

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b> Federal Correctional Institution, Elkton			
<b>Physical address:</b> 8370 Scroggs Road, Lisbon, Ohio 44432			
<b>Date report submitted:</b> 06/10/14			
<b>Auditor Information</b>			
<b>Address:</b> P.O. Box 296, Rudyard, MI 49780			
<b>Email:</b> jpallen@lighthouse.net			
<b>Telephone number:</b>		906-478-5841, Cellphone 906-298-1339	
<b>Date of facility visit:</b> June 3-6, 2014			
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b> Dr. Paul Clifford			<b>Title:</b> Chief of Psychology/PREA Compliance Manager
<b>Email address:</b> pclifford@bop.gov			<b>Telephone number:</b> 330-420-6200 ext.1153
<b>Agency Information</b>			
<b>Name of agency:</b> Federal Bureau of Prisons			
<b>Governing authority or parent agency:</b> U.S. Department of Justice			
<b>Physical address:</b> 320 First St., NW Washington, DC 20534			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			

<b>Name:</b> Charles E.Samuels	<b>Title:</b>	Director
<b>Email address:</b> BOP-CPD/PREACoordinator@BOP.GOV	<b>Telephone number:</b>	202-353-3506
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> Sean Marler	<b>Title:</b>	National PREA Coordinator
<b>Email address:</b> smarler@bop.gov	<b>Telephone number:</b>	202-353-3506

## **AUDIT FINDINGS**

### **NARRATIVE:**

On June 3-6, 2014, an audit was conducted at the Federal Correctional Institution-Elkton, to determine compliance with the Prison Rape Elimination Act standards finalized in 2012.

A complete tour of the facility, which included the Federal Correctional Institution (FCI), and the Federal Satellite Low (FSL) was conducted on June 3<sup>rd</sup>& 4<sup>th</sup>, 2014. The following areas and operations were visited and observed: Offender Housing Areas, Health Care Services, Business Office, Food Service, Religious Services, Admissions & Discharge, Education, Recreation, Special Housing Unit, Commissary, Laundry, Safety Department, all Facility Maintenance Operations, Records Department, Warehouse, Power House, Garage, Administrative Offices, Armory/Lock Shop, Psychological Services and Central Control.

Documents that the auditor reviewed for this audit included, but were not limited to: Policies, Staff Training Records, Training Outlines & Curriculums, Sexual Abuse and Harassment Complaints. The auditor also conducted random interviews of staff and inmates that were randomly selected by the auditor prior to the conduct of the audit. The interviews were conducted with the following: Warden, PREA Compliance Manager (Facility), Medical Staff, Human Resources Manager, Case & Unit Team Managers, Corrections Officers from all areas of the facility and from all shifts, Correctional Supervisors, Staff from the SIS Department, SIS Supervisor, Staff who are involved in the intake and screening process, Chaplain, 10 randomly selected inmates, one Transgender inmate, one inmate with limited English proficiency, and three inmates who had claimed either being sexually abused or harassed. In addition, during the tour of the facilities, I randomly spoke with several inmates and staff about PREA, in relation to how to report, and who they could call if they wanted to keep it confidential.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The facility is of cement block construction, with three housing units on the FCI grounds, and two housing units on the FSL grounds. Each housing unit is a two story building with housing units on both floors. The FCI has another large building which houses all of the other facilities operations. The front entrance of the FCI is at the Administration building, and there is a front desk where all staff and visitors enter the facility, and are required to pass through a metal detector, and all carry in items are processed through and x-ray machine to scan for contraband. All visitors are required to produce a valid picture ID, and log into the facility. As you enter, there are administrative offices located in hallways to the left and right of the large entry area. To enter into the secure area of the facility, staff must scan an object that logs them into the facility, and visitors must show a valid picture ID. The Administration building also houses the Armory and Lock Shop. Upon entering the FSL, visitors are

required to show a valid picture ID. The FSL has a Sex Offender Management Program (SOMP), and all of the participants are housed with the general population inmates. FCI offers a multitude of Drug Abuse Programs, and NA is also offered at the FSL. FCI hosts a Residential Drug Abuse Treatment Program (RDAP) which is a 500 hour treatment program. Both facilities offer a Non-Residential Drug Abuse Treatment Program (NRDAP). Both Facilities are surrounded by chain link fences, with the FCI having two fences, and the FSL having one fence. [REDACTED]

[REDACTED]. The facility is very well managed, and there are programs in session at all times of the day. [REDACTED]

[REDACTED] There were no areas that would be considered to be problem areas in relation to PREA. [REDACTED]

[REDACTED] This process was observed during the tour of the facility, and during a re-visit to the outside areas.

### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Non-applicable: 1

#### **§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)

Policies 3420.11 (employees), 5270.09 (offenders) and 5324.11 address this 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)

### **§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)

In the BOP, all staff (Except Contractual Personnel) are considered law enforcement and receive the same training as corrections officers. Unannounced rounds are being documented. All staff and inmate interviews confirmed that unannounced rounds are being made as required.

### **§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)

N/A FCI Elkton does not house youthful offenders.

### **§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)

P5324.11 Revised 1-6-2014 addresses this standard. None of this type of searches have been conducted, but, all staff have been trained in how to conduct these searches if exigent circumstances prevail.

### **§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)

P5324.11 addresses this standard requirement. A language line is available and staff are designated to address offenders who have physical or mental disabilities. In addition, interviews supported that offender translators would not be utilized.

### **§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)

This standard is addressed centrally. Interview with Human Resources Manager supports this standard.

### **§115.18 – Upgrades to Facilities and Technology**

- 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)

There have been no expansions or upgrades at this facility.

### **§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)

The facility has contracted with an outside agency for Forensic Medical Examinations.

### **§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)

P5324.11 addresses this 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)

P5324.11 addresses this standard. The auditor reviewed training files and conversations with staff validated that they are receiving the required training.

### **§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)

P5324.11 revised 1-6-2014 addresses this standard. Training records indicate that this is being accomplished. Interview with a contract worker validates that they are receiving the required training.

### **§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)

P5324.11 addresses this standard. Offenders interviewed indicated through their answers to questions that they have been made aware of the requirements of this standard, and through interviews, it was validated that the offenders knew about notices posted in the housing units with contact phone numbers.

### **§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)

P5324.11 does address this standard. All facets of this standard have been met. This was validated through policy and memos.

### **§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)

P5324.11 addresses this standard. This standard is met, all forensic examinations would be performed at an outside hospital.

### **§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)

P5324.11 does address this standard. Screening takes place at intake, and if there are concerns, the offender is referred, and this was validated through offender interviews.

### **§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)

P5324.11 addresses this standard. Information is computerized as well as treatment plans with the psychology department.

### **§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)

P5324.11 addresses this standard. As of this date, no offender has been placed in involuntary segregation.

### **§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)

There are multiple ways for staff as well as offenders to report incidents privately. This was confirmed through interviews with both staff and offenders.

### **§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)

P1330.18 addresses this standard. No grievances have been filed in relation to this 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)

P5324.11 does address this standard. All of the offenders that were interviewed expressed that they were aware of an outside agency that they could contact if necessary.

### **§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)

The BOP has a web site where complaints can be filed, and this was confirmed through interviews with offenders.

### **§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)

P5324.11 addresses this standard. Interviews with staff confirm compliance with this 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)

P5324.11 addresses this standard. Interviews with staff and offenders validated that there is protection for them as related in the 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)

P5324.11 addresses this standard. This standard is being followed as required.

### **§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)

P5324.11 does address this standard. Interviews with staff reflected that staff first responders are trained in the requirements of this 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)

Policy addresses this standard as well as the institutional supplement.

### **§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)

Central office reported there has been no collective bargaining agreement entered into or renewed since August 2012.

### **§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)

P5324.11 Addresses this standard. Through interviews, it was validated that there is a process in place for monitoring retaliation.

### **§115.68 – Post-Allegation Protective Custody**

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

P5324.11 addresses this standard. There have been no instances of retaliation that would require placement in protective custody.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

P5324.11 does address this standard. A review of domestic investigations and operations guide for the FBI, 2011, demonstrates that FBI agents have training and guidelines in accordance with investigation requirements. OIG training for PREA was implemented in January 2014. At the time of this audit, the facility has not had any incidents warranting an FBI or OIG investigation relevant to a complaint of sexual abuse.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

P5324.11 does address this standard. Meeting the requirements of this standard was validated through interviews with facility investigators.

### **§115.73 – Reporting to Inmate**

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

P5324.11 addresses this standard. Documentation provided to the auditor indicated that where applicable, offenders would be informed of the results of the investigation. (There were no investigations at this time)

### **§115.76 – Disciplinary sanctions for staff**

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

P5324.11 does address this standard. There have been no disciplinary sanctions against staff at FCI Elkton at this time.

### **§115.77 – Corrective action for contractors and volunteers**

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

This is covered in the volunteer and contractor PREA education. There have been no reports against any contractors or volunteers.

### **§115.78 – Disciplinary sanctions for inmates**

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

P5324.11 addresses this standard. This standard is understood by offenders, as determined through interviews.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

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

P5324.11 addresses this standard. This standard is being followed, as determined through offender interviews.

### **§115.82 – Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

P5324.11 addresses this standard. Documentation provided to show access to emergency medical and mental health services. Validated through staff interviews.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

This standard is being met. Ongoing services are provided by both the medical and mental health departments if necessary.

### **§115.86 – Sexual abuse incident reviews**

Exceeds Standard (substantially exceeds requirement of standard)

xMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Documentation provided indicates that the requirements of this standard are being met.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

xMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

This standard is being met. There have been no incidents, but the facility has a process in place to meet the requirements of this standard.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

xMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

This standard is being met. This is supported by the auditors' interview with the facility PREA Compliance Manager.

**§§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)

This standard is being met. This supported by the auditors' interview with the facility PREA Compliance Manager.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

James H. Allen /s/

Auditor Signature

June 10, 2014

Date