

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Dudley Kesler			
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Telephone number: (618) 614-0170			
Date of facility visit: July 11-13, 2017			
Facility Information			
Facility name: Federal Prison Camp - Duluth			
Facility physical address: 4464 Ralston Drive, Duluth, MN 55811			
Facility mailing address: (if different from above)			
Facility telephone number: 218-722-8634			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Melissa Rios			
Number of staff assigned to the facility in the last 12 months: 101			
Designed facility capacity: 881			
Current population of facility: 505			
Facility security levels/inmate custody levels: Minimum/Out/Community			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Ryan McCaffrey		Title:	Associate Warden <input checked="" type="checkbox"/>
Email address: DTH/PREAComplianceMgr@bop.gov		Telephone number:	218-722-8634
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: (if applicable) U.S. Department of Justice			
Physical address: 320 First Street, NW, Washington, DC 20534			
Mailing address: (if different from above)			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Thomas R. Kane		Title:	Acting Director
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	202-616-2112 <input checked="" type="checkbox"/>
Agency-Wide PREA Coordinator			
Name: Dr. Jill Roth		Title:	National PREA <input checked="" type="checkbox"/>
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	202-616-2112 <input checked="" type="checkbox"/>

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Prison Camp (FPC) Duluth was conducted July 11-13, 2017 by Nakamoto Group Inc. auditor Dudley Kesler. An in-briefing meeting was held with the facility Executive Staff, ACA Auditor, Bureau of Prisons (BOP) Central Office Accreditation staff, and BOP Program Review Team for Education.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility.

During the auditing period there were two allegations of sexual harassment reported and both involved inmate against inmate allegations. One was found to be substantiated and one was found to be unsubstantiated. Both of the investigation packets were reviewed and found to be comprehensive and well organized.

A total of 32 inmates were interviewed which included two Limited English Proficiency (LEP) inmates. All inmates were aware of the PREA program and indicated they had been provided with adequate resources to report an incident of sexual abuse or sexual harassment if necessary.

A total of 35 staff were interviewed including six correctional officers (from both 12 hour shifts), three administrative staff, and 26 specialized staff. The administrative staff interviewed included the Associate Warden, Chief Psychologist, and the Human Resource Manager. The specialized staff included first responders, intake staff, screening staff, the retaliation monitor, an incident review team member, segregated housing unit staff, investigative staff, a representative from the local hospital, and a representative from the local advocacy group.

DESCRIPTION OF FACILITY CHARACTERISTICS

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

At FPC Duluth, inmates are provided the opportunity to serve their sentence in an environment that provides a safe, humane, and appropriately secure setting, with an emphasis on quality programs and other self-development opportunities designed to assist them in maintaining a pro-social, law-abiding lifestyle after release.

In 1981, the United States Air Force revealed plans to pull their mission from the Duluth Airport. The closing meant a loss of almost 1,500 jobs and up to \$38 million from the local economy. Several ideas for the 700-acre site were entertained. In June 1983, more than 750 people picked up applications for positions in the Camp, which was not yet even funded by Congress. On October 10, 1983, the BOP Monday Morning Highlights announced in its lead article: "Duluth Camp Opens." A 30-inmate work cadre and 13 staff were on board. The work cadre commuted from FCI Sandstone until November, when inmates were first housed on the site.

Throughout its 34-year history, FPC Duluth has consistently excelled at upholding the mission, core values, and cultural anchors of the Bureau of Prisons, as evidenced by the many accolades the facility has received over the years. The prison camp consists of five housing units. There are four general-population units providing basic furnishings, common shower facilities, and TV multi-purpose areas. The fifth unit is used to house inmates in the Residential Drug Abuse Program.

FPC Duluth also operates a small Special Housing Unit (SHU) for inmates requiring Administrative Detention and Disciplinary Segregation. The mission of the unit is to provide special short-term housing and close supervision for disruptive inmates or other inmates in need of temporary secure housing. There are eight cells in the unit.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out-briefing" meeting was held with the Warden, Associate Warden, various department heads, ACA auditor, and BOP Central Office accreditation staff. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with the PREA. There were no areas of concern noted during the tour. All facility staff were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FPC Duluth staff for their hard work and dedication to the PREA process.

Number of standards exceeded: ⁰

Number of standards met: ⁴¹

Number of standards not met: ⁰

Number of standards not applicable: ²

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

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

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

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, section b, addresses this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and Regional PREA Coordinators assigned to each regional office to ensure adherence to the PREA. The facility PREA Compliance Manager reports directly to the Warden. Zero tolerance posters were noted throughout every area of the institution. Staff receive initial training and annual training, as well as, updates throughout the year.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The agency and facility meets the mandates of this standard. A review of the documentation submitted substantiated the agency and facility require other entities contracted with (i.e. Corrections Corporation of America, Management and Training Corporation, The GEO Group, Inc.) for the confinement of inmates 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.

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03, pages 8-12; PS 5324.12, page 16 addresses this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Associate Warden revealed compliance with PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. Quarterly Workforce Utilization Meetings are conducted as required by policy to ensure that the staffing plan continues to be followed appropriately. Quarterly Workforce Utilization minutes are on file as required. 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 Trust Fund Limited Inmate Computer System (TRULINCS) e-mail system, staff interviews and rosters. Interviews with executive staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to line staff. Video cameras with monitoring capabilities are visible in select areas of the facility. [REDACTED]

Standard 115.14 Youthful inmates

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

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

Not Applicable - FPC Duluth does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5521.06, Searches, addresses 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 indicated they received cross-gender pat search training during initial and annual training. The auditor observed each unit has individual shower stalls with curtains for privacy purposes. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit. Staff were well aware of the policy prohibiting the search of a trans-gender or inter-sex inmate for the sole purpose of determining the inmate's genital status.

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

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

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

PS 5324.12, pages 19-20 addresses this standard. FPC Duluth takes appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facilities 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 facility has a contract with a private company to provide translation services for inmates who have a need for interpretative services. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03, chapter 7; PS 3420.11 pages 6&7; and Pre-Employment Guide, page 2 address this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. Background checks are conducted before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.

Standard 115.18 Upgrades to facilities and technologies

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

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

Not Applicable - There have been no substantial upgrades expansions at this facility since the previous PREA audit.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.12, Sexual Abuse Behavior Prevention and Intervention addresses this standard. First responders 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 were aware the facilities investigators or FBI conduct investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by a SANE/SAFE nurse through an agreement with Saint Lukes Medical Center, Duluth, MN. An interview with the supervisory nurse at the medical center confirmed they have SANE trained nurses to conduct forensic examinations if needed. There were no SANE exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.12, pages 44, 45 and 46 addresses this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Administrator (SIA), the Office of Internal Affairs (OI) or the Federal Bureau of Investigations (FBI) may conduct investigations. The FBI conducts criminal investigations for the facility. During the reporting period, there two incidents involving allegations of sexual harassment, both were inmate on inmate. Both incidents were investigated and one was found to be "unsubstantiated" and one was found to be "substantiated". Both the investigation packets were reviewed and found to be complete, thorough, and very well organized.

Standard 115.31 Employee training

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

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

PS 5324.12, Training and Education, pages 14,15, 25, 26 and 27 and the Annual Training Plan addresses this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all new staff must attend and successfully complete. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation as well as interviewed staff that indicated they received PREA training. All staff were considered to be well versed in their individual areas of responsibility concerning PREA.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.12, page 27 and the Annual Training Plan meets the mandates this standard. Training documentation for contractors and volunteers were reviewed and found to be in compliance with this standard. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. An interview was conducted with the volunteer coordinator who was well aware of the training requirements for contractors and volunteers. There were no contractors or volunteers available to be interviewed during the audit.

Standard 115.33 Inmate education

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

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

PS 5324.12, page 27&28 and Admission and Orientation (A&O) Handbook addresses this standard. The facility puts forth its best efforts in educating the inmates about the PREA. Inmates receive information during the intake process that includes an inmate handbook, printed in both English and Spanish. The inmates have access to the Trust Fund Limited Inmate Computer System (TRULINCS) which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "hotline" telephone number which may be called to report abuse or harassment, is posted on the bulletin boards. The Office of Inspector General's mailing address is posted in each housing unit for inmates to write concerning any sexual abuse or sexual harassment allegation. There is a language line available to assist staff with LEP inmates. All inmates interviewed indicated they had received a handbook and training during orientation relative to PREA and were considered well trained in the PREA standards.

Standard 115.34 Specialized training: Investigations

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

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

PS 5324.12, page 29; SIA/SIS Training Lesson Plan address this standard. The staff investigators have received PREA specialized training through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIA/SIS Training Instructor Guide for Abuse in a Confinement Setting. All training documentation was complete and thorough.

Standard 115.35 Specialized training: Medical and mental health care

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

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

PS 5324.12, pages 29 & 30 and the PREA Training Lesson Plan address this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff also receive training annually and documentation is on file. The auditor reviewed the training lesson plan, training sign-in sheets and the BOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.12 addresses this standard. All inmates are assessed at intake for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of their arrival. The staff reviews all relevant information from other facilities and reassess an inmate's risk level within 30 days of his arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, as well as a review of documentation, support the finding that facility is in compliance with this standard.

Standard 115.42 Use of screening information

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

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

PS 5324.12, pages 25-27 address this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/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.

Standard 115.43 Protective custody

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

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

PS 5324.12, pages 34&35 addresses this standard. FPC Duluth has one Special Housing Unit (SHU) with eight cells. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates will be reassessed every seven days after entering the SHU. Documentation and interviews indicated there were no reports of inmates at risk of sexual victimization being held in involuntary segregated housing in the past 12 months.

Standard 115.51 Inmate reporting

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

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

PS 5324.12, page 36 and the Inmate Handbook in English and Spanish addresses this standard. A review of 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 (observed by auditor) which also explain reporting methods.

Standard 115.52 Exhaustion of administrative remedies

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

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

PS 1330.18, Administrative Remedy, addresses this standard. Inmates may file an administrative remedy/grievance; however, all allegations of abuse/sexual harassment when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the informal or formal grievance process. Facility procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.12, page 37 and the Inmate Handbook (English and Spanish) addresses this standard. The facility has an agreement with the local chapter of the Program for Aid to Victims of Sexual Assault (PAVSA) to provide counseling services for sexual assault victims. The organization offers counseling to male and female victims of sexual assault/sexual harassment. An interview with a representative of PAVSA confirmed they have a Memorandum Of Understanding (MOU) with FPC Duluth and they perceive the PREA environment at FPC Duluth as being very positive.

Standard 115.54 Third-party reporting

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

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

PS 5324.12; The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention"; Inmate Handbook; PREA Posters; posted Office of Inspector General Address and Website: www.bop.gov address this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Staff and inmates interviewed were aware of the procedures for third-party reporting.

Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.12, pages 38&39 addresses this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. The facility executive staff interviewed were well aware of the need to investigate any reports of abuse or harassment, including third party reports.

Standard 115.62 Agency protection duties

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

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

PS 5324.12, page 39 addresses this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor, medical and psychology staff.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.12, page 40 addresses this standard. Policy requires that any allegation by an inmate that they were sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. During the reporting period, there were no incidents that an inmate alleged being abused while confined at another facility.

Standard 115.64 Staff first responder duties

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

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

PS 5324.12, pages 40&41 addresses this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact the operations lieutenant and refer the inmate to medical and psychology staff, if needed.

Standard 115.65 Coordinated response

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

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

PS 5324.12, Page 41, and the Coordinated Response Allegation of Sexually Abusive Behavior PREA Checklist addresses this standard. The documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in the event of an incident of sexual abuse.

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

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

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

PS 5324.12 addresses this standard. The collective bargaining agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees complies with this standard. There are no provisions in the agreement limiting the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.12, pages 43&44 a-e addresses this standard. The policy prohibits any type of retaliation against any staff person or inmate who has reported sexual abuse or sexual harassment or cooperated in any related investigations. The PREA Compliance Manager is charged with monitoring retaliation. During the interview, the Compliance Manager indicated he follows up with 90 day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern of a potential for possible retaliation, the Compliance Manager indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

Standard 115.68 Post-allegation protective custody

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

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

Policy PS 5324.12, pages 35 and 44 addresses this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing - SHU. Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.12, pages 44-46 addresses this standard. The Supervisory Investigative Administrator (SIA) conducts administrative investigations within the facility and refers criminal investigations to the FBI and/or the Office of the Inspector General to determine if prosecution will be pursued. There were no criminal prosecutions during this auditing period. Interviews with executive staff reveals the facility fully cooperates with any outside agency who initiates an investigation. The SIA serves as the facility liaisons who provides requested information to the outside agency and provides access to the inmates.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PS 5324.12, page 46 addresses this standard. Interviews with staff involved with investigations revealed the evidence standard is a preponderance (51%) of the evidence to determine whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

PS 5324.12, pages 46&47 addresses this standard. A review of documentation available for administrative investigations completed during the auditing period revealed all inmates who had made allegations were notified in writing of the outcome of the investigation. The interviews with staff and review of the documentation supports the finding that the facility is in compliance with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11, pages 6&7 addresses this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There were no allegations of staff sexual harassment on an inmate during the reporting period. The Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an inmate.

Standard 115.77 Corrective action for contractors and volunteers

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

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

PS 3420.11, pages 6&7b addresses this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5324.12, page 49 addresses this standard. There were no administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse during this reporting period. Policy does not allow consensual sex of any nature. The Federal Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with members of the executive staff support a finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12, pages 30,31,33,34 and 50 addresses this standard. Interviews with medical and specialized staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, all inmates disclosing prior victimization during screening were offered follow-up services without financial cost to the inmate. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.12, page 52; addresses this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. An agreement with Program for Aid to Victims of Sexual Assault (PAVSA) indicates that agency will provide an advocate to comfort the victim if requested. Interviews with staff support a finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12, page 52 addresses this standard. FPC Duluth 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. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.12, pages 53&54 addresses this standard. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of the Associate Warden, Chief of Psychology, Captain, Health Services Administrator, and Special Investigative Supervisor. The review team seeks additional information from other staff as needed to ensure a thorough review

Standard 115.87 Data collection

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

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

PS 5324.12, pages 55 & 56 addresses this standard. The facility 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, Office of Internal Affairs 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 all data annually and reviews it annually.

Standard 115.88 Data review for corrective action

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

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

The Federal Bureau of Prisons and FPC Duluth 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 and to identify any trends, issues or problematic areas and take corrective action, if needed. The facility PREA Compliance Manager forwards data to the respective Regional PREA Coordinator. The data is then forwarded to the agency PREA Coordinator and an annual report is prepared and placed on the BOP website.

Standard 115.89 Data storage, publication, and destruction

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

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

PS 5324.12 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP website. The reports cover all data noted in this standard.

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.

Dudley Kesler

July 18, 2017

Auditor Signature

Date