout the Facility to ensure the safety and security of both inmates and staff.

Corrective action: None required

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. PS 6031.04 Patient Care, pages 42 & 43, Guide for First Responders/Operations
5. Telephone Interview with SANE ER Supervisor at University of Massachusetts Medical School (UMASS)
6. Review of personnel licensing for employees from Board of Registration of Psychologists
7. Interviews with the following:
 - a. IPCM
 - b. Health Services Administrator
 - c. Chief of Psychology Services

Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware the Special Investigative Services Lieutenant conducts investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE/SAFE staff at University of Massachusetts Medical School (UMASS), Worcester, Massachusetts. An interview with the SAFE/SANE representative at UMASS was conducted and the contract provider is aware of the provisions

of the PREA standards. The representative indicated that a SANE is available 24 hours a day, seven days a week. There were no SAFE/SANE examinations conducted during the past 12 months. RAINN (Rape, Abuse and Incest National Network) and JDI (Just Detention International), national victim advocacy agencies, were contacted by this Auditor, but neither had information related to FMC Devens. The Memorandum of Understanding (MOU) was reviewed for compliance to the standard. The MOU indicates that UMASS would provide requested crisis counseling sessions between offender-victim and rape crisis center personnel not to exceed three sessions. Any follow up treatment will be done by trained FMC Devens personnel.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. FBI Memorandum of Understanding (MOU)
5. SANE Assurance Memo
6. Training documents for Investigators
7. Psychologists' Licensures
8. MOU with FMC Devens and UMASS
9. Federal BOP Course Completion- Forensic Medical Exams: an Overview for Victims
10. The FBI's Domestic Investigations and Operations Guide (DIOG) web link
<http://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>
11. Interviews with the following:
 - a. IPCM
 - b. SIS Lieutenant (Chief Investigator)

Policies, documents and the FBI MOU address the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS, the OIA, the FBI and the Office of the Attorney General (OIG) conduct all investigations. The SIS Lieutenant was interviewed and proved to be very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. There are 253 agency investigators in the BOP and five trained investigators at FMC. The FBI conducts the criminal investigations for the institution. The BOP/FBI MOU, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act. There were 11 allegations of sexual abuse and sexual harassment during the

auditing period. Eleven investigations were initiated and completed. Of the 11 completed investigations, all were completed in accordance with the PREA standards and agency policy. The documentation related to the investigations was contained in the SIS files and was reviewed by the Auditor. The facility utilizes an IPCM Information Tracking Log to ensure all required steps of the investigation are completed and timely. The tracking form is maintained by the SIS. The information tracked includes the date of the allegation, name of the victim/perpetrator, SHU placement/reviews, initial two-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring. All inmate investigations resulted in inmate outcome notifications. All notifications were signed by the inmate and reviewed by the Auditor prior to leaving the facility. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and an investigator, as well as an examination of supporting documentation, confirm compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. PS 6031.04 Patient Care, pages 47,48,49 and 50
5. Staff sign-in Training Acknowledgement.
6. Staff PREA Training Agenda
7. Interviews with the following:
 - a. IPCM
 - b. Staff

The BOP provides extensive PREA training at the Federal Law Enforcement Training Center (FLETC). All newly hired employees must attend and successfully complete the course curriculum. Employees also have PREA information noted on the computer desktops and screensavers. All employees carry a PREA First Responder reference card, in the event of a reported PREA concern. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff members are mandated to receive training annually and the curriculum includes an extensive review of PREA requirements. The training curriculum, training sign-in sheets and other related training documentation were reviewed by the Auditor. Interviewed staff verified the requirement to acknowledge, in writing, not only that they received the PREA training, but that they understood it.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Volunteer and Contractor PREA Training Agenda
5. Interviews with the following:
 - a. IPCM
 - b. Staff
 - c. Contractor

Policies, Annual Training 2018 Lesson Plan and Annual Training 2018 Agenda/Presentation address the mandates of this standard. Forty volunteers and 71 contractors received the PREA training, including the zero-tolerance policy, reporting and responding requirements. The training is documented and maintained on file. Copies of training sign-in sheets and other related documents were reviewed by the Auditor at the facility. One contract staff member and one volunteer were interviewed; each indicated receipt of the training and were able to discuss what they learned during the training.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. BP-A0518 Institution Admission and Orientation Program Checklist
5. Admission and Orientation (A&O) Handbook
6. SABPIP Booklet (English)
7. SABPIP Booklet (Spanish)
8. Interviews with the following:
 - a. IPCM
 - b. Staff
 - c. Inmates

PS 5324.12, pages 26 & 27, A&O Handbook (English and Spanish), SABPIP Pamphlet (English and Spanish) and A&O Program Checklist/Signature Sheets address the mandates of this standard. The facility puts forth its best efforts to educate the inmates regarding the PREA. Inmates receive information during the intake process including a pamphlet and inmate handbook, printed in English and Spanish. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. 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 inmate's right to be free from sexual abuse, sexual harassment and retaliation. The inmates have access to the TRULINCS computer program which also provides them with PREA information. There are PREA posters displayed throughout the facility and in each housing unit and a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment. Since the "Hotline" telephone number is an 800-toll-free number, inmates are advised via the SABPIP pamphlet to contact a member of their unit team to place the call. The OIG mailing address is listed in the A&O Handbook and posted in each housing unit for inmate correspondence concerning any sexual abuse or sexual harassment allegation. There is also a translation language line available to LEP inmates. The Auditor was provided a random sampling of A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the SABPIP education and relevant written materials. All inmates are required to acknowledge, in writing, completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Corrective action: None required

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Online education course CSV-0601-BXX PREA Investigation and Reporting-BOP
5. Online education course NIC-5187-BXX PREA Investigating Sexual Abuse in a Confinement Setting
6. Training Logs/Records of Investigative Staff
7. Interviews with the following:

- a. IPCM
- b. SIS Lieutenant
- c. Staff

Policies, Sexual Violence PREA Training Slide Show, National Institute of Corrections (NIC) Investigative Intel Training Records (PREA-Investigating Sexual Abuse in a Confinement Setting), BOP Learn Video Series, TRUIINTEL Investigative Report Training Agenda, Training Logs/Records of Investigative Staff and SIS/PREA National Video Conference Training meet the mandates of this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections (NIC) and through the DOJ. FMC Devens also has an Evidence Recovery Team (ERT), comprised of specially trained staff, to process potential crime scenes to preserve evidence. This Auditor reviewed specialized training documentation, including the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting. The SIS Lieutenant was interviewed and found to be very knowledgeable of the PREA investigative process.

Corrective action: None required

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Online education course CPG-223-BXX PREA for Medical and Mental Health Care-BOP
5. Staff Training Agenda 2018 Annual Refresher Training
6. Training Logs/Records For Medical and Mental Health Practitioners
7. Interviews with the following:
 - a. Chief of Psychology Services
 - b. Health Services Administrator
 - c. Staff

Policies, Annual Training Lesson Plan, Introduction to Correctional Techniques, SABPIP Power Point Presentation and 6-hour PREA Video Series address the mandates of this standard. Other training includes online specialized training (Victim Advocacy). The agency ensures all full- and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the BOP. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions. Employees receive training annually and supporting documentation is on file. Medical and mental healthcare staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA. All cases requiring the processing of sexual assault evidence collection kits are transported to the UMASS where a SANE is available at all times (Emergency Room personnel at UMASS were interviewed and confirmed access to these services). A review of the training documentation and policy confirm compliance to this standard.

Corrective action: None required

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Attachment A PREA Intake Objective Screening Instrument
5. Intake Screening Form DEVQR 535.08
6. BOP Psychology Services Risk of Victimization notes
7. BOP Psychology Services Risk of Abusiveness notes
8. Interviews with the following:
 - a. Chief of Psychology Services
 - b. Health Services Administrator
 - c. Staff

Policy addresses the requirements of this standard. Agency and facility policy require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Bureau policy also requires all inmates to be screened within 72 hours of arrival; however, they are routinely screened on the day of arrival. Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess an inmate's risk level, as necessary, within 30 days of his arrival. Agency policy prohibits inmates from being disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility is in compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Devens Pre-Audit Questionnaire

2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Attachment A PREA Intake Objective Screening Instrument
5. Intake Screening Form DEVQR 535.08
6. BOP Psychology Services Risk of Victimization notes
7. BOP Psychology Services Risk of Abusiveness notes
8. Warden's Department Head Meeting Minutes (Quarterly Examples)
9. Interviews with the following:
 - a. Chief of Psychology Services
 - b. Staff

Policies, screening forms and interviews address the requirements of this standard. Agency and facility policy require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, there were two inmates who self-identified as being bi-sexual, two inmates who identified as being gay and four inmates who self-identified as transgender. No inmates self-identified as being intersex at FMC Devens. Additionally, two inmates indicated sexual victimization during risk screening and all inmates were interviewed in support of this standard. During the audit, risk management staff indicated transgender and intersex inmates are reassessed biannually and their own views with respect to their own safety are given serious consideration. Additionally, they are given the opportunity to shower separately from other inmates. Staff and inmate interviews, the review of supporting documentation and the Auditor's observations support the facility being in compliance with the standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Attachment A PREA Intake Objective Screening Instrument
5. Intake Screening Form DEVQR 535.08
6. BOP Psychology Services Risk of Victimization notes
7. BOP Psychology Services Risk of Abusiveness notes
8. Warden's Memo: 115.43(e)-1 Involuntary Segregated Housing Unit Assignments
9. Interviews with the following:
 - a. Chief of Psychology Services
 - b. SHU Lieutenant
 - c. Staff

Policy addresses the requirements of this standard. Agency policy states that inmates at high risk for sexual victimization shall not be placed in the Special Housing Unit (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. The inmates are reassessed every seven days after entering the SHU. There were zero inmates at risk of sexual victimization held in the SHU in the past 12 months for one to 24 hours awaiting completion of an assessment. There were no inmates at risk of sexual victimization who were assigned to the SHU in the past 12 months for longer than 30 days while awaiting alternative placement. Mental health and unit staff meet with each inmate in SHU status at least once each week. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed, when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff, an examination of the SHU operations and an examination of policy/documentation confirm the FMC's compliance with this standard.

Corrective action: None required

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Memo: 115.51(b)-1 Agreement of Reporting with Outside Entity
5. Warden's Memo: 115.51(c)-1 Mandatory Acceptance of Reports
6. PREA Compliance Manager Information Tracking Log FY 2019
7. Warden's Memo: 115.51(c)-2 Staff Documentation
8. PREA Compliance Manager Information Tracking log
9. BOP PREA Zero Tolerance Policy Poster (English)
10. BOP PREA Zero Tolerance Policy Poster (Spanish)
11. BOP information to inmates "Sexually Abusive Behavior Prevention and Intervention", An Overview for Offenders (English)
12. BOP information to inmates "Sexually Abusive Behavior Prevention and Intervention", An Overview for Offenders (Spanish)
13. Interviews with the following:
 - a. Staff
 - b. Inmates

Policies, PREA Notices and A&O Handbook address the requirements of the standard. A review of supporting documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility which also explain reporting methods. During the tour of the facility, several TRULINCS computers were observed in each housing unit. Inmates were able to demonstrate to the Auditor how to log into the TRULINCS system and how to file a PREA report, if needed. Staff members promptly accept and document all verbal, written, anonymous, private and third-party reports of alleged abuse. Family and friends of inmates may report sexual abuse/sexual harassment by using the BOP website, phoning the OIG or contacting facility staff. All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. Inmates at FMC Devens are not detained solely for civil immigration purposes. Interviews with staff and inmates, observations of posters addressing reporting

methods and an examination of policy/documentation confirm the FMC's compliance with this standard.

Corrective action: None required

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. PS 1330.18 Administrative Remedy Program
5. An Overview for Offenders Pamphlet (English)
6. An Overview for Offenders Pamphlet (Spanish)
7. Warden's Memo: 115.52(d)-1 Extension of Time Frame
8. Warden's Memo: 115.52(d)-4 Notification of Writing for Extension of Time Frame
9. Warden's Memo: 115.52(d)-6 Grievance Submission
10. Interviews with the following:
 - a. Staff
 - b. Inmates

Policies and the Administrative Remedy Program address the requirements of this standard. The policy requires that all PREA grievances be processed in accordance with 115.52a-f.

Inmates may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, policy prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no timeframe for filing a grievance relating to sexual abuse or sexual harassment. Allegations of physical abuse by staff shall be referred to the 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 response is required to be provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days.

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 Office. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Generally, disciplinary action would be taken if a grievance was filed in bad faith.

Corrective action: None required

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. MOU between FMC Devens and UMASS
5. Inmate Handbook (English)
6. Inmate Handbook (Spanish)
7. SABPIP Booklet (English)
8. SABPIP Booklet (Spanish)
9. Interviews with the following:
 - a. Staff
 - b. Inmates

c. Chief of Psychology Services

Policies and the A&O Handbook address the requirements of this standard. The facility has a MOU with a local hospital. A provision of the MOU is that the hospital will provide a victim advocate to the inmate for three visits. Treatment after three visits is conducted by trained facility staff. The Auditor reviewed the signed MOU documents. The inmate handbook provides the contact information for alternate services and the information is also posted in the housing units. Psychology Services staff members have all received victim advocacy support training.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. MOU between FMC and UMASS
5. Inmate Handbook (English)

6. Inmate Handbook (Spanish)
7. SABPIP Booklet (English)
8. SABPIP Booklet (Spanish)
9. Interviews with the following:
 - a. Staff
 - b. Inmates
 - c. Chief of Psychology Services

The BOP SABPIP Pamphlet (English and Spanish), A&O Handbook (English and Spanish), PREA Posters: How You Can Report (English and Spanish), OIG address, BOP website (www.bop.gov) and UMASS MOU meet the mandates of this standard. The website and posted notices assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third party reporting and would probably feel more comfortable reporting an incident of sexual abuse to someone outside the facility. A National Sexual Abuse Hotline (800-656-HOPE) is also available to the inmate population for reporting incidents of sexual abuse/sexual harassment. Calls to toll-free telephone numbers must be coordinated with a member of the unit team, per the SABPIP pamphlet.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. Staff
 - b. Inmates

Policies and Institutional Supplements address the requirements of this standard. Staff, contractors and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Staff members interviewed were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to the PREA standards. The reporting is ordinarily made to the Shift Operations Lieutenant, but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. A review of policy and interviews with staff support the finding that the facility is in compliance with this standard. The FMC does not house inmates under the age of 18.

Corrective action: None required

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12

4. Warden Institutional Memo 115.62(a)-2 Determination of Risk
5. Warden Institutional Memo 115.62(a)-3 Determination of Risk
6. Warden Institutional Memo 115.62(a)-4 Determination of Risk
7. Interviews with the following:
 - a. Staff
 - b. Inmates

Policy addresses the requirements of this standard. Staff members interviewed were aware of their duties and responsibilities, when they become aware or suspect that an inmate is being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting the Operations Lieutenant and medical staff. In the past 12 months, there were no instances in which FMC Devens staff determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. MOU with UMASS
4. DEV 5324.12
5. Warden Institutional Memo 115.63(c)-1 Notification to other facilities
6. Interviews with the following:
 - a. Warden
 - b. IPCM

Policy addresses the requirements of this standard. Policy requires that any inmate allegation of sexual abuse occurring while confined at another facility be reported to the Warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. Established procedures require the Warden to immediately notify the Chief Executive Officer of the other confinement facility, in writing, of the nature of the sexual abuse allegation. When the inmate reports sexual abuse/sexual harassment from state, non-bureau privatized facilities, jails, juvenile facilities, or residential reentry centers, the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP, if 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. In the past 12 months, the FMC received allegations from five inmates that they was abused while confined at another facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. Warden
 - b. IPCM
 - c. Staff

Policy and IS address the requirements of this standard. All staff members interviewed were extremely knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation of sexual abuse/sexual harassment. Staff indicated they would separate the inmates, secure the scene, prevent the destruction of any evidence and contact the Operations Lieutenant and medical staff. All staff carry a laminated first responder card with them at all times. This card lists all the steps necessary for a first responder, in the event of a PREA incident. All requirements of 115.64a would be met by following these steps. The Operations Lieutenant would continue to protect the victim and notify medical, mental health, the Emergency Response Team (ERT) and administrative/executive staff. In the past 12 months, there were no allegations that an inmate was sexually abused and a first responder was required to separate the victim and the abuser.

Corrective action: None required

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program

3. DEV 5324.12
4. DOJ/BOP OneSource First Responder Reference Guide Sexual Assault Crisis Intervention
5. First Responder-Ops LT. PREA Action Steps
6. Interviews with the following:
 - a. Warden
 - b. IPCM
 - c. Staff

Policy and DOJ/BOP One Source First Responder Reference Guide address the requirements of this standard. The policies were reviewed by the Auditor. The local policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provides for prompt and effective intervention, in the event abuse or assault occurs. Local policy also includes procedures for the investigation, discipline and prosecution of the assailant or abuser. The First Responder Reference Guide details first responder duties, reporting procedures, physical evidence collection/preservation, and medical/mental health care responsibilities. The ONE Source First Responder Reference Guide was developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. FMC and American Federation of Government Employees, Council of Prison Locals, Locals 1286
5. Interviews with the following:
 - a. IPCM
 - b. Staff

The Collective Bargaining Agreement (CBA), examined by the Auditor, between the BOP and the Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement 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. The Auditor was advised that the Collective Bargaining Agreement (CBA) is currently being renegotiated and will contain the required language in its final form.

Corrective action: None required

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. IPCM
 - b. Staff

Policy addresses the requirement of this standard. The policy prohibits any type of retaliation against any staff or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The IPCM is charged with monitoring retaliation. During the interview, he indicated that he follows up on all 30-, 60- and 90-day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments, as required in 115.67c. In the event of possible retaliation, the IPCM indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Corrective action: None required

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Institutional Memo: 115.68(a)-1 Post Allegation Protective Custody Reviews
5. PREA Compliance Manager Information Tracking Log
6. BP-A1002 Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form
7. 6.1.1 Intervention and Investigation Monitoring log
8. Interviews with the following:
 - a. IPCM
 - b. Staff

Policy addresses the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (SHU), placing him in another housing unit, or transferring the inmate to another

facility. To aid in that decision, policy requires the facility to complete the BOP'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/sexual harassment in the SHU. In practice, inmates are rarely placed in this status. To the extent possible, access to programs, privileges, education and work opportunities would not be limited to inmates placed in a SHU for the purposes of protective custody. The reasons would be documented for restricting access and the length of time the restrictions would last. There were no inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and supporting documentation, as well as a tour of the facility and staff interviews.

Corrective action: None required

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Institutional Memo: 115.68(a)-1 Post Allegation Protective Custody Reviews
5. PREA Compliance Manager Information Tracking Log
6. BP-A1002 Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form
7. 6.1.1 Intervention and Investigation Monitoring log
8. Interviews with the following:
 - a. Warden
 - b. Staff
 - c. SIS Lieutenant
 - d. Special Investigative Agent (SIA)

Policy addresses the mandates of this standard. The SIS department is responsible for conducting administrative investigations within the facility and referring criminal investigations to the FBI and the OIG to determine if prosecution will be pursued. According to the Warden, the facility fully cooperates with any outside agency that initiates an investigation. The SIA serves as the facility liaison and provides requested information to outside investigative agencies, as well as access to the inmate. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not 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 assessment device as a condition for proceeding with the investigation of such an allegation.

There were eleven PREA sexual abuse/harassment allegations investigated at FMC Devens during the auditing period. Eight investigations resulted in findings of unsubstantiated. One allegation resulted in a finding of substantiated. Two allegations resulted in findings of unfounded. All inmates were notified, in writing, of these findings. All eleven investigative files were easily accessible to this Auditor and reviewed for completion. Compliance with this standard was determined by a review of policy/documentation and investigative files, as well as staff interviews.

Corrective action: None required

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. SIS Lieutenant

Policy and interviews address the requirement of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. When interviewed, the Investigator was aware of the evidence standard. The evidence standard was utilized in the cases reviewed by the Auditor.

Corrective action: None required

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Institutional Memo: 115.73(a)-1;(b)-1;(c)-1;(c)-2 Completed Investigations
5. Warden's Institutional Memo: 115.73(c)-1 Reporting of Inmates
6. Warden's Institutional Memo: 115.73(d)-1 Reporting of Inmates
7. Warden's Institutional Memo: 115.73(e)-1 Reporting of Inmates
8. PREA Compliance Manager Information Tracking Log Form
9. PREA Notification to Inmate Form
10. PREA Compliance Manager Information Tracking Log
11. BP-A1002 Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form
12. 6.1.1 Intervention and Investigation Monitoring Log
13. Interviews with the following:
 - a. Warden
 - b. Staff
 - c. SIS Lieutenant

Policy addresses the mandates of this standard. FMC Devens only conducts administrative investigations. There were eleven allegations of sexual abuse/sexual harassment and an investigation was initiated in each case. All eleven investigations were completed prior to the on-site audit. In all cases, inmates were notified, in writing, upon completion of the investigation by the SIS Lieutenant. Signed documentation indicating that inmates had received the outcome of his investigations was reviewed by the Auditor before leaving the facility. Documentation is maintained in the investigative file. Compliance with this standard was determined by a review of policy, an examination of the written notices and staff interviews.

Corrective action: None required

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. PS 3420.11 Standards of Employee Conduct
4. DEV 5324.12
5. Warden's Institutional Memo: 115.76(b)-1 Disciplinary Sanctions for Staff
6. Interviews with the following:
 - a. Warden

PS 3420.11 and PS 5324.12 address the requirements of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment

policies. There have been no reported cases of inmates engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. The Collective Bargaining Agreement between the BOP and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, allows for disciplinary sanctions against staff, including termination, for the sexual abuse or sexual harassment of an inmate. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the BOP, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Corrective action: None required

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. PS 3420.11 Standards of Employee Conduct
4. DEV 5324.12
5. Warden's Institutional Memo: 115.77(a)-3 Reports of Sexual Abuse by Contractors/Volunteers
6. Warden's Institutional Memo: 115.77(b)-1 Remedial Measures
7. Interviews with the following:
 - a. Warden
 - b. Volunteers/Contractors

Policy addresses the requirements of the standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In non-criminal cases, the FMC would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files and volunteer/contractor and staff interviews.

Corrective action: None required

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. PS 3420.11 Standards of Employee Conduct
4. DEV 5324.12
5. Warden's Institutional Memo: 115.78(e)-1 Disciplinary Sanctions for Inmates
6. PS 5270.09 Inmate Discipline Program
7. Interviews with the following:
 - a. Warden
 - b. SIS Lieutenant

Policy addresses the requirement of this 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 inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with 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 facility 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 the Investigator support compliance with 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. Compliance with this standard was determined by a review of policy/documentation, an examination of the inmate discipline process and staff interviews.

Corrective action: None required

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Institutional Memo: 115.81(a)-4;(b)-4;(c)-4 Secondary Materials
5. Warden's Institutional Memo: 115.81(d)-1 Limitations of Information
6. Warden's Institutional Memo: 115.81(e)-1 Informed Consent
7. Interviews with the following:
 - a. Warden
 - b. Health Services Administrator
 - c. Chief of Psychology Services

PS 5324.12 addresses the requirements of this standard. Interviews with health services and psychology services staff, including a medical contractor (Correctional Health Care Associate), confirm the institution has a very thorough system for collecting medical and mental health information which allows the staff to provide continued re-assessment and follow up services to the inmates. In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health practitioner. Additionally, 100% of the inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate, as confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by unit team staff during in-processing procedures. In-processing procedures also include screening for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, staff members 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 the purpose of determining treatment plans, security, housing, work, program assignments and other management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting. The FMC does not house inmates under the age of 18. All screening documentation is recorded in the Bureau's Electronic Medical Record and Psychology Data System. All information is handled confidentially and interviews with the intake screening staff support a finding that the facility is in compliance with this standard.

Corrective action: None required

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden's Institutional Memo: 115.82(a)-3 Secondary Medical/Mental Health Logs
5. BOP Health Services Clinical Encounter (Examples)
6. Interviews with the following:
 - a. Warden
 - b. Health Services Administrator
 - c. Chief of Psychology Services

Policies, Institutional Supplements and interviews address the requirements of this standard. The facility medical and mental health personnel provide services to the entire FMC inmate population. Medical personnel are on duty 24 hours a day, seven days a week and are available for consultation or call-back on off duty hours. Mental health providers are on-site five days per week and are also available for call-back on off duty hours. Information and access to care is offered to all inmate victims, as clinically indicated. Victim advocacy services are offered through trained staff members. Agency policy prohibits inmate co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were no allegations of sexual abuse that required referral for forensic evidence collection by a SANE provider in the past year. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE and facility medical staff. Secondary materials documenting compliance are on file.

Corrective action: None required

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. IPCM
 - b. Health Services Administrator
 - c. Chief of Psychology Services

Policy addresses the requirement of this standard. The FMC offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. The FMC only houses male inmates. The FMC has fully staffed medical and mental health departments and offers victims of sexual abuse/sexual harassment medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections, as medically appropriate. Mental health evaluations are conducted on all known inmate-on-inmate abusers within at least 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Warden Institutional Memo: 115.86(a)-1 Sexual Incident Reviews
5. Warden Institutional Memo: 115.86(d)-1 Report of Findings
6. Warden Institutional Memo: 115.86(e)-1 Implementations of Recommendations
7. Interviews with the following:
 - a. Warden
 - b. IPCM
 - c. SIA

Policy addresses the requirement of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS Lieutenant, OIA, the FBI and/or the OIG conduct all investigations. The Special Investigative Agent was interviewed and found to be extremely knowledgeable concerning his duties and responsibilities. The FMC conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was deemed to be unfounded. Based on interviews with members of the facility 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, perceived status, or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team is comprised of upper-level management officials, including the Associate Warden/IPCM, Chief of Psychology Services, SIS Lieutenant, Health Services Administrator and the Unit Manager of the alleged victim. All required reviews by the team were completed within 30 days of the conclusion of all investigations and are thoroughly documented. An annual review of all incidents is also completed. The review team seeks additional information from other staff, as needed, to ensure a thorough review has been completed.

Corrective action: None required

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. Warden
 - b. IPCM

Policy addresses the requirement of this standard. As confirmed by a review of supporting documentation, the FMC collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, OIA data, inmate data, and SENTRY (BOP Data Management System) data. 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.

Corrective action: None required

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
3. DEV 5324.12
4. Interviews with the following:
 - a. Warden
 - b. IPCM

Policy addresses the requirement of the standard. The Bureau of Prisons reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The Institution PREA Compliance Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Corrective action: None required

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program

3. DEV 5324.12
4. Interviews with the following:
 - a. Warden
 - b. IPCM

Policy addresses the requirement of this standard. The National PREA Coordinator reviews data compiled by each BOP facility and issues a report to the Director of the Federal Bureau of Prisons on an annual basis. The data is securely retained and published on the BOP website after the removal of all personal identifying information. The reports cover all data noted in this standard.

Corrective action: None required

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This was the second PREA audit of this facility. The previous PREA audit was in May 2016. The Auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both inmates and staff. All BOP facilities have received at least one PREA audit since August 20, 2012. At least one-third of all BOP facilities were audited during the one-year period after August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout FMC Devens allowed inmates to send confidential letters to the Auditor prior to the audit. Four confidential letters were mailed to the Auditor from the same inmate as a result of the audit postings in the housing units. The inmate

was interviewed and stated that he had been victimized at a previous facility. A review of the investigation file demonstrated that FMC Devens followed established policies and procedures in providing treatment for this inmate.

Corrective action: None required

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FMC Devens has fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. BOP policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are

knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and BOP PREA trends data via the BOP website. FMC Devens currently complies with all applicable PREA standards and no corrective actions are required.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

James L. Roland, Jr.

04/10/2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.