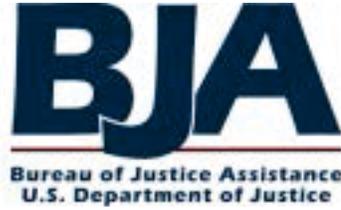


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Stephen J. Huffman			
Address: 11820 Parklawn Drive			
Email: stephen.huffman@nakamotogroup.com			
Telephone number: 614-940-4696			
Date of facility visit: March 10-13, 2015			
Facility Information			
Facility name: Federal Correctional Institution - Englewood			
Facility physical address: 9595 W. Quincy Ave., Littleton, Colorado 80123			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 303-763-4300			
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: Warden Deborah Denham			
Number of staff assigned to the facility in the last 12 months: 272			
Designed facility capacity: 1151			
Current population of facility: 1149			
Facility security levels/inmate custody levels: Minimum and Low			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Michael R. Connel		Title:	Associate Warden
Email address: ENG/PREAComplianceMGR.@bop.gov		Telephone number:	303-763-4300
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, NW, Washington DC 20534			
Mailing address: <i>(if different from above)</i>			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Charles E. Samuels, Jr.		Title:	Director
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	202-514-4919
Agency-Wide PREA Coordinator			
Name: Alix McLearen		Title:	National PREA
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	202-514-4919

AUDIT FINDINGS

NARRATIVE

The on-site to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution-Englewood (FCI) was conducted March 10-13, 2015 by the Nakamoto Group, Inc. certified PREA auditor Stephen J. Huffman. When the auditor arrived at the facility, an "in-briefing" meeting was held with Warden, Associate Wardens, Chief Psychologist and Bureau of Prisons (BOP) Administrators. The introductions and audit process was discussed during the briefing.

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

The facility is located in the town of Littleton, Colorado, just south of Denver and the foothills of the Rocky Mountains. The facility is a multi-mission complex housing both sentenced and un-sentenced male inmates. The detention center and camp are physically separated from the correctional institution. The Federal Prison property, while at one time was void of public intrusion is now totally surrounded by family housing, public golf course, schools and other public facilities. FCI Englewood, its satellite prison camp and detention center, cover approximately 320 acres. The FCI has 15 buildings with 262,625 square feet under roof, including two living units with open dorms and individual rooms. There is a secure special housing unit for administrative and disciplinary cases. FCI has a rated capacity of 362 and actual population of 741. The average population the past 12 months has been 737 and average length of stay is 136.6 days. The detention center, located approximately 1/4 mile northwest of the FCI, consists of two housing units and a total of 51,245 square feet under roof. All of the inmates at the detention center are allowed freedom of movement within their housing unit areas. The detention center has a rated capacity of 112 and an actual population of 154. The camp is divided into two living housing units with a common area connecting the two units. The units contain rooms with five men capacity. There is a total of 59,015 square feet. The camp has a rated capacity of 112 and actual population of 175 and an average length of stay of 109.8 days. Facility age range is 20-86 years of age.

The standards used for this audit became effective August 20, 2012. This auditor discussed information contained in the Pre-Audit Questionnaire with the Complex PREA Audit Manager and BOP Regional PREA Administrator prior to the on-site audit visit. The National PREA Coordinator, National PREA Contract Administrator for the BOP and the Director's designee were telephonically interviewed prior to the audit. As part of the audit, a review of all agency and local facility policies and a tour of the three facilities was completed. A total of 68 inmates were interviewed by the auditor. These interviews included two trans gender inmates, two inmates in wheelchair, one deaf inmate and one inmate who had reported sexual harassment by an officer and was satisfied with handling of the incident. All inmates felt safe at the facility. There was two allegations of sexual abuse/harassment filed by inmates in the past 12 months. One case was filed by an inmate who stated an officer slapped him and made sexual remarks toward him. This case was determined to be unfounded. the second case was filed by an inmate accused another inmate of touching his groin area with his cane. This case was determined to be unsubstantiated. both case files were reviewed and appropriate documentation was completed. The inmates received in writing the outcome of the investigation.

A total of 62 staff were interviewed including correctional officers from all three 8 hour shifts. Ten administrative staff were interviewed including Warden, Associate Wardens, Chief Psychologist, Human Resource Manager, PREA Compliance Manager and Administrative Assistant. Specialized staff included medical, mental health, investigators, incident review team, retaliation monitor, segregation officers, food service, shift supervisors, volunteer, intake and unit staff were interviewed.

The auditor did not interview a representative from the local advocacy center due to the facility and the advocacy center could not come to an agreement due to policy differences in reporting security information to the facility. The facility has several staff trained for assisting the inmates.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Mission Statement 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.

The Mission Statement of the Federal Correctional Institution (FCI) Englewood, is to provide a safe, secure and humane environment for staff and inmates. Opportunities for self-improvement including work, education, vocational training, religious, counseling and innovative psychiatric programming 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.

The Vision Statement of the Federal Correctional Institution (FCI) Englewood is committed to fulfilling the mission of the Federal Bureau of Prisons and accomplishing the goals set forth in our vision statement.

The Federal Bureau of Prisons, judged by any standard, is widely and consistently regarded as a model of outstanding public administration, and as the best value provider of efficient, safe, and humane correctional services and programs in America. The Bureau provides for public safety by assuring that no escapes and no disturbances occur in its facilities. The Bureau ensures the physical safety of all inmates through a controlled environment which meets each inmate's need for security through elimination of violence, predatory behavior, gang activity, drug abuse and inmate weapons. Through the provision of health care, mental, spiritual, educational, vocational and work programs, inmates are well prepared for a productive and crime free return to society. The Bureau is a model of cost-efficient correctional operations and programs.

Our talented, professional, well trained and diverse staff reflect the Bureau's culture and treat each other fairly. Staff work in an environment free from discrimination. A positive working relationship exists where employees maintain respect for one another. The workplace is safe, and staff perform their duties without fear of injury or assault. Staff maintain high ethical standards in their day-to-day activities. Staff are satisfied with their jobs, career opportunities, recognition and quality leadership.

All newly committed inmates are interviewed and screened by intake staff, including unit management staff, to ensure the programmatic and safety needs of the inmates. The following programs are offered to inmates; Drug Abuse, Drug Education, Non-Residential Drug Abuse, Residential Drug Abuse, Sex Offender Management Program (SOMP), Sex Offender Treatment Program (SOTP), The Forensic Program, Reentry Services, Religious Services, Computer Services, Vocational, Adult Continuing Education, Release Preparation and many other educational and services programs.

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

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out-brief" meeting was held with facility Warden, Associate Wardens, Facility PREA Manager, Chief Psychologist and representatives from the PREA Regional Office of the Bureau of Prisons. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. There were four areas of concern that were corrected immediately. (1) The business office staff rest room door remained unlocked when unsupervised inmates were working in the same vicinity allowing possible area for inmate sexual assaults to occur. A memo was distributed to staff stating the door was to be locked at all times and only unsecured by staff when using the rest room enhancing safety for both staff and inmates. (2)The education law library, which was casually supervised had two blind spots and a mirror was installed to correct the blind spot issue. (3) The safety department allowed inmates to be unsupervised for long periods of time when supervisor left the department. Procedures were changed to release the inmates until the supervisor returned. (4) Chapel file cabinets were immediately moved during the tour to eliminate a blind spot.

The Complex staff were found to be courteous, cooperative and professional. All areas of the Complex were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FCI staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 5

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The agency and the facility exceed the standard with policies and practice. National Policy or Program Statement (PS) 5324.11 a-b pages 3, 14, 25, 27-29 and 49 and local policy ENG 5324.11 D1 pages 2 and 3 clearly exceed addressing this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to PREA. The facility PREA Compliance Manager is a Associate Warden who reports to the Warden. The facility has zero tolerance posting in all areas of the facility. All staff are issued pocket size PREA Standards Guideline to carry at all times for reference. Staff receive initial training and annual training, as well as, updates throughout the year.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The facility has not entered into contracts with other entities for the confinement of inmates.

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 and ENG 5324.13-A2 pages 1-3 addresses this standard. Policy requires the facility to review the staffing plans on an annual basis. Interviewing the Warden, Associate Wardens of the FCI-Englewood indicated compliance with the PREA and other safety and security issues are always a primary focus when they consider and review their staffing plan. 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 and Tru-links e-mail system, review of documentation, staff interviews and rosters. Documentation of unannounced rounds by administrative staff that cover all shifts were reviewed. Interviews with staff confirmed unannounced rounds to all areas of the complex are on a weekly basis and conducted with no warning to staff. [REDACTED]

[REDACTED] The auditor found three blind spots in the chapel, law library and business office rest room and deficiencies were corrected before the close of the audit. Also inmates were found to be unsupervised in the safety department for long periods of time and procedures were changed to remove inmates from the department when the department supervisors are absent. Quarterly Workforce Meeting minutes were reviewed that indicated all staffing issues are discussed by Warden and other administrative staff.

Standard 115.14 Youthful inmates

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

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

N/A This standard was found to be not applicable due to the facility not housing youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5324.11-1a-d page 18 and section 11 page 2 and ENG-5324.11-D3 page 2-3 and 5324.11 B 1-5 addresses this standard. Cross-gender strip and body cavity searches are prohibited, except in emergency situations. Searches are to be performed by medical staff and documented. Staff indicated they received cross-gender pat search training during initial and annual training sessions. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. Inmates and staff reported that staff of the opposite gender announce their presence before entering the housing areas. Staff were aware of the policy prohibiting the search of trans gender or intersex inmates to just determine their genital status.

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

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

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

PS 5324.11 pages 20-21 and ENG 5324,11 C2 page 2 addresses the requirements of this standard. The FCI-Englewood takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, posting and inmate handbooks are in English and Spanish. There is a TTY and translation machine available for inmate use and a contract with a sign language interpreter service for deaf inmates. The auditor reviewed all mentioned documents. Staff interviewed were aware that under no circumstances are inmate interpreters or assistants are to be used when dealing with PREA issues. Inmates with disabilities and who are limited English proficient were interviewed and confirmed compliance to this standard.

Standard 115.17 Hiring and promotion decisions

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

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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

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

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.11 pages 4-5 and 23-24, PS 6031.03 pages 42 & 45, ENG 5324.11 I 1-5 pages 8 & 9, ENG 5324.11 G1 & 2 page 2 and G7 page 7 and Health Services Procedural Manual page 78 addresses compliance of this standard. Custody and medical staff were interviewed concerning this standard and all were knowledgeable of procedures to secure and obtain usable physical evidence when sexual abuse is alleged. Staff were aware of the Special Investigative Supervisor Team (SIS) conducted investigations. Inmates are transported to local Porter and Aurora hospitals for SAFE/SANE exams. The facility does not use a local advocacy center for assistance. The agencies could not agree on a mutual agreement and the facility has several staff, including Psychology staff who have been trained. There were no SAFE/SANE exams the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.11 pages 44, 45 and 46 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant was interviewed and found to be very knowledgeable concerning his responsibilities. There are 253 agency investigators and 5 complex investigators. The FBI conducts the criminal investigations for the complex. There were 2 allegations of sexual abuse or harassment during January 1, 2014 through January 19, 2015 audit period. One allegation was determined to be substantiated and the remaining allegation was determined to be unfounded. The auditor was able to interview 2 inmates who made allegations who were still housed at the complex. The inmates interviewed believed staff responded appropriately. After reviewing the investigation this auditor believes staff acted appropriately. The two allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; Incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports. All allegations were reported and thoroughly investigated within 7 days after the incident. Review of documents and interview with staff and inmates confirmed excellent rating of compliance with the standard.

Standard 115.31 Employee training

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

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

PS 5324.11 pages 14, 15, 25, 26 and 27, ENG 5324.11 B1-5 page 2 and Annual Training Plan addresses all training required by this standard. The Bureau of Prisons (BOP) provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Contractors and volunteers are provided training relative to their duties and responsibilities. Much of this training was provided through an on-line course on PREA provided by BOP. Annual refresher training including PREA topics is provided to all staff. Staff receive continuous updating throughout the year and have available a pocket size PREA Reference Book carried during their shift. Staff acknowledge in writing their understanding of PREA. Staff training files and facility training curriculum was reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated they had received PREA training.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.11 and Annual Training Plan, ENG 5324.11 B4 page 2 addresses the requirements of this standard. There are 69 contractors and volunteers who have received PREA training that covered zero-tolerance, reporting and responding requirements. All training is documented and interview with three religious volunteers and medical contractors indicated they were knowledgeable of their responsibilities. Auditor examined training files that confirmed standard compliance.

Standard 115.33 Inmate education

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

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

PS5324.11 pages 27 & 28, ENG 5324.11 C1-3 page 2 addresses the requirements of this standard. I believe the facility does an exceptional job in educating the inmates in PREA. Inmates receive information during the intake process that includes a PREA video, Sexually Abusive Behavior Prevention and Intervention pamphlet and handbook printed in English and Spanish. The inmates have available TRU Links computer program providing them with PREA information. Unit staff meet periodically with inmates concerning PREA standards giving the inmates an opportunity to ask questions and present any concerns. There are posters throughout the facility and in each housing unit and a "hot line" telephone number to call to report abuse or harassment. The Office of Inspector General address is posted in each housing unit for inmates to write concerning any sexual abuse or harassment. There is a language line available to limited English speaking inmates and sign language interpreter services for deaf inmates. Interviews with staff and inmates, as well as documentation review, support the complex exceeds compliance of the standard.

Standard 115.34 Specialized training: Investigations

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

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

PS 5324.11-a-d page 29 and ENG 5324.11 B1-5 page 2 addresses this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice training sessions. Training records were reviewed confirming the completion of the required training.

Standard 115.35 Specialized training: Medical and mental health care

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

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 PREA training lesson plan and PS5324.11 pages 29-30 and ENG 5324.11 B2, page 2 addresses this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions through the Health Services Division. Staff receive annual refresher training and all training is documented. The auditor reviewed training records and training lesson plan.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.11 pages 30-36 and 50, ENG 5324.11 E1-4 pages 4 & 5 and ENG J1-3 pages 9 & 10 addresses the requirements of this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, review of documentation and observation of intake process confirmed this information. There were 150 inmates screened for risk of sexual victimization or risk of sexually abusing other inmates and there were nine inmates screened were reassessed after 30 days of arrival for possible sexual abuse based on relevant information in the past 12 months.

Standard 115.42 Use of screening information

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

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

PS 5324.11-a-g page 34, ENG 5324.11 D7-9 pages 3 & 4 and ENG 5324.11 E1-4 pages 4 & 5 addresses compliance of this standard. Policy requires the use of a PREA Objective Screening Instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused / harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates with continued follow-up and monitoring when needed. There are weekly staff meetings addressing PREA concerns and issues. Staff and inmate interviews confirm compliance of the standard.

Standard 115.43 Protective custody

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

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

PS 5324.11-a-d pages 34 and 35, ENG 5324.11 D7 pages 3-4, G1-7 pages 6-7 and I3 page 8 addresses this standard. The FCI-Englewood Special Housing Unit (SHU) is a separate unit in the facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in the SHU in the past 12 months for 1-24 hours awaiting completion of assessment. There were 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.

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 5324.11 a-d page 36, ENG 5324.11 G1-8 pages 6-7, PREA Sexual Abusive Behavior Prevention and Intervention pamphlet, and inmate handbook in English and Spanish addresses compliance of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (including verbally, in writing, anonymously, privately and from a third party for inmates to report sexual abuse/harassment. Staff document all allegations. There are posters and other reporting documents, i.e. Office of Inspector General on display throughout the complex (observed by auditors) also explain reporting methods. The facility does not have an MOU with the local advocacy center, but has trained advocacy staff to address inmate concerns.

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.

PS1330.18 pages 1-5 and 14-15, PS1330.18 G 1-8 pages 7-8 and 14-16 addresses this standard. Inmates may file a grievance; however, all allegations of abuse/harassment when received by staff, would immediately result in an administrative or criminal investigation. The process does not include staff may be subject of the complaint by the inmate. There were no grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.11 page 37, ENG 5324.11 G6 page 6 and inmate handbook addresses this standard. The complex does not have a Memoranda of Understanding with the local advocacy center to provide all services relevant to this standard. The facility and the center could not agree on confidential security issues. The facility has contact information for Office of Inspector General and several staff are advocacy trained to address inmate issues.

Standard 115.54 Third-party reporting

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

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

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

Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.11 a-e pages 38 & 39 and ENG 5324.11 F1-6 pages 5 & 6 addresses this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse and harassment and retaliation relevant to PREA standards. This standard of compliance was verified through staff interviews and review of policies.

Standard 115.62 Agency protection duties

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

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

PS 5324.11 page 39 and ENG 5324.11 F1-5 pages 5-6 addresses this standard. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure scene and protect possible evidence, not allow inmates to destroy possible evidence and contact supervisor and medical staff. In the past 12 months there were no inmates determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.11 a-d page 40 and ENG 5324.11 F1-6 pages 5-6 addresses this standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. There were no allegations received the past 12 months stating that sexual abuse occurred at another facility. Policy requires the Warden where the inmate is currently being housed notify the Warden where the inmate was previously housed within 72 hours after being notified. The policy requires an investigation be immediately initiated. This standard was verified by reviewing policy and interviewing Warden and Associate Wardens.

Standard 115.64 Staff first responder duties

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

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

PS 5324.11 a1-4 pages 40 & 41 and ENG 5324.11 H1-3 page 8 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation. The staff stated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact supervisor and medical staff. All staff are issued and carry a pocket size PREA guideline booklet for reference. There were 2 allegations made by inmates in the past 12 months.

Standard 115.65 Coordinated response

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

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

ENG 5324.11-A-K pages 1-10 and Emergency Plan addresses this standard. The documentation was reviewed by the auditor. The policy and plan describes first responders, medical / mental health staff, investigators and facility administration coordination to resolve sexual abuse / harassment incidents.

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

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

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

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

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.11 a-e pages 43-44 and ENG 5324.11 J1-3 page 9 addresses this standard. The policy prohibits any type of retaliation to any staff person or inmate who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. The complex Associate Warden who is designated the retaliation monitor was interviewed and he stated he would conduct checks with the inmate weekly or as needed up to 90 days or as long as needed to make sure the inmate is safe from retaliation or inmate is transferred. There have been no cases of retaliation the past 12 months.

Standard 115.68 Post-allegation protective custody

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

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

PS 5324.11 a-page 44 and ENG 5324.11 D7 page 3 addresses this standard. Interview with staff and an examination of the complex facilities indicated that there is a viable alternative to placement in involuntary segregated housing (SHU). The staff consider separate housing of victim and predator and transfer of inmates. There were no inmates placed in involuntary segregated housing (post-allegation protective custody) within the past 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.11 a-j pages 44-46 and ENG 5324.11 I1-5 pages 8-9 addresses this standard. The SIS staff conducts administrative investigations within the complex and refers criminal investigations to the FBI who consults with the Assistant Attorney General to determine if prosecution will be pursued. There were no criminal prosecutions during this audit period. Per the Warden, the facility cooperates fully with any outside agency who initiates an investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PS 5324.11 a-page 46 and ENG 5324.11 I2-3 page 8 addresses this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

PS 5324.11 a-e pages 46 & 47 and ENG 5324.11 G8-9 page 7 addresses this standard. There were 2 administrative investigations during the audit period requiring inmate notification per this standard. All inmates were notified in writing (reviewed by the auditor). This documentation confirms compliance of this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11 b pages 6 & 7, ENG 5324.11 G9 page 7 and J2-3 page 9 addresses this standard. FCI-Englewood has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any reported cases of inmates engaging in sex with staff in the past 12 months. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees 7/1/2014-7/20/2017 allows for disciplinary sanctions against staff including termination for sexual abuse/harassment of an inmate.

Standard 115.77 Corrective action for contractors and volunteers

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

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

PS3420.11 b pages 6 & 7 addresses this standard. During the past 12 months there were no contractors or volunteers accused of sexual abuse/harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5324.11 a-f page 49 and ENG 5324.11 J1-3 page 9 addresses this standard. There were 2 cases of inmate sexual/harassment investigated at FCI-Englewood during the audit period. There have been no cases of staff and inmates engaging in sex during the past 12 months. There were no substantiated cases of inmates having sex with other inmates. There was one case of unfounded harassment by an officer with an inmate. Policy does not allow consensual sex of any nature. Inmates that sexually abuse or harass staff will be disciplined if not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with SIS investigator confirm compliance to this standard.

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

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

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

PS 5324.11 pages 30,31,33,34 and 50 and ENG 5324.11 E1-4 pages 4-5 addresses this standard. Interviews with medical and specialized staff indicated the complex has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. There have been 26 inmates received at the complex that disclosed sexual victimization at another facility and was offered a follow-up meeting with medical or mental health staff. Treatment services are offered without inmate financial costs. The psychology services tracking form was reviewed that tracks inmates who received services. All information is handled confidentially, and interviews with staff confirmed compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.11 pages 1-5 and 52 and IS pages 5&6, ENG 5324.11 G3 page 6 and BOP Clinical Practice Guidelines addresses this standard. The complex has a memoranda of understanding with the local Palmer and Aurora Hospitals for emergency medical and mental health treatments. The treatment is offered at no financial cost to the inmates. Interviews with staff confirmed compliance with this standard.

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

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

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

PS5324.11 a-d page 52, ENG 5324.11 G1-6 page 6 and ENG 5324.11 H1 page 8 addresses this standard. Services are consistent with community level of care without financial cost to the inmate. The complex has memoranda of understanding with local Palmer and Aurora hospitals for ongoing medical and mental health services. This standard compliance was determined by documentation review and medical / mental health staff interviews.

Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.11 a-d pages 53 & 54 and ENG I3 page 8 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant was interviewed and found to be very knowledgeable concerning his responsibilities. There are 253 agency investigators and 5 complex investigators. The FBI conducts the criminal investigations for the complex. There were 2 allegations of sexual abuse or harassment during audit period. One allegation was determined to be unsubstantiated and the remaining allegation was determined to be unfounded. The auditor was able to interview 2 inmates who made allegations who were still housed at the complex. Two inmates interviewed believed staff responded appropriately. All allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; Incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports and a tracking log. All investigations ordinarily completed within 30 days. The review team consists of Warden, Associate Warden, PREA Manager, Complex Captain, Medical/Mental Health staff. All investigations were exceptionally thorough and interviews with staff and inmates confirmed the complex exceeded in compliance of this standard.

Standard 115.87 Data collection

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

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

PS 5324.11 pages 55 & 56 and ENG 5324.11 A1 page 1 addresses this standard. The FCI-Englewood complex collects accurate uniform data for every allegation of sexual abuse/harassment by using a standardized instrument. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates all data annually and reviews it annually.

Standard 115.88 Data review for corrective action

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Stephen J. Huffman

April 1, 2015

Auditor Signature

Date