Disclaimer: This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons’ (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by PREA Auditors of America (PAOA), the BOP is not responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at (713) 818-9098, or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.
Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ Interim  ☒ Final

Date of Interim Audit Report:  ☒ N/A
Date of Final Audit Report:  4/1/2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name: Noelda Martinez</th>
<th>Email: <a href="mailto:noelda@preaauditor.com">noelda@preaauditor.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: PREA AUDITORS OF AMERICA, LLC</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: P.O. Box 1071</td>
<td>City, State, Zip: Cypress, Texas 77410</td>
</tr>
<tr>
<td>Telephone: (713) 818-9098</td>
<td>Date of Facility Visit: March 9-11, 2021</td>
</tr>
</tbody>
</table>

### Agency Information

| Name of Agency: Federal Bureau of Prisons |
| Governing Authority or Parent Agency (If Applicable): U.S Department of Justice |
| Physical Address: 320 First Street, NW | City, State, Zip: Washington, DC 20534 |
| Mailing Address: same as above | City, State, Zip: same as above |
| The Agency Is:  |
| ☐ Military | ☐ Private for Profit | ☒ Private not for Profit |
| ☐ Municipal | ☐ Country | ☒ State | ☒ Federal |
| Agency Website with PREA Information: http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp |

### Agency Chief Executive Officer

| Name: M. D. Carvajal, Director |
| Email: BOP-RSD-PREACoordinator@bop.gov | Telephone: (202) 616-2112 |

### Agency-Wide PREA Coordinator

| Name: Jill Roth, National PREA Coordinator |
| Email: BOP-RSD-PREACoordinator@bop.gov | Telephone: (202) 616-2112 |

### PREA Coordinator Reports to:

| Sonya D. Thompson, Assistant Director, Reentry Services Division | Number of Compliance Managers who report to the PREA Coordinator: 0 |
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>FCI Estill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>100 Prison Road</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Estill, SC 29918</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>P.O. Box 699</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Estill, SC 29918</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ Federal</td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td>August 18, 2017/Accreditation Association for Ambulatory Health Care (AAAHC) audited the facility. Accreditation was received on 1/8/2018.</td>
</tr>
</tbody>
</table>

### Warden/Jail Administrator/Sheriff/Director

| Name: | Stevie M. Knight, Warden |
| Email: | EST-PREAComplianceMgr@bop.gov |
| Telephone: | (803) 625-4607 |

### Facility PREA Compliance Manager

| Name: | David A. Crickard, Associate Warden |
| Email: | EST-PREAComplianceMgr@bop.gov |
| Telephone: | (803) 625-4607 |

### Facility Health Service Administrator    ☐ N/A

| Name: | Jeffrey Eiben, Health Service Administrator |
| Email: | EST-PREAComplianceMgr@bop.gov |
| Telephone: | (803) 625-4607 |
## Facility Characteristics

<table>
<thead>
<tr>
<th>Designated Facility Capacity:</th>
<th>1024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Population of Facility:</td>
<td>112</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>228 (Camp 174, FCI282)</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☐ Females ☒ Males ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>26-70</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>586.2</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Medium/Minimum-In/Out/Community</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>309</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>181</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>157</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):

- ☒ Federal Bureau of Prisons
- ☐ U.S. Marshals Service
- ☐ U.S. Immigration and Customs Enforcement
- ☐ Bureau of Indian Affairs
- ☐ U.S. Military branch
- ☐ State or Territorial correctional agency
- ☐ County correctional or detention agency
- ☐ Judicial district correctional or detention facility
- ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)
- ☐ Private corrections or detention provider
- ☐ Other - please name or describe:
- ☐ N/A

| Number of staff currently employed by the facility who may have contact with inmates: | 226 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 15 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 1 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 1 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 24 |

**Physical Plant**

| Number of buildings: | 27 |
| Description: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings. |

| Number of inmate housing units: | 6 (4 FCI, 2 Camp) |
| Description: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units. |

| Number of single cell housing units: | none |
| Number of multiple occupancy cell housing units: | 4 FCI |
| Number of open bay/dorm housing units: | 2 Camp |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 143 |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates): | ☒ Yes ☐ No ☒ N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | ☒ Yes ☐ No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | ☒ Yes ☐ No |
### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- On-site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local hospital/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rape Crisis Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other (please name or describe: Investigations)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
<td>0</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td>☒ Facility investigators ☒ An external investigative entity</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
<td>☒ Local police department ☒ State police ☒ A U.S. Department of Justice component ☒ Other (please name or describe: N/A)</td>
</tr>
</tbody>
</table>

#### Administrative Investigations

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</td>
<td>253</td>
</tr>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td>☒ Facility investigators ☒ Agency investigators ☒ An external investigative entity</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
<td>☒ Local police department ☒ State police ☒ A U.S. Department of Justice component ☒ Other (please name or describe: N/A)</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Bureau of Prisons U.S Department of Justice-FCI Estill in Estill, South Carolina 29918 was conducted on March 9-11, 2021, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, (single auditor) Prison Rape Elimination Act Certified Auditor. The facility contract was secured through a third-party (PREA Auditors of America, LLC) and the contract describes the specific work requirements according to the Department of Justice (DOJ) standards and PREA auditor handbook. Paper Audit Instruments (PAI): Federal Bureau of Prisons U.S Department of Justice-FCI Estill elected to use the Paper Audit Instrument. The Estill administration and auditor agreed to conduct the audit using the PAI, the information was provided by the agency weeks prior to the audit. The agency provided the auditor with the facility files and information through a secure website. The agency provided the auditor with the following:

1. Agency Information
2. Facility Information
3. Prevention Planning
4. Responsive Planning
5. Training and Education
6. Screening for Risk of Sexual Victimization and Abusiveness
7. Reporting
8. Official Response Following an Inmate Report
9. Investigations
10. Discipline
11. Medical and Mental Care
12. Data Collection and Review
13. Auditing and Corrective Action
14. Audit Findings
15. Post-Audit Reporting Information
16. Compliance Tool
17. Supplemental Files
18. Pre-Audit Questionnaire
19. Notice of Audit
20. Additional Information

The auditor received the additional information within days of the request. The PAQ and additional audit information were expedited promptly allowing follow-up questions & additional documentation. Audit Methodology (Pre-Onsite Audit Phase): The auditor utilized the Paper Audit Instrument (PAI) which included the pre-audit questionnaire, and auditor compliance tool. The auditor utilized the instructions for the PREA audit tour, and interview protocols which included: 1. Agency Head or Designee, 2. Warden or Designee, 3. PREA Compliance Manager, 4. Specialized Staff, 5. Random Staff 6. Inmates.
CDC COVID-19 Procedures:
The FCI Estill facility was under COVID-19 restrictions following all protocols to minimize and reduce the spread and exposure of Coronavirus. The World Health Organization declared the virus a global health emergency and rated COVID-19’s global risk of spread and impact as “very high”. March 13, 2020, the president declared a national state of emergency. The agency/facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the inmates and employees.

The auditor was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19 during the onsite portion of the audit. The auditor was required to go through a drive through COVID-19-checkpoint for clearance prior to driving up to the main facility. The auditor's temperature was taken by a correctional officer utilizing all COVID-19 PPE and COVID-19 questions were asked. The auditor drove up to the main building after clearing the COVID-19 checkpoint.

Upon entrance to the facility the auditor was required to place all items through the large machine which scans for contraband, present identification, walk through the metal detector, provide a temperature check and filled out an visitor form. Upon clearance, the auditor was greeted by the Associate Warden of Operations, Associate Warden of Programs the Captain. The auditor provided the identification card to the employee and the auditor was stamped on the left arm to present as identification through the main control.

The auditor was escorted to the conference room and met with the Associate Warden of Operations/PREA Compliance Manager, Executive Assistant/Camp Administrator, and Management Analyst-External Auditing Branch, Program Review Division, Federal Bureau of Prisons on the first day of the audit. The auditor proceeded to the Wardens office for the official introduction. The Executive Staff introduced consisted of the Warden, Associate Warden of Operations, Associate Warden of Programs, Executive Assistant/Camp Administrator, Captain and the Management Analyst Program Review Division, External Auditing Branch Federal Bureau of Prisons on the first day of the audit.

The auditor was escorted to another conference room and met with all the Department heads. The following department heads were present: Unit Managers, Chief Psychologist, Supervisor of Education, Supervisor of Recreation, Food Service Administrator, Facilities Manager, Senior Chaplain, Health Services Administrator, Trust Fund Supervisor, Human Resource Manager, Environmental and Safety Compliance Administrator, Computer Services Manager, Business Administrator, and Case Management Coordinator.

The facility site review followed the department head initial meeting. Each department head was standing in front of their office with their staff and provided a presentation of their department. The auditor was provided information about each department and was given a pamphlet about the department to include an introduction of each staff member/title and years of service.

The facility was required to follow all CDC COVID-19 protocols as of March 2020. FCI Estill's main facility held over 900 inmates and the satellite camp held 188 inmates. FCI Estill was heavily damaged by a category F4 Tornado on April 13, 2020. As a result of the Tornado, inmates were transferred to another facility. The tornado rendered the satellite camp inoperable; 188 inmates were moved to Estill's medium-security prison. When the PREA Audit was conducted the facility only had 112 male inmates who had been transferred from the Camp and were re-housed on the FCI Estill C-dorm. The rest of the housing areas to include the camp were not being used due to the Tornado damage. Despite the unexpected F4 Tornado damaging facility grounds and housing units, the facility did not have any casualties and the facility did an excellent job with all the challenges presented prior to the audit. The facility was undergoing repairs during the onsite portion of the audit.
Notice of Audit:
The facility posted the notice of audit dated 1/26/2021 with the following information: Date posted:
1/26/2021 - Notice- The agency is undergoing a Prison Rape Elimination Act (PREA) Compliance Audit.
The Notice of audit displayed the audit information, date of audit and auditor’s full name and address in
both English and Spanish. The information was posted and displayed in different locations throughout
the facility on bulletin boards in both English and Spanish for the inmate population to send confidential
information or correspondence to the auditor. Random informal inmate interviews were conducted
during the onsite portion of the audit and inmates were provided with the opportunity to write the auditor
in a confidential manner, if needed. The notices were posted throughout the facility to include all inmate
housing areas, visitation, inmate work areas, and offices.

The auditor observed the notice of audit posted in every area of the facility dated 1/26/2021 during
the site review. The auditor did not encounter any difficulties while completing any portion of the audit.
The facility provided the auditor with unfettered access to areas requested by the auditor to include
chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by
the facility administrator during the site review. The FCI Estill administration was transparent,
knowledgeable, and professional during the audit process and provided the auditor with additional
information as needed with no hesitation. Excellent communication was established and maintained
throughout the duration of the audit.

Correspondence:
The auditor did not receive correspondence from inmates at the FCI Estill facility prior to the audit. The
inmates at the facility were given the opportunity to write the auditor in a confidential manner marked as
legal mail, if needed. During the site review, random informal interviews were conducted with inmates
during the site review regarding the Notice of Audit and availability to write to the auditor. The auditor
randomly asked inmates if they could point out the auditors posted information to ensure it was made
available. The information was posted for the inmate population in the housing areas in both English
and Spanish. The auditor did not encounter any difficulties while completing any portion of the audit.

Audit Methodology (Pre-Onsite Audit Phase):
The auditor utilized the U.S Department of Justice’s PREA Standards for Prisons and Jails (Paper Audit
Instruments) which included the following instruments. The pre-audit questionnaire, auditor compliance
tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Warden or
Designee, PREA Compliance Manager/Coordinator, Specialized staff, Random staff, and Random
Inmates/Target Inmates which include youthful inmates, inmates with a physical disability, inmates who
are blind, deaf, or hard of hearing, inmates who are LEP, Inmates with a Cognitive disability, Inmates
who identify as Lesbian, Gay, or Bisexual, Inmates who identify as Transgender/Intersex, Inmates in
segregated housing for high risk of sexual victimization, inmates who reported sexual abuse, and
inmates who reported sexual victimization during risk screening, the auditor report template, process
map and checklist of documentation.

The auditor utilized the PREA auditor handbook for continued guidance and reference throughout the
audit. The Auditor, Warden, and PREA Compliance Manager maintained constant communication
throughout the duration of the audit. The auditor established a positive working relationship with the
facility warden and key facility staff engaging in a productive working atmosphere. The Warden was
receptive and engaged in dialogue and discussions regarding the standards along with his team.
It was explained to the Warden and staff about the importance of unfettered access to all areas of the
facility, file review of staff, contractors, volunteers, and inmates to include a variety of sensitive and
confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg.
32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-
day corrective action timeframe, if needed. The auditor explained to the facility administration the time
frame for the submission of the final PREA report.
The auditor also notified the Warden and staff of their responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor’s code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

**Litigation/Internet Search:**
The Warden was interviewed and stated that the facility was not under any DOJ involvement, and or federal consent decree. There was one lawsuit filed during this time period related to health care at FCI Estill, with a favorable outcome for the inmate: Babb v. United States America. The auditor conducted an internet search regarding the FCI Estill Facility with the following website links and information:

- FCI Estill (bop.gov)

**Point of Contact:**
The auditor established a point of contact (POC) with the Management Analyst-External Auditing Branch, Program Review Division, Federal Bureau of Prisons and the facility administration prior to the audit and maintained good communication. The staff and inmate interviews were conducted in the visitation area with plenty of room and a divider shield placed in the middle of the table for one-on-one interviews following all CDC COVID-19 social distancing, facial coverings, and overall safety. During the audit planning and logistics phase, the auditor remained engaged with the facility administration and PREA compliance manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

**Video Surveillance/Security Mirrors:**
The FCI Estill facility had 93 surveillance cameras and 37 security mirrors throughout the facility. The facility surveillance cameras were observed during the onsite portion of the audit on several different locations. Due to the F4 Tornado on April 13, 2020, the facility is operating on a modified schedule. Some cameras were permanently damaged during the tornado. There is a major work order approved to repair/update the camera system. The auditor conducted a surveillance camera review with no cameras in direct view of the showers or restroom areas and no cross-gender viewing from the camera. The facility had surveillance cameras and security cameras for the prevention, detection and response to the overall safety of the inmates and employees at the facility.

**Onsite Audit Phase:**
On the first day of the audit 3/9/2021, an introductory meeting was held with the FCI Estill Administration, Warden, PREA Compliance Manager and key staff. The auditor conducted the site review on March 9-11, 2021, to observe the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor was required to wear a face mask that covered the nose and mouth at all times due to the COVID-19 pandemic. All employees, visitors, and inmates were required to wear a mask and follow all “CDC COVID-19 rules and regulations.” The auditor’s temperature was checked at the entrance checkpoint and upon clearance was allowed access to the facility. The auditor was required to show identification prior to entering the facility and clear a metal detector.

The auditor spent three days at the facility observing and assessing the day-to-day practices of staff interaction and promotion of overall safety. The auditor and warden discussed the logistics of a workspace to conduct staff, inmate interviews and file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting with the department heads, the auditor was escorted by the Facility Warden, PREA Compliance Manager, and additional staff for the site review. The auditor observed the daily operations at the facility and was given unimpeded access to areas requested by the auditor.
The auditor observed the following areas during the site review: Administration, Command Center, Control, Visitation, Offices, Receiving/Discharge, Search areas, Health Services, Special Housing Unit, Gymnasium, Recreation, Vocational training, Education, Chapel, Dining, Food Service, Personnel Services, Center yard, Maintenance, DA/DB Housing Units Vacant due to F4 Tornado, CA Housing Unit Vacant due to F4 Tornado, CB Housing Unit male inmates, AB Housing unit quarantined, and Camp.

The Administration building had a Leadership Board which consisted of peer votes for employees who exemplified leadership skills selected on an annual basis by their peers. There was also a Memorial Fallen Officers display and another large display with photos of each department head on the facility.

Staff and inmates were informally and randomly asked about the PREA reporting process and notification process for sexual abuse and sexual harassment. Employees informally interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. Correctional and non-uniform employees carry a first responder card describing the first responder duties and responsibilities. The auditor observed the areas for opposite-gender announcements in housing units, prevention of cross-gender viewing in housing areas, grievance boxes, medical boxes and mailboxes, PREA zero-tolerance posters, third party reporting, and notice of audit in both English and Spanish dated 1/26/2021, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, doors, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Site Review/Locations:
The FCI Estill facility count was 112 on the first day of the audit (3/9/2021). The auditor observed the following areas during the site review: Administration, Command Center, Control, Visitation, Offices, Receiving/Discharge, Search areas, Health Services, Special Housing Unit, Gymnasium, Recreation, Vocational training, Education, Chapel, Dining, Food Service, Personnel Services, Center yard, Maintenance, DA/DB Housing Units Vacant due to F4 Tornado, CA Housing Unit Vacant due to F4 Tornado, CB Housing Unit male inmates, AB Housing unit quarantined, and Camp. The inmate population was comprised of male inmates with a facility capacity of 112 on 3/9/2021. The Administrative office had a bulletin board with PREA information and the Notice of Audit.

Each department greeted the auditor with an introduction of their staff and a presentation of the department to include an information pamphlet of each department. The Financial Management Supervisor introduced herself as the business administrator and employees in her department. The department consist of a Business Administrator, Property & Procurement Specialist, Contract Specialist, Accounting Technician, budget Analyst, & Accountant. The business manager explained the rebuilding process and financial status due to the F4 Tornado. The number of authorized positions: 9. Number of filled positions: 6. Shifts: day watch 7:30AM-4:00PM; day watch 6:30AM-4:00PM. The department consist of accounting, budgeting, and contracting. The departmental goal is to strive to know the business and goals of each department in its entirety and how to best provide financial assistance.

The Human Resource Management Department greeted the auditor with an introduction of their staff and a presentation of the department to include an informational pamphlet of the department. The Human Resource Manager and employees in the department introduced themselves to the auditor. The department consisted of the Human Resource Manager and (2) Human Resource Specialist. Number of authorized positions: 3. Number of filled positions: 3. Shifts: day watch 7:30AM-4:00PM; day watch 6:30AM-4:00PM. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.
Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The department consisted of the (2) Special Investigators who investigate facility allegations and have been trained. The facility did not have any sexual abuse allegations for the past 12 months. The auditor reviewed two investigations conducted in 2019 with the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing, notification, etc.), STG victim/perpetrators, medical assessment, PREA evaluation form, photos, psychology review, sexual abuse interview for both victim/perpetrator, SIS case & memos, Notice to inmate, Monitoring 30/60/90, Unit/Staff roster, and Institution Executive Staff Review (IESR). The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Computer Services: The Computer Services Department greeted the auditor with an introduction and a presentation of the department to include an informational pamphlet of the department. The department consisted of one IT specialist/Computer Services Manager and a Computer Services Specialist. The FCI Estill Computer Services Department is presently comprised of two full-time employees and like most efficient enterprises, whether governmental or private, FCI Estill makes significant use of modern computer technology.

The auditor was issued a stamp on the arm and required to leave the driver's license in the main central control prior to entering the facility. The facility had a Staff Accountability Board with assigned numbers, blue tag designated off the unit and the red tag designated on the facility. The auditor cleared the main central control and entered the main facility. The Hub consisted of the Lieutenant/Captains area with a board consistent with the PREA laws, rules and regulations. The facility has 7 lieutenants and 83 employees.

Correctional Systems: The Correctional Systems Department (CSD) is a multi-tasked department, under the direction of the Case Management Coordinator. The Supervisor Correctional Systems Specialist provides direct supervision of the Correctional System officers. The CSD consist of the records office, mail room, and receiving and discharge area. The department is essential to the daily operations of the institution, including the admission and release of inmates, tracking inmate sentence data, and providing mail services to both staff and inmates. The Correctional Systems Department greeted the auditor with an introduction of their staff and a presentation of the department to include an informational pamphlet of the department.

The Correctional Systems Coordinator and employees in the department introduced themselves to the auditor. FCI Estill's Correctional Systems Department was comprised of 11 positions: Case Management Coordinator, Supervisory Correctional Systems Specialist, and (7) Correctional Systems Officer. “The Receiving and Discharge (R&D) responsibilities include processing all inmates in and out of the institution.”

R & D staff serve a critical role as they are often the first point of Bureau contact for new inmates. R & D staff exhibit a professional and caring approach while performing their duties. It is important for R & D staff to detect any unusual behaviors and report them immediately. R & D staff are also responsible for processing personal property for all incoming and outgoing inmates. The R & D had a designated area for strip searches if require conducted by same gender staff in a private setting behind a closed area. The R & D consisted of visual inspections/Secure pass machine, “sexual abuse information booklet, Admission and Orientation (A&O) handbook, psychological review.” The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.
Correctional Services Department: The Correctional Services Department greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The department consisted of a Captain, Captains Secretary, Security Officer, and a Tool Room officer. There were eight Lieutenants assigned to the department. The Correctional Services authorized positions: 119, number of filled positions: 83, and Shifts consisted of Day Watch 8:00AM-4:00PM, Evening Watch 4:00PM-12:00AM, and Morning Watch 12:00AM-8:00AM.

The Correctional Services Department is responsible for maintaining the care, custody and control of the inmates designated to the FCI and the Satellite Camp (SCP) at Estill, South Carolina. Maintain in full complement of CMT (Crisis Management Teams) to include DCT (Disturbance Control Team), ERT (Evidence Recovery Team), CST (Crisis Support Team), PST (Planning Section Team). The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Health Services Department: The Health Services Department greeted the auditor with an introduction of their staff and a presentation of the department to include an informational pamphlet of the department. The Health Services Department and employees in the department introduced themselves to the auditor. The department consisted of a Health Service Administrator, Assistant Health Services Administrator, Clinical Director, Health Services Assistant, Chief Dental Officer, Dental Officer, Dental Hygienist, Pharmacist LCDR, Medication Technician, Infectious Disease Coordinator/Infection Control Coordinator, Medical Technician, Health Information Technician, Nurse Practitioner, (3) Registered Nurse, and Paramedic.

FCI Estill is equipped to support medical needs of the inmate population, ranging from minor issues to chronic care conditions. Qualified professional staff consist of Nationally registered paramedic, registered nurses, advanced practice provider, medical doctor, administrative support team, pharmacist, medication technician, lab/x-ray services, and full dental clinic. There was no cross-gender viewing in the Health Services Department. Health Services provides outpatient transport to the local Regional Medical Center. The auditor observed staff working in the medical department, PREA signs displayed in the front lobby entrance, and janitor closet. There was one inmate assigned to the medical department working during the onsite portion of the audit.

The inmate restroom was labeled and had a full door for privacy and prevention of cross-gender viewing. The auditor observed the nurse’s station, examination room, “clinical director’s office, IFDC, X-ray, labs/offices, and urgent care unit.” The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy. The Mechanical room had restricted access and was opened for observation during the onsite portion of the audit. Recreation area damaged during the F4 Tornado was not in use. The facility provided a modified recreation area and schedule for the inmate population.

Education Department: The Education Department greeted the auditor with an introduction of their staff and a presentation of the department to include an informational pamphlet of the department. The department consisted of Education Supervisor, VT Instructor, Teachers, Education Tech, and Education Specialist. The Education Department hours: Monday-Thursday 7:30AM-8:00PM; Friday 7:30AM-3:30PM; Saturday 7:00AM-3:30PM. The department offers: Parenting program, First Step classes, Adult Continuing Education, GED programs, ESL program, and the Apprenticeship program includes Cook/Baker, HVAC, Electrician, Plumber, Carpentry, Welder-Fitter, Housekeeping, and Maintenance.

The Vocational training offers: Carpentry, Welding, and ServSafe. Law & Leisure Library combines leisure library services and as law library services. The auditor observed (4) classrooms in use, pat-searches are conducted, the auditor observed
classroom activity during the site review, GED testing location, staff labeled restrooms, maintenance closet, two inmate orderlies assigned to education, and inmate restrooms had a door for privacy and only one inmate at time were allowed. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Chaplaincy Services Department: The Chaplain greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The Chaplain and employees introduced themselves to the auditor. The FCI Estill’s Chaplaincy Services Department is comprised of 4 positions: Supervisory Chaplain, (2) Staff Chaplain, and Religious Services Assistant. Chaplains conduct worship services in accordance with their own faith traditions, and coordinate worship and study times for other groups. Currently, FCI Estill houses inmates belonging to ten different faith groups. The Chaplaincy offers: First step act programming, Threshold EBRR, Houses of Healing (PA), Embracing Interfaith Cooperation (PA); Programming consist of Religious services, Faith studies, Religious library, and other accommodations.

FCI Estill Chaplains provide care and compassion when inmates experience a significant tragedy in their lives. This pastoral role is at the heart of Chaplaincy. Chaplains are available 7 days per week to care for any inmate who finds himself facing a crises. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Psychology Services Department: The Psychologist greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The Psychologist and employees introduced themselves to the auditor. The FCI Estill’s Psychology Services Department is comprised of the following positions: Chief Psychologist, Psy. D., Drug Abuse Program Coordinator, and a Drug Treatment Specialist. Psychology staff routinely provide crisis intervention, individual and/or group therapy, assessment of self-harm risk, intake screenings, and consultations to other staff. The department offers drug treatment services which include Drug Abuse Education, Non-Residential Drug Abuse Treatment, Programming and Suicide Prevention. Group treatment is offered, one-on-one therapy, staff training/PREA risk assessments. The department was observed to have classrooms, PREA Information displayed, staff restrooms, and an inmate restroom with a door one at a time.

FLETC Entrance training is a two-week training version for the staff. The training was initiated as of January 2021 which consists of classroom, physical training and following all social distancing regulations. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Food Service Department: The Food Service Administrator greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The Administrator and employees introduced themselves to the auditor. The food service department consisted of a Food Service Administrator, (2) Assistant Food Service Administrator, Food Service Material handler and (12) cook supervisors.

The food service department had the following upgrades:
- 2018 hot boxes and refrigerated carts FCI and SCP
- 2018 & 2019 kettles, mixers FCI and SCP
- 2018 bakery ovens, FCI
- 2018 & 2019 mobile food carts
- 2018 Griddles, FCI and SCP
- 2018 Tilt Skillet, FCI
- 2018 Meat slicers, FCI and SCP
The auditor observed five cook supervisors, one Food Service Administrator, and FSA Assistant following the National Menu 5-week cycle. There were 15 inmates assigned to FCI Food Service and 1 inmate assigned to the warehouse during the onsite portion of the audit. Federal Law Enforcement Training Center (FLETC) students are provided lunch meals which are on a separate budget. The inmates come into the dining area serving line and pick up the meals. The Food Service department facilitates a large dining area with surveillance cameras located throughout the kitchen. There was a sandwich and salad bar for the employees and a sanitation check-in in the dining area. There was a large display with the PREA information posted for inmates and staff. There were three ice machines in the food service department. Inmate restroom was labeled with a full door for privacy and no cross-gender viewing. Chemical room had one light that was not working but the auditor reviewed a work order in place. Dry storage area had a security mirror and the kitchen had multiple security mirrors throughout the department. The auditor observed coolers and freezers during the site review. The trash area was located in the back. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Trust Fund Department: The supervisor greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The Trust Fund department is comprised of 10 positions: Trust Fund Supervisor, Trust Fund Specialist, and (6) Material Handler Supervisor. Shifts: Day Watch 7:30AM-4:00PM, Day Watch 6:00AM-2:00PM, and Day Watch 6:00AM-4:00PM. Trust Fund consist of Commissary, Laundry department, Central Warehouse, TRUACCESS, TRULINCS, TRUFONE, and TRUPAI. Same gender pat-searches were conducted and the PREA information as displayed. The commissary area was observed with large mirrors in the area. The Laundry, warehouse and inmate restrooms were observed to have privacy and prevention of cross-gender viewing. The chemical and mop rooms were secured.

The laundry room had six inmates and the inmates were pat-searched by same gender staff. The dressing room utilized by the inmates one at a time with no cameras in the area. There was one inmate assigned to the area. There were three washers and nine dryers, security mirrors with six inmates working the area. The inmate restroom was labeled and had a door for privacy and prevention of cross-gender viewing. There was a door behind the dryers with limited and restricted access. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Occupational Safety and Health Department: The supervisor greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The department had four authorized position: Safety Administrator, Environmental Protection Specialist, Safety Specialist and Recycling Technician. Shifts: Day Watch 7:00AM-3:30PM, 6:00AM-4:00PM. “The OSH department oversees the institution’s recycling program”, pollution prevention, purchase recycled content materials, less hazardous material, increased focus on waste minimization, and the promotion of safety and health in the workplace through education, inspections, hazard control and risk management. There were four inmates working in the recycling center during the onsite review. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Facilities Department: The supervisor greeted the auditor with an introduction of the staff and a presentation of the department to include an informational pamphlet of the department. The facilities...
The Facilities department is comprised of 24 positions: Facility Manager, General Foreman, Engineering Technician, Facilities Assistant, (2) Electronic Technician, (5) USROS Powerhouse, (2) HVAC, (5) General Maintenance, Garage Foreman, Pipefitter/Welder, (2) Electrician, and a Plumber. The Facilities department is responsible for the management of all construction, repair, and maintenance of the institution and the camp physical plant, including UNICOR buildings. The department is responsible for all the equipment and utilities in and around the institution.

The facility currently had five open B&F projects: Claims Resolution Project for replacement roof on FCI and Camp (the auditor reviewed the roofing contract onsite); claims resolution project for replacement roof on FCI and Camp; Tornado damage repair; Repair perimeter fence and rear sallyport; replace switchgear and Tornado and one major work order to upgrade the institutions camera security system. The facility had 24 staff members working throughout the facility which covered 200 acres with light construction observed during the onsite. There were 15 inmates in the department during the onsite. The inmates were pat-searched, and no strip searches were conducted during the onsite portion. There was an Engineer tech shop, inmate restroom with a full door and privacy, paint shop, electrical shop, HVAC shop, storage, maintenance, general maintenance, electrical, and plumbing-storage. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

The Housing areas are located from left to right; the housing units are in the shape of two triangles which are connected by the unit team offices. There are a total of four buildings which contain eight housing units. The housing units are in sequences AA, AB, BA, BB, CA, CB, DA, and DB from left to right. Several units were vacant and evacuated due to the F4 Tornado as of April 2020. CB Unit had male inmates living in the building and AB was utilized as a quarantine unit. There is a 14-day quarantine process for inmates being release, transferred, and medical/return. The Unit Manager greeted the auditor with an introduction of the staff and a presentation of the department. The Unit Management department had a Unit Manager, (2) Case Managers, a Counselor and a Correctional Officer during the onsite portion of the audit. The auditor observed the daily operations in the housing area and no cross-gender viewing visibility.

The housing units were sanitized daily and part of the operations. Upon entrance to CB Unit, the auditor observed a large display to the right with PREA information for staff and inmates. The PREA information was displayed, and the Notice of Audit was displayed in both English and Spanish. The auditor observed the female announcement which was made verbally prior to entering the inmate housing area. There was another large board with the PREA information inside the inmate living area. The Notice of Audit was displayed and dated 1/26/2021. The auditor observed the general dayroom where inmates had chairs and (8) televisions for leisure time.

The auditor observed in the center of the dayroom, computers which were made available for the inmate population to utilize if needed. The auditor observed TRULINCS which is a method to send emails to report sexual abuse by the inmate population. The auditor randomly selected an inmate in the dorm and asked if he could test the TRULINCS sexual abuse reporting process. The inmate agreed to test the sexual abuse email reporting process by logging in, reporting a sexual abuse via TRULINCS and is emailed electronically. The inmates have the opportunity to make a report in writing or report to any staff as needed. The housing area is comprised of two tiers and the housing units have a full door, bunk beds, urinals, and sinks for use and prevention of cross-gender viewing. The were 3 individual shower stalls with doors for privacy and prevention of cross-gender viewing on each floor. There is a game room utilized by the inmate population. There were 6 phones in the area for inmate use. The mop closet was observed by the auditor during the onsite portion of the audit. The following PREA information was posted in both English and Spanish throughout the facility. Every person has the right to be safe from sexual abuse. The Federal Bureau of Prisons has a Zero Tolerance Policy. The PREA
information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

BA and BB unit was vacant due to the F4 Tornado and not in use. The Unit Manager advised that the staff was assigned to the housing area to ensure that inmates do not wander off to the empty housing units. The PREA signs were displayed in both English and Spanish. There were no inmates in the housing unit. AA and AB unit was vacant due to the F4 Tornado and not in use. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy. There was a metal shack in the center of the facility staffed by correctional officers and used as a search and metal detector checkpoint.

The auditor observed the Satellite Camp which was vacant due to the F4 Tornado and under repair. The camp consisted of E and F Camp with the gym inoperable. There were no inmates assigned to the facility. The inmates at the Camp were reassigned to the FCI Estill unit due to the F4 Tornado in April 2020. The auditor observed the facility to have the PREA information displayed in the housing areas, TRULINCS reporting process, library, there were no cameras in the area. F-dorm was under construction, recreation area, TV and dayrooms were observed. The auditor observed the dorms to have bunks, restrooms with privacy and showers with doors. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy. The Camp was comprised of approximately 73,200 square feet, with three structures. The camp is an all-male, minimum security facility which was activated in 1993. The camp was vacant with no inmates assigned as of April 2020.

Facility Observations: There were a few lights not working and the facility provided the auditor with a work order and light bulbs were replaced onsite. The inmate population was comprised of 112 male inmates on 3/9/2021. The auditor walked through the front entrance where all staff were required to sign in and present Identification prior to entering the compound and follow all CDC COVID-19 regulations. A workspace was provided for the auditor to conduct staff and inmate interviews to include the file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed 12 employee files using the PREA Audit-Prisons and Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

Inmate Files: The auditor reviewed 27 inmate files using the PREA Audit Prisons and Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 112 on 3/9/2021.

Investigation Review: The facility had 0 allegations for inmate-on-inmate sexual abuse and harassment and 0 allegations against staff in the past 12 months. The auditor reviewed two investigations conducted in 2019 for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed. The auditor reviewed two investigations during the onsite portion of the audit utilizing the required tool.

<table>
<thead>
<tr>
<th>Description</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-Inmate/Sexual Harassment</td>
<td>Unsubstantiated</td>
<td>closed</td>
</tr>
</tbody>
</table>
Inmate-on-Inmate/Sexual Abuse | Unsubstantiated | closed
--- | --- | ---

The information provided to the auditor included the following: PREA audit questionnaire, Instructions for the site review, Investigations, Sexual abuse screening tool, FCI Estill PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Inmate population, Agreements, Community-based contact information, Facility layout, Notice of Audit posted, A & O Handbook, Sexually Abusive Behavior Prevention and Intervention, and files to demonstrate compliance with the Prison Rape Elimination Act standards.

**Staff Interviews:**
The auditor conducted the staff and inmate interviews on March 9-11, 2021, in a private setting on an individual basis with no distractions or delays. The staff selections consisted of employees on different shifts and specialized staff utilizing the Paper Audit Instrument (PAI) for Prisons and Jails which included the pre-audit questionnaire, auditor compliance tool and instructions for the interview protocols. All CDC COVID-19 rules and regulations were followed during the onsite visit while conducting staff interviews.

<table>
<thead>
<tr>
<th>Staff Interview Category/Specialized Staff</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency head or designee</td>
<td>1</td>
</tr>
<tr>
<td>PREA Compliance Manager</td>
<td>1</td>
</tr>
<tr>
<td>Intermediate or higher-level facility staff</td>
<td>4</td>
</tr>
<tr>
<td>Line staff who supervise youthful inmate if any (male adult facility)</td>
<td>0</td>
</tr>
<tr>
<td>Education and program staff who work with youthful inmates if any (male adult facility)</td>
<td>0</td>
</tr>
<tr>
<td>Medical and mental health staff</td>
<td>2</td>
</tr>
<tr>
<td>Administrative (human resources) staff</td>
<td>1</td>
</tr>
<tr>
<td>SAFE and SANE staff (no staff employed at the facility)</td>
<td>Offsite</td>
</tr>
<tr>
<td>Volunteers who have contact with inmates</td>
<td>0</td>
</tr>
<tr>
<td>Contractors who have contact with inmates</td>
<td>1</td>
</tr>
<tr>
<td>Investigative staff</td>
<td>2</td>
</tr>
<tr>
<td>Staff who perform screening for risk of victimization and abusiveness/Staff who supervise inmates in segregated housing</td>
<td>1</td>
</tr>
<tr>
<td>Staff on the incident review team</td>
<td>1/1</td>
</tr>
<tr>
<td>Designated staff member charged with monitoring retaliation</td>
<td>1/1</td>
</tr>
<tr>
<td>First responder custody staff</td>
<td>4</td>
</tr>
<tr>
<td>First responder non-custody staff</td>
<td>4</td>
</tr>
<tr>
<td>Intake staff</td>
<td>1</td>
</tr>
<tr>
<td><strong>Random Staff</strong></td>
<td>20</td>
</tr>
<tr>
<td>Lieutenant</td>
<td>3</td>
</tr>
<tr>
<td>Senior Officer Specialist</td>
<td>11</td>
</tr>
<tr>
<td>Correctional Officers</td>
<td>5</td>
</tr>
<tr>
<td>Special Investigative Services</td>
<td>1</td>
</tr>
</tbody>
</table>

**Inmate Interviews:**
The auditor conducted the inmate interviews on March 9-11, 2021. FCI Estill was heavily damaged by a category F4 Tornado on April 13, 2020. As a result of the Tornado, inmates were transferred to another
The interviews were conducted in a private setting in the visitation area with a shield in-between interviews for precautions and prevention of COVID-19. The interviews were conducted on an individual basis with privacy and enough time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. The auditor conducted an exit meeting on 3/11/2021 with the FCI Estill Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the posted notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures.

The facility was prepared with primary documentation to include resources supporting each PREA standard. The onsite audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility. During the re-certification audit conducted on March 9-11, 2021 by Noelda Martinez, the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility was determined to have six exceed standards: 115.11, 115.15, 115.31, 115.34, 115.51 and 115.54.

<table>
<thead>
<tr>
<th>Facility population</th>
<th>112</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisons and Jails</td>
<td></td>
</tr>
<tr>
<td>Interviews</td>
<td></td>
</tr>
<tr>
<td>Overall Minimum Number</td>
<td>31</td>
</tr>
<tr>
<td>Minimum Targeted</td>
<td>15</td>
</tr>
<tr>
<td>Minimum Random</td>
<td>16</td>
</tr>
<tr>
<td><strong>Breakdown of Targeted</strong> (no inmates in targeted category/random inmates interviews conducted)</td>
<td></td>
</tr>
<tr>
<td>Youthful Inmates (no youthful inmates)</td>
<td>0</td>
</tr>
<tr>
<td>Inmates with a Physical Disability (random interviews conducted)</td>
<td>4</td>
</tr>
<tr>
<td>Inmates who are Blind, Deaf, or Hard of Hearing (random interviews conducted)</td>
<td>5</td>
</tr>
<tr>
<td>Inmates who are LEP</td>
<td>2</td>
</tr>
<tr>
<td>Inmates with a Cognitive Disability (random interviews conducted)</td>
<td>2</td>
</tr>
<tr>
<td>Inmates who identify as LGB (random interviews conducted)</td>
<td>1</td>
</tr>
<tr>
<td>Inmates who identify as Transgender or Intersex (Random interviews conducted)</td>
<td>1</td>
</tr>
<tr>
<td>Inmates who reported Sexual Abuse (Random Interviews conducted)</td>
<td>1</td>
</tr>
<tr>
<td>Inmates Who Reported Sexual Victimization During Risk Screening (random interview)</td>
<td>1</td>
</tr>
</tbody>
</table>

The tornado rendered the satellite camp inoperable; 188 inmates were moved to Estill’s medium-security prison. When the PREA Audit was conducted the facility only had 112 male inmates who had been transferred from the Camp and were re-housed on the FCI Estill C-dorm. The rest of the housing areas to include the camp were not being used due to the Tornado damage. The auditor selected a geographically diverse sample of male inmates from CB housing unit and inmates who met the criteria for the targeted interviews to ensure a fair overall selection. The FCI Estill population on the first day of the audit was 112.
Facility Characteristics

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

FCI Estill, South Carolina, located 100 Prison Road in the town of Estill, South Carolina, approximately 55 miles north of Savannah, Georgia and 91 miles South of Columbia, South Carolina. The facility designated capacity was 1024 with an onsite population of 112 male inmates. Age range of population: 26-70; Average length of stay or time under supervision: 586.2; Facility security levels/inmate custody levels: Medium/Minimum - In/Out/Community. The compound contains 204 acres, with 87 acres inside the free-standing wall. FCI Estill includes a Satellite Camp. The FCI staffing complement also provides all services to the SCP. The main facility sits on 87 acres, with pedestrian access controlled through two sally ports. The perimeter of the main facility is secured by two parallel security fences, a perimeter security road, utilized by two roving patrol vehicles. The administration building houses the Warden’s office, Lock shop and Special Investigative Services, Business Administration, Computer Services, and Human Resource management office.


It is the mission of the FCI Estill, South Carolina, to provide a safe, secure, and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational training, religious, and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as to facilitate the orderly operation of the institution.
Activated in 1993, FCI Estill is an all-male medium security level correctional institution with an adjacent minimum security satellite camp. Housing approximately 112 inmates, the facility is committed to carrying out judgements of the federal courts.
Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 6
List of Standards Exceeded:
§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  
§115.15 - Limits to Cross-Gender Viewing and Searches  
§115.31 – Employee Training  
§115.34 – Specialized Training: Investigations  
§115.51 – Inmate Reporting  
§115.54 – Third-Party Reporting

Standards Met

Number of Standards Met: 39
§115.12 - Contracting with other entities for the confinement of inmates  
§115.13 – Supervision and Monitoring  
§115.14 – Youthful Inmates  
§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient  
§115.17 – Hiring and Promotion Decisions  
§115.18 – Upgrades to Facilities and Technologies  
§115.21 – Evidence Protocol and Forensic Medical Examinations  
§115.22 – Policies to Ensure Referrals of Allegations for Investigations  
§115.32 – Volunteer and Contractor Training  
§115.33 – Inmate Education  
§115.35 – Specialized training: Medical and mental health care  
§115.41 –Screening for Risk of Victimization and Abusiveness  
§115.42 – Use of Screening Information  
§115.43 – Protective Custody  
§115.52 – Exhaustion of Administrative Remedies  
§115.53 – Inmate Access to Outside Confidential Support Services  
§115.61 – Staff and Agency Reporting Duties  
§115.62 –Agency Protection Duties  
§115.63 – Reporting to Other Confinement Facilities  
§115.64 – Staff First Responder Duties  
§115.65 – Coordinated Response  
§115.66 – Preservation of ability to protect inmates from contact with abusers  
§115.67 - Agency Protection Against Retaliation  
§115.68 – Post-Allegation Protective Custody  
§115.71 – Criminal and Administrative Agency Investigations  
§115.72 – Evidentiary Standard for Administrative Investigations  
§115.73 –Reporting to Inmate  
§115.76 – Disciplinary sanctions for staff  
§115.77 – Corrective action for contractors and volunteers  
§115.78 – Disciplinary sanctions for inmates  
§115.81 – Medical and mental health screenings; history of sexual abuse  
§115.82 – Access to emergency medical and mental health services  
§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 – Sexual abuse incident reviews
§115.87 – Data Collection
§115.88 – Data Review for Corrective Action
§115.89 – Data Storage, Publication, and Destruction
§115.401 – Frequency & Scope of Audits
§115.403-Audit contents and findings

Standards Not Met

| Number of Standards Not Met:  | - |
| List of Standards Not Met:    | - |
Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Organizational Chart

**Interviews:**
PREA Compliance Manager

**Site Observations:**
Zero-Tolerance Policy (Posters English/Spanish)

**Findings:** Zero tolerance of sexual abuse and sexual harassment: PREA coordinator.

115.11 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the institution having a policy outlining how it will implement the institution’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. FCI Estill will ensure compliance which includes but is not limited to a zero-tolerance approach to sexually abusive behaviors, preventing, detecting and responding to reports of sexually abusive behaviors. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

115.11 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The Associate Warden (Operations) is designated as the Institution PREA Compliance Manager. The National PREA Coordinator’s responsibilities include developing, implementing and overseeing the Bureau’s compliance with PREA. The NPC provides oversight to all Regional PREA Coordinators. The PREA Compliance Manager was interviewed during the onsite portion of the audit and determined that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

115.11 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The Associate Warden (Operations) is designated as the Institution PREA Compliance Manager. The PREA Compliance Manager was interviewed during the onsite portion of the audit and determined that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The Warden at each institution must ensure that all aspects of this program statement are implemented including maintaining a current Institution Supplement. He/she must assign an Institution PREA Compliance Manager, who except in rare circumstance will be an Associate Warden, for the overall responsibility of the program. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero Tolerance Policy.

**Corrective Action:** The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Findings: Contracting with other entities for the confinement of inmates.**

115.12 (a) The agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. On or after August 20, 2012, or since the last PREA audit, whichever is later: The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies: 5.

115.12 (b) All of the above contracts require the agency to monitor the contractor’s compliance with PREA standards. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.
### Standard 115.13: Supervision and monitoring

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?</td>
<td>☒ Yes</td>
<td></td>
</tr>
<tr>
<td>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?</td>
<td>☒ Yes</td>
<td></td>
</tr>
</tbody>
</table>

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FCI Estill
staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Pre-Audit Questionnaire
- PREA Annual Assurance Memo
- Memo for Salary/Workforce Utilization Committee
- Budget Execution Manual 2100.04
- National Policy PS5324.12
- PS 5502.11, Duty Officers

**Interviews:**
Warden or Designee
PREA Compliance Manager
Intermediate- or Higher-Level Facility Staff

**Onsite Review:**
Unannounced Rounds
Surveillance Cameras

**Findings: Supervision and monitoring**

115.13 (a) Budget Execution Manual: The auditor reviewed the memos, overall institution summary, salary variance, disposition of salary variance, area, actual overtime, projected overtime, variance, Institution vacancy status and PREA coordinator report. Due to the F4 Tornado on April 13, 2020, the facility is operating on a modified schedule. Some cameras were permanently damaged during the tornado. There is a major work order approved to repair/update the camera system.

The facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

1. Generally accepted detention and correctional practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from Federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated).
6. The composition of the inmate population.
7. The number and placement of supervisory staff.
8. Institution programs occurring on a particular shift.
9. Any applicable State or local laws, regulations, or standards.
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors.

Since August 20, 2012, or last PREA audit, whichever is later: The average daily number of inmates: 1008. The average daily number of inmates on which the staffing plan was predicated: 1024. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.

115.13 (b) National policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program in regard to documentation of any deviation from the staffing plan.
FCI Estill, South Carolina did not encounter any deviation from the staffing plan requiring such documentation. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.

115.13 (c) The Salary/Workforce Utilization Committee Meeting Minutes (which include a review of the staffing plan) are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the national PREA Coordinator by June 1. The PREA Compliance Manager responsibilities are to assess and determine the institutions staffing plan which provides adequate staffing resources to protect inmates from sexual abuse per PREA standards. The assessment was conducted during a review of the salary/workforce documentation, and review of appropriate documentation. The Captain provides weekly camera updates in order to ensure all video equipment is working appropriately. Due to the F4 Tornado on April 13, 2020, the facility is operating on a modified schedule. Some cameras were permanently damaged during the tornado. There is a major work order approved to repair/update the camera system. All resources are committed to the Sexual abusive behavior prevention and intervention program. The auditor conducted an interview with the PREA Coordinator and Warden during the onsite portion of the audit. The auditor reviewed the annual staffing plans with the Warden during the audit process.

115.13 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Each facility shall implement a policy and practice having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The practice is implemented for the night shifts as well as day shifts. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcements are related to the legitimate operational functions of the facility.

PS 5502.11, Duty Officers: PREA Unannounced round by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The auditor reviewed the Institution Duty Officer Unannounced Institutional Rounds with the department, date, time and signature of supervisor. The unannounced rounds are conducted in Health Services, Recreation, Chapel, Facilities, Commissary, Laundry, Education/VT, Food Service, Psychology Services, Correctional systems, Safety, Special Housing Unit, P.I.E, Housing Units AA, Housing Unit AB, Housing Unit BA, Housing Unit BB, Housing Unit CA, Housing Unit CB, Housing Unit DA, Housing Unit DB, Housing Unit E, Housing Unit F, Camp compound, powerhouse, garage and warehouse. The auditor reviewed samples from June 2020 through January 2021. The auditor reviewed the surveillance cameras demonstrating unannounced round and conducted interviews with the Intermediate- or Higher-Level facility staff. The auditor reviewed the unannounced rounds documented by intermediate staff during the site review.

Corrective Action: The auditor recommends no corrective action.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:** (no youthful inmates assigned to the unit for interviews)
- Line Staff who Supervise Youthful Inmates
- Youthful Inmates (no inmates assigned)
- Warden or Designee
Standard 115.15: Limits to cross-gender viewing and searches

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

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

115.15 (b)
- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)
- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)
- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
Pre-Audit Questionnaire
National Policy PS5324.12

Interviews:
Non-medical staff (involved in cross-gender strip or visual searches)
Random Sample of Staff
Random Sample of Inmates
Transgender/Intersex Inmates (no inmates assigned for interviews)

Site Observations:
Shower area with doors/privacy
Strip Search areas/privacy
Opposite Gender Announcement
PREA information displayed in both English/Spanish
Surveillance cameras/spot check for cross-gender searches

Findings: Limits to cross-gender viewing and searches.

115.15 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity search (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The auditor reviewed the Searches of Housing Units, Inmates, and Inmate Work Areas. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0.

115.15 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity search (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The auditor reviewed the Searches of Housing Units, Inmates, and Inmate Work Areas. In the past 12 months: The number of pat-down searches of female inmates conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit. The facility housed adult males only.

115.15 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat down searches of female inmates.

115.15 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The following notice is posted on the inmate bulletin board and signs within housing units, including segregated housing areas “Notice to Inmates: Male and Female staff routinely work and visit inmate housing areas.” For housing unit officers, an announcement is made at the beginning of primary shifts, or other appropriate time to be determined locally. The verbal announcement to each housing unit, including segregated housing areas, will be Notice: Opposite gender staff will be in housing units during shift. This announcement is made using the general public address system (e.g., from control or Lieutenant’s office).
If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made. The facility provides multiple ways to notify inmates that opposite gender staff are present in the housing units, the only time an announcement is made is if the public address system is not working or an opposite gender staff member comes into a unit area who is not assigned to the housing unit or unit team member working there, must go into individual cells, showers, or bathroom areas. Any other announcement mechanism at the local level will be determined through Collective bargaining in the local institution supplement. The auditor conducted interviews with a Random Sample of Inmates and a Random Sample of Staff.

115.15 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The auditor conducted interviews with a Random Sample of Staff and no Transgender/Intersex Inmates were assigned onsite.

115.15 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to ensuring that all custody staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. In the past 12 months, 96% of the 227 staff members employed at the facility have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor conducted interviews with a Random Sample of Staff for unannounced rounds.

Corrective Action: The auditor recommends no corrective action.

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

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

115.16 (a)

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

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

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

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

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- LanguageLine Solutions Interpreters
- Memorandum for all acquisition staff/purchase agreement LLS

**Interviews:**
Agency Head or Designee
Inmates (with disabilities or who are limited English proficient)

**Onsite Review:**
PREA Orientation information
PREA Intake/PREA assessments

**Findings: Inmates with disabilities and inmates who are limited English proficient.**

**115.16 (a) (1/2020):** FCI Estill, South Carolina, presents PREA-related information both verbally and in writing to all inmates. Additionally, the institution has contracts for LanguageLine Solutions Interpreters, Video Relay System conferencing, telephone access, and electronic message access to provide equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor conducted interviews with the Agency Head and Inmates (with disabilities or who are limited English proficient). The inmate education is offered during the Admission and Orientation lectures conducted by Health Services and Psychology Services staff. The BOP informational pamphlet “Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders” is made readily available in both English and Spanish. Each housing unit displayed posters reflecting the BOP zero tolerance for sexually abusive behavior and contact information for inmate reporting of sexual abuse allegations. Each housing unit will contain a notice indicating “male and female staff routinely work and visit inmate housing areas.”

**115.16 (b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The institution PREA Compliance manager should reach out to available interpretation services to ensure the facility is providing effective communication accommodations when a need for such accommodation is known.
Staff take reasonable action to ensure that available methods of communication are provided to all inmates who are limited English proficient for complete access to its efforts of preventing, detecting and responding to sexual abuse and sexual harassment. The auditor conducted interviews with Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit.

115.16 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill does not rely on inmate interpreters, inmate readers or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first response duties under 115.64 or the investigation of the inmate’s allegations. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations: 0. The auditor conducted interviews with a Random Sample of Staff and Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No
The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Background checks/Records

Findings: Hiring and promotion decisions.

115.17 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)

- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered.
BOP-Hires, an internet-based training system, was implemented in 2001 for correctional officers and hard to fill category positions, paper applications have been non-existent as applicants are now able to apply and update their records utilizing this system online at www.bop.gov.

115.17 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit.

115.17 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months: The number of persons hired who may have contact with inmates who have had criminal background record checks: 15. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit.

115.17 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 1. The background checks are conducted through the Office of Personnel Management and OPM certification. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit.

115.17 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. The background checks are conducted through the Office of Personnel Management and OPM certification. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit. The auditor reviewed documentation of background checks for employees and contractors during the onsite portion of the audit.

115.17 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit.

115.17 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an
institutional employer for whom such employee has applied to work. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.18: Upgrades to facilities and technologies

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

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
### Interviews:
Warden or Designee

### Site Observations:
Surveillance cameras/security mirrors

### Findings: Upgrades to facilities and technology.

**115.18 (a)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The auditor conducted an interview with the Agency Head/Warden or Designee during the onsite portion of the audit. The facility had 93 surveillance cameras and 37 security mirrors throughout the facility. The facility surveillance cameras were observed during the onsite portion of the audit throughout the facility. Due to the F4 Tornado on April 13, 2020, the facility is operating on a modified schedule. Some cameras were permanently damaged during the tornado. There is a major work order approved to repair/update the camera system. The auditor conducted a surveillance camera review with no cameras in direct view of the showers or restroom areas and no cross-gender viewing from the camera. The auditor observed the security mirrors throughout the facility. The facility had surveillance cameras and security mirrors for the prevention, detection and response to the overall safety of the inmates and employees at the facility.

**115.18 (b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse. The auditor conducted an interview with the Agency Head/Warden or Designee during the onsite portion of the audit.

### Corrective Action:
The auditor recommends no corrective action.

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### RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

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

**115.21 (b)**
• Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

• Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidence-based or medically appropriate? ☒ Yes ☐ No

• Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

• If SAFEss or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

• Has the agency documented its efforts to provide SAFEss or SANEs? ☒ Yes ☐ No

115.21 (d)

• Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

• If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

• Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

• As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

• As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- OneSource First Responder Reference Guide-Sexual Assault Crisis Intervention
- Memorandum of Understanding-FCI Estill/Hopeful Horizons

**Interviews:**
Random Sample of Staff
PREA Compliance Manager
Inmates who Reported a Sexual Abuse (no inmates assigned)

**Onsite Review:**
Investigations

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

### 115.21 (g)
- Auditor is not required to audit this provision.

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

115.21 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to following a uniform evidence protocol when conducting sexual abuse investigations. The auditor conducted an interview with a random sample of staff during the onsite audit.

115.21 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill does not house youthful inmates at the facility. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. All victims of sexually abusive behavior involving rape or sexual assault must be offered free access to a SANE/SAFE via transport procedures to the Medical University South Carolina or another area hospital that offers sexual assault specific health and forensic evidence collection services. The forensic medical examinations are offered free of charge to inmate victims. In the past 12 months: The number of forensic medical exams conducted: 0. The number of exams performed by SANE/SAFEs: 0. The number of exams performed by a qualified medical practitioner: 0. The facility had an MOU with the Rape Crisis Center/ Hopeful Horizon of the Low Country in Beaufort, South Carolina (interagency agreement).

115.21 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to making a properly trained Psychology or Chaplaincy Services staff member provide victim services locally, if a rape crisis center is not available. The facility had an MOU with the Rape Crisis Center/ Hopeful Horizon of the Low Country in Beaufort, South Carolina (interagency agreement). The auditor reviewed the Certificate of Completion for the completion of Forensic Medical Exams: an overview for Victim Advocates.

115.21 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to making a properly trained Psychology or Chaplaincy Services staff member provide victim services locally, if a rape crisis center is not available. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The facility had an MOU with the Rape Crisis Center/ Hopeful Horizon of the Low Country in Beaufort, South Carolina (interagency agreement). The auditor reviewed the Certificate of Completion for the completion of Forensic Medical Exams: an overview for Victim Advocates. The auditor conducted an interview with the PREA Compliance manager during the audit.

115.21 (f) FCI Estill, (SC) cooperates with the Federal Bureau of Investigation (FBI) on inmate-on-inmate criminal sexual assault allegations. FCI Estill, South Carolina routinely conducts administrative investigations into inmate-on-inmate sexual assault allegations as outlined in the Sexually Abusive Behavior Prevention and Intervention Program (PS5324.12). Staff-on-inmate sexual abuse allegations are routinely referred to the Office of Internal Affairs and/or Office of the Inspector General in accordance with national policy.

115.21 (g) N/A
115.22 (a)
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

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

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

115.22 (d)
- Auditor is not required to audit this provision.

115.22 (e)
- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
- Agency Head
- Investigative Staff

**Onsite Review:**
- Investigations

**Findings: Policies to ensure referrals of allegations for investigations.**

115.22 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 0. The number of allegations resulting in an administrative investigation: 0. The number of allegations referred for criminal investigation: 0. The auditor conducted an interview with the Agency Head during the audit and reviewed two allegations conducted in 2019.

115.22 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility had in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals. The auditor conducted an interview with the SIS/Investigative staff during the onsite portion of the audit.

115.22 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

115.22 (d) N/A

115.22 (e) N/A

**Corrective Action:** The auditor recommends no corrective action.
Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Pre-Audit Questionnaire
- National Policy PS5324.12
- PREA Course Completion
- Volunteer Training FY 2020
- Training Certification/Training Acknowledgement

**Interviews:**
Random Sample of Staff

**Onsite Review:**
Employee Files/Records

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115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

115.31 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency shall train all employees who may have contact with inmates on:

1. Its zero-tolerance policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Inmates’ rights to be free from sexual abuse and sexual harassment.
4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in confinement.
6. The common reactions of sexual abuse and sexual harassment victims.
7. How to detect and respond to signs of threatened and actual sexual abuse.
8. How to avoid inappropriate relationships with inmates.
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor conducted an interview with the Random Sample of Staff during the onsite portion of the audit. The auditor reviewed a sample of training records of employees assigned to the facility. Staff training includes a component on crime scene preservation for first responders, taking into consideration the physical design of the institution as indicated in section 115.64.

115.31 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. Annual refresher training takes the gender of the inmate population at each facility into account. Transferring staff members receive gender-appropriate training as needed. The auditor reviewed sample of training records.

115.31 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. New Employees: For new employees, a discussion of the sexually abusive behavior prevention and intervention program must be a part of introduction to correctional techniques phase I and phase II. Specific staff responsibilities included in policy are outlined. Current employees: for current staff, information about the program is included yearly as part of annual training. Each warden designates a staff member to conduct this training from the areas responsible for policy implementation (e.g. the Institution PREA compliance manager, or supervisory staff from correctional services, psychology services, health services). Specialized training: discipline specific training is available at the institution level to staff who are likely to be most involved in the management and treatment of sexually abused victims and the perpetrators (Health services staff, psychologist, Lieutenants, etc.). Specialized training is provided to these disciplines as part of their comprehensive training. The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements: 226.
115.32 (a) Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
Volunteer(s) or Contractor(s) who have Contact with Inmates

Findings: Volunteer and contactor training.
115.32 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to training all volunteers and contractors who have contact with inmates on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor conducted interviews with the contractors onsite during the audit. The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 25.

115.32 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor conducted interviews with the contractors onsite during the audit.

115.32 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to agency maintaining documentation confirming that volunteers and contractors understand the training they have received.

Corrective Action: The auditor recommends no corrective action.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

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

115.33 (c)

• Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

• Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

• Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

• Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

• Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

• Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

• Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Institution Admission and Orientation Program Checklist

**Interviews:**
Random Sample of Staff

**Onsite Review:**
Employee Files/Records
PREA Information (English/Spanish)
Inmate Handbook (English/Spanish)

**Findings: Inmate education.**

115.33 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to inmates receiving information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Of inmates admitted during the past 12 months: the number who were given this information at intake whose length of stay was for 72 hours or more: 181. The number who were given this information at intake whose length of stay was for 30 days or more: 157. The auditor conducted interviews with Intake Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.33 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Within 30 days of intake, the Estill provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The auditor conducted interviews with the Intake Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.33 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility. The auditor conducted interviews with the intake staff during the onsite portion of the audit.

115.33 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to providing PREA education in all formats accessible to inmates including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their
Standard 115.34: Specialized training: Investigations

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

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

115.34 (b) Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

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

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

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

Corrective Action: The auditor recommends no corrective action.
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
Investigative Staff/SIS

**Onsite Review:**
Investigative Reports

**Findings: Specialized training: Investigations.**

115.34 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The number of investigators the facility currently employs: 2. The number of investigators the agency currently employs: 253. The facility did not have any sexual abuse allegations for the past 12 months. The auditor reviewed two investigations conducted in 2019 with the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing,
115.35 (a) Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b) Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (c) Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d) Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

Corrective Action: The auditor recommends no corrective action.
If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☐ Yes  ☐ No  ☒ NA

115.35 (c)

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes  ☐ No  ☒ NA

115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes  ☐ No  ☐ NA

Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)
☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
Medical and Mental Health Staff
Onsite Review:
Employee Training/Medical Staff

Findings: Specialized training: Medical and mental health care.
115.35 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 12. The auditor conducted interviews with the Medical and Mental Health staff during the onsite portion of the audit. The auditor reviewed the PREA for Medical and Mental Health Care for the review period.

115.35 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The medical staff at the facility do not conduct forensic exams. The auditor conducted interviews with the Medical and Mental Health staff during the onsite portion of the audit.

115.35 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, maintains documentation showing medical and mental health practitioners have completed the required training.

115.35 (d) The auditor reviewed Medical and mental health care practitioners received the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner’s status at FCI Estill.

Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

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

115.41 (b)

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

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

115.41 (d)

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

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

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

115.41 (g)  
- Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

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

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

Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- Pre-Audit Questionnaire
- National Policy PS5324.12
- Assessments (Inmate Interview)
- Reassessments (Intake Screening Forms FBP)
- Bureau of Prisons Psychology Services/Risk of Sexual Victimization (referrals)

**Interviews:**

Staff Responsible for Risk Screening  
Random Sample of Inmates  
PREA Compliance Manager

**Onsite Review:**

Risk Assessments/Reassessments/Referrals

Inmate Files: The auditor reviewed 27 inmate files using the PREA Audit Prisons and Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 112 on 3/9/2021.

**Findings: Screening for risk of victimization and abusiveness.**

115.41 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The auditor conducted interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the site review.

115.41 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 181. The auditor conducted interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the site review.

115.41 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to risk assessment utilizing an objective screening instrument. Unit Team, Medical, and Psychology Services staff screen all incoming inmates for risk of sexual abusiveness and/or victimization. Unit Team refers inmates determined at elevated risk for sexual abuse to Psychology Services for additional screening based on the results of the Objective Intake Screening. Psychology Services prepares a Risk of Sexual Abusiveness and/or Risk of Sexual Victimization note(s) in
response to the referral, which is in turn shared with the Captain’s Office and Unit Team to inform assignments to housing, programs, work, etc. Psychology Services completes additional Risk of Sexual Abusiveness and/or Risk of Sexual Victimization assessments in response to new/additional risk information/data, which is in turn shared with the Captain’s Office and Unit Team.

115.41 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate’s own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The auditor conducted an interview with staff responsible for the risk screening during the site review.

115.41 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The auditor conducted an interview with staff responsible for the risk screening during the site review.

115.41 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Within a set time period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 0. The auditor conducted an interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite audit.

115.41 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. An inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. The auditor conducted an interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite audit.

115.41 (h) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: Whether or not the inmate has a mental, physical, or developmental disability; Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether or not the inmate has previously experienced sexual victimization; and the inmate’s own perception of vulnerability. The auditor conducted an interview with staff responsible for risk screening during the onsite portion of the audit.

115.41 (i) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite portion of the audit.
Observation: The facility was heavily damaged by a category F4 Tornado on April 13, 2020. As a result of the Tornado, inmates were transferred to another facility. The tornado rendered the satellite camp inoperable; 188 inmates were moved to Estill’s medium-security prison. When the PREA Audit was conducted the facility only had 112 male inmates which had been transferred from the Camp and were re-housed on the FCI Estill C-dorm. The rest of the housing areas to include the camp were not being used due to the Tornado damage. Despite the unexpected F4 Tornado damaging facility grounds and housing units, the facility did not have any casualties and the facility did an excellent job with all the challenges presented prior to the audit. The facility was undergoing repairs during the onsite portion of the audit. The auditor reviewed 27 inmate files and two of the inmate files had a delay in the reassessments due to COVID-19 precautions and the F4 Tornado, the facility previously identified the discrepancy during a self-evaluation and conducted training reviewed by the auditor.

Corrective Action: The auditor recommended no corrective action.

**Standard 115.42: Use of screening information**

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

### 115.42 (a)

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

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

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

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

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

### 115.42 (b)

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

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:
intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- LGBTI review

Interviews:
PREA Compliance Manager
Staff Responsible for Risk Screening
Transgender/Intersex Inmates (no inmates assigned)
Transgender/Intersex/Gay/Lesbian Inmates (no inmates assigned)

Findings: Use of screening information.

115.42 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite audit. The Unit Manager will review the classification options which may include transfer to a special treatment program, transfer to a greater or lesser security facility or changes in housing units, cells assignments, work assignments, and/or education assignments.

115.42 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility makes individualized determinations about how to ensure the safety of each inmate. The auditor conducted interviews with the staff responsible for risk screening during the audit.

115.42 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In deciding whether to assign a transgender or intersex inmate to a facility for male or female
inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. The auditor conducted interviews with the PREA Compliance Manager and no Transgender/Intersex Inmates onsite.

115.42 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The auditor conducted interviews with the PREA Compliance Manager and staff responsible for risk screening during the onsite portion of the audit.

115.42 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. A transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and no Transgender and Intersex Inmates during the site review.

115.42 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and no Transgender and Intersex Inmates during the site review.

115.42 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and no Transgender and Intersex Inmates during the site review.

Corrective Action: The auditor recommends no corrective action.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

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

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

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No

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

115.43 (e)

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse/no inmates assigned)

Findings: Protective custody.

115.43 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The policy prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The auditor conducted an interview with the Warden or Designee during the audit.

115.43 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. The auditor interviewed a random sample of staff who Supervise Inmates in Segregated Housing and no inmates in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

115.43 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. The auditor conducted interviews with the Warden or Designee and Staff who Supervise Inmates in Segregated Housing. There were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit.

115.43 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety: 0; and the reason or reasons why alternative means of separation could not be arranged: 0. From a review of case files of inmates at risk of sexual victimization
who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; and 0. The reason or reasons why alternative means of separation could not be arranged 0.

115.43 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility did not have any inmates at risk for sexual victimization held in involuntary segregated housing. FCI Estill, consistent with national Special Housing Units policy (PS5270.11), affords all inmates placed in involuntary segregated housing a review every 30 days to determine whether there is a continuing need for separation from the general population. The inmate’s status is reviewed during weekly special housing unit meetings.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA
115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Zero-Tolerance signs (English/Spanish)
- Admission and Orientation Handbook
- Informational Pamphlet Sexually Abusive Behavior Prevention and Intervention

Interviews:
Random Sample of Staff
Random Sample of Inmates

Onsite Review:
- PREA Information displayed in housing areas
- Notice: Male and female staff routinely work and visit inmate housing areas
- FCI Estill Inmate Handbook 2020 (English and Spanish)

Findings: Inmate reporting.
115.51 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency having established procedures allowing for multiple internal ways for inmates to
report privately to agency officials about sexual abuse and/or sexual harassment, as well as retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency having established procedures for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. FCI Estill, made available the contact information for Hopeful Horizons Rape Crisis Center and the National Sexual Assault Hotline displayed throughout the facility for the inmate population. The auditor conducted interviews with the PREA Compliance Manager and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to staff being required to document verbal reports. Agency policy requires immediate information sharing with relevant parties for response protocol purposes. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility staff were provided multiple ways to privately report sexual abuse and sexual harassment of inmates to include the Regional PREA coordinators, National PREA Coordinator, Office of Internal Affairs and Office of the Inspector General. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
115.52 (c)
- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)
- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (f)
- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- A & O Inmate Handbook (English/Spanish)

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**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- A & O Inmate Handbook (English/Spanish)
National Policy PS5324.12

Interviews:
Inmates who Reported a Sexual Abuse (no inmate reports)

Onsite Review:
Grievances
PREA Investigation

Findings: Exhaustion of administrative remedies.
115.52 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility has administrative procedures for dealing with inmate grievances regarding sexual abuse.

115.52 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmates are allowed to report a sexual abuse or sexual harassment through an administrative remedy. The inmates can file an administrative remedy directly to the Regional Director. The inmate handbook provides the information on reporting sexual abuse and sexual harassment in both English and Spanish.

115.52 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, and PS1330.18, Administrative Remedy Program, in regard to the agency allowing an inmate to submit grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The inmate handbook provides the information on reporting sexual abuse and sexual harassment in both English and Spanish.

115.52 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill, always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. The facility did not encounter such a situation in the past 12 months and therefore does not have documentation of written notifications of extensions to provide for this standard. In the past 12 months: The number of grievances filed that alleged sexual abuse: 0. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0. There were no inmates onsite who reported sexual abuse during the onsite portion of the audit.

115.52 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill procedures permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

115.52 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances that had an initial response within 48 hours: 0.

115.52 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past
12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

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

#### 115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- MOU Hopeful Horizons
- National Policy PS5324.12

Interviews:
Random Sample of Inmates
Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Inmates access to outside confidential support services.
115.53 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the facility providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. FCI Estill, provides addresses and phone numbers for Hopeful Horizons Rape Crisis Center and the National Sexual Assault Hotline and provides reasonable communication between inmates and this organization in as confidential a manner as possible. FCI Estill, does not confine inmates detained solely for civil immigration purposes, and therefore does not make phone numbers and addresses for immigrant services agencies available. FCI Estill had an MOU with Hopeful Horizons to provide offenders with confidential emotional support services related to sexual violence as required. The auditor conducted interviews with a Random Sample of Inmates and there were no Inmates who Reported a Sexual Abuse during the onsite portion of the audit.

115.53 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Communications are monitored in a manner consistent with agency security practices. The auditor conducted interviews with a random sample of inmates and no inmates who reported sexual abuse.

115.53 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility maintains a memorandum of understanding with Hopeful Horizons and with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

Corrective Action: The auditor recommends no corrective action.

Standard 115.54: Third-party reporting
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Third-party reporting.
115.54 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the facility publicly distributing information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. This is achieved through use of the national public website. The PREA information was posted in both English and Spanish throughout the facility. Every person has the right to be safe from sexual abuse. The Federal Bureau of Prisons has a Zero Tolerance Policy.

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Employee Files/Training-First Responders

Interviews:
Random sample of staff
Warden or Designee
PREA Compliance Manager
Medical/Mental Health staff

Findings: Staff and agency reporting duties.

115.61 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill requires all staff to report immediately and according to agency policy:
- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
- Any retaliation against inmates or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor conducted interviews with a random sample of staff during the onsite portion of the audit and determined that staff are required to report incidents of sexual abuse or sexual harassment to the Operations Lieutenant in accordance with the Standards of Employee Conduct.

115.61 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

115.61 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit.

115.61 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility does not house youthful inmates at the facility. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.

115.61 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.
Corrective Action: The auditor recommends no corrective action.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Pre-Audit Questionnaire
National Policy PS5324.12

Interviews:
Warden or Designee
Random Sample of Staff

Findings: Agency protection duties.
115.62 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill, has not identified any inmates determined to be at a substantial risk of imminent sexual abuse in the past 12 months. In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0. The auditor conducted interviews with the Warden or Designee and Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.63: Reporting to other confinement facilities
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Reporting to other confinement facilities.
115.63 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.
115.63 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, facility documents that it has provided such notification within 72 hours of receiving the allegation.

115.63 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Estill policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. The auditor conducted an interview with the Warden during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.64: Staff first responder duties**

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

115.64 (a)

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

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☐ Yes ☒ No

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

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

115.64 (b)

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

**Auditor Overall Compliance Determination**
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** *(Policies, directives, forms, files, records, etc.)*
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
- Custody Staff and Non-Custody Staff First Responders
- Inmates who Reported a Sexual Abuse (no inmates assigned)
- Random Sample of Staff

**Findings: Staff first responder duties.**

**115.64 (a)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill had a first responder policy for allegations of sexual abuse. FCI Estill policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that an inmate was sexually abused: 0. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0. Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: 0. The auditor reviewed two investigations conducted in 2019 for the review process. Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Ensured that the alleged abuser does not take any action that could destroy physical evidence, including, as appropriate, washing,
The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
Warden or Designee

Corrective Action: The auditor recommends no corrective action.

**Standard 115.65: Coordinated response**

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

- Pre-Audit Questionnaire
- National Policy PS5324.12
Findings: Coordinated response.
115.65 (a) FCI, Estill, national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to having developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
Findings: Preservation of ability to protect inmates from contact with abusers

115.66 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill, in compliance with the national Master Agreement and national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to preservation of ability to protect inmates from contact with abusers. The auditor conducted an interview with the Warden during the onsite portion of the audit.

115.66 (b) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

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

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor a ny inmate disciplinary reports? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
Agency Head/Warden or Designee
Designated Staff Member Charged with Monitoring Retaliation (or Warden if not available)
Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)
Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Agency protection against retaliation.

115.67 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, had a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The facility had designated staff members responsible for monitoring for possible retaliation. The auditor conducted an interview with staff assigned to monitor inmates and staff for retaliation during the onsite portion of the audit.

115.67 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, Estill employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor conducted interviews with the Warden or Designee and Designated Staff Member Charged with Monitoring Retaliation (or Warden if none-available) during the onsite portion of the audit. There were no interviews conducted with Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) or Inmates who Reported a Sexual Abuse assigned to the facility.

115.67 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff and length of time that the agency/facility monitors the conduct or treatment: 90 days. The agency/facility acts promptly to remedy any such retaliation. Estill continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0. The auditor conducted interviews with the Warden or Designee and Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In the case of inmates, such monitoring shall also include periodic status checks. The auditor conducted an interview with Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
Warden or Designee
Staff who Supervise Inmates in Segregated Housing
Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse/no inmates assigned)

**Findings: Post-allegation protective custody.**

115.68 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Estill policy prohibits the placement of inmates who allege to have suffered sexual abuse in
involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; and The reason or reasons why alternative means of separation could not be arranged: 0. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The auditor conducted interviews with the Warden or Designee, Staff who Supervise Inmates in Segregated Housing and no inmates assigned in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit. The auditor reviewed documentation BP-A1002 Safeguarding of Inmate Alleging Sexual Abuse/Assault Allegation during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes □ No

**115.71 (d)**

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

**115.71 (e)**

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
- Special Investigative Services
  - Inmates who Reported a Sexual Abuse (no inmates assigned)
  - Warden or Designee
  - PREA Compliance Manager

**Onsite Review:**
Investigation Review: The facility had 0 allegations for inmate-on-inmate sexual abuse and harassment and 0 allegations against staff in the past 12 months. The auditor reviewed two investigations conducted in 2019 for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed. The auditor reviewed two investigations during the onsite portion of the audit utilizing the required tool.

<table>
<thead>
<tr>
<th>Description</th>
<th>Outcome</th>
<th>Status</th>
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<tbody>
<tr>
<td>Inmate-on-Inmate/Sexual Harassment</td>
<td>Unsubstantiated</td>
<td>closed</td>
</tr>
<tr>
<td>Inmate-on-Inmate/Sexual Abuse</td>
<td>Unsubstantiated</td>
<td>closed</td>
</tr>
</tbody>
</table>
Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The department consisted of the (2) Special Investigators who investigate facility allegations and have been trained. The facility did not have any sexual abuse allegations for the past 12 months. The auditor reviewed two investigations conducted in 2019 with the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing, notification, etc.), STG victim/perpetrators, medical assessment, PREA evaluation form, photos, psychology review, sexual abuse interview for both victim/perpetrator, SIS case & memos, Notice to inmate, Monitoring 30/60/90, Unit/Staff roster, and Institution Executive Staff Review (IESR).

Findings: Criminal and administrative agency investigations.

115.71 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Estill had a policy related to criminal and administrative agency investigations. The National policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to having a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The auditor conducted interviews with Investigative Staff during the onsite portion of the audit and reviewed the required training. The auditor reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment.

115.71 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. The auditor reviewed documentation of trained staff and Investigative Staff during the onsite portion of the audit.

115.71 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, with regard to the agency requesting the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The conducted interview with Investigative Staff during the onsite portion of the audit.

115.71 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The conducted interview with Investigative Staff during the onsite portion of the audit and reviewed a sample of investigations.

115.71 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. The facility does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with the Investigative Staff and no assigned Inmates who Reported a Sexual Abuse during the onsite portion of the audit.

115.71 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Administrative investigations: (1) Shall include an effort to determine whether staff actions or failure to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and
investigative facts and findings. The auditor conducted interviews with the Investigative Staff (SIS) and reviewed a Sample of administrative investigation reports during the onsite portion of the audit.

115.71 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor conducted interviews with Investigative Staff (SIS) and reviewed a Sample of investigation reports during the site review.

115.71 (h) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0. The auditor conducted interviews during the onsite portion of the audit with Investigative Staff.

115.71 (i) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Estill retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor conducted a review of the investigations and conducted an interview with investigative staff (SIS).

115.71 (j) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor conducted interviews with SIS Investigative Staff and determined that the investigations are completed regardless of the staff termination.

115.71 (k) N/A

115.71 (l) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor conducted interviews with the Warden or Designee, PREA Compliance Manager and Investigative Staff during the site review.

Corrective Action: The auditor recommends no corrective action.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Finding:** Evidentiary standards for administrative investigations.

115.72 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with (SIS) Investigative staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

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**Standard 115.73: Reporting to Inmates**

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- Pre-Audit Questionnaire
- PREA Notification to Inmate
- PREA Compliance Manager Information Tracking Log
- Inmate Investigative Report
- National Policy PS5324.12

Investigation Review: The facility had 0 allegations for inmate-on-inmate sexual abuse and harassment and 0 allegations against staff in the past 12 months. The auditor reviewed two investigations conducted in 2019 for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed. The auditor reviewed two investigations conducted in 2019 during the onsite portion of the audit utilizing the required tool.

<table>
<thead>
<tr>
<th>Description</th>
<th>Outcome</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Inmate-on-Inmate/Sexual Harassment</td>
<td>Unsubstantiated</td>
<td>closed</td>
</tr>
<tr>
<td>Inmate-on-Inmate/Sexual Abuse</td>
<td>Unsubstantiated</td>
<td>closed</td>
</tr>
</tbody>
</table>

Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The department consisted of the (2) Special Investigators who investigate facility allegations and have been trained. The facility did not have any sexual abuse allegations for the past 12 months. The auditor reviewed two investigations conducted in 2019 with the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing, notification, etc.), STG victim/perpetrators, medical assessment, PREA evaluation form, photos, psychology review, sexual abuse interview for both victim/perpetrator, SIS case & memos, Notice to inmate, Monitoring 30/60/90, Unit/Staff roster, and Institution Executive Staff Review (IESR).

**Finding: Reporting to inmates.**

115.73 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Estill requires that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 2. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 2. The auditor conducted interviews with the Warden or Designee, (SIS) Investigative Staff and there were no Inmates onsite who Reported a Sexual Abuse during the site review.

115.73 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, with regard to the agency requesting the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. In the past 12 months: 0. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 0. The number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.
115.73 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no Inmates onsite who Reported a Sexual Abuse during the audit.

115.73 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Following an inmate’s allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no Inmates onsite who Reported a Sexual Abuse during the audit. The auditor reviewed the PREA notification to inmate during the site review. All cases are filed in TRUINTEL and a copy is provided to the inmate.

115.73 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency having a policy that all notifications to inmates described under this standard are documented. All such notifications or attempted notifications are documented. In the past 12 months: The number of notifications to inmates that were provided pursuant to this standard: 0. The number of those notifications that were documented: 0.

115.73 (f) N/A

Corrective Action: The auditor recommends no corrective action.

### DISCIPLINE

**Standard 115.76: Disciplinary sanctions for staff**

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

**115.76 (d)**

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

**Finding: Disciplinary sanctions for staff.**

**115.76 (a)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

**115.76 (b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill did not have any staff from the facility violate the agency’s sexual abuse or sexual harassment policies in the past 12 months. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

**115.76 (c)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and
circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

115.76 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

**Standard 115.77: Corrective action for contractors and volunteers**

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

115.77 (a)

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

115.77 (b)

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

**Auditor Overall Compliance Determination**

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

**Instructions for Overall Compliance Determination Narrative**

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Corrective action for contractors and volunteers

115.77 (a) FCI Estill, had no contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0.

115.77 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to taking appropriate remedial measures and considering whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse and sexual harassment policies by a contractor or volunteer. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor conducted an interview with the Warden during the site review.

Corrective Action: The auditor recommends no corrective action.

Standard 115.78: Disciplinary sanctions for inmates

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

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

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

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

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Disciplinary sanctions for inmates.
115.78 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or
following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months: The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0. The auditor reviewed two investigations conducted in 2019 for the review process.

115.78 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The auditor conducted an interview with the Warden during the site review.

115.78 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor conducted an interview with the Warden during the site review.

115.78 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The auditor conducted interviews with the Medical and Mental Health Staff during the site review.

115.78 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency disciplining inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- Bureau of Prisons Psychology Services Transfer Intake Screening
- National Policy PS5324.12

**Findings: Medical and mental health screenings; history of sexual abuse.**

**115.81(a)/(c)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to all inmates at the facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. If the screening pursuant to §115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Psychology Services department maintains the Psychology Services Inmate Questionnaire (intake screening) forms for all inmates who arrive at the institution which documents reports of sexual victimization history. Additionally, the Psychology Services department maintains electronic mental health notes (Risk of Sexual Victimization), in the Bureau Electronic Medical Record database, on those inmates who reported a history of sexual victimization which shows this was completed within 14 days of initially reporting this information. The Health Services department maintains both the Health Screening (intake screening) and Clinical Encounter (14-day follow-up) electronic records in the Bureau Electronic Medical Record database. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0. The auditor conducted interview with Staff Responsible for Risk Screening during the site review.

**115.81(b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 0. The auditor conducted an interview with Staff Responsible for Risk Screening during the site review.

**115.81(d)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The auditor reviewed the Bureau of Prisons Psychology Services Risk of Sexual Victimization during the site review.

**115.81(e)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The auditor conducted interviews with Medical and Mental Health Staff during the site review.

**Corrective Action:** The auditor recommends no corrective action.
Standard 115.82: Access to emergency medical and mental health services

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

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

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

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Finding: Access to emergency medical and mental health services.**

**115.82 (a)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Sexually Abusive Behavior Prevention and Intervention Program, in regard to medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. FCI Estill, Psychology Services and Health Services departments are notified as soon as possible, but within 24 hours, as part of the PREA response protocol and complete the aforementioned interventions and education to the inmate sexual abuse victim. This is documented in the Bureau Electronic Medical Record database as PREA Injury Assessment (Health Services) and Sexual Abuse Intervention (Psychology Services) notes, respectively. The auditor conducted interviews with the Medical and Mental Health Staff and there were no Inmates assigned to the facility who Reported a Sexual Abuse.

**115.82 (b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The auditor conducted interviews with Custody and non-custody Staff First Responders during the onsite portion of the audit.

**115.82 (c)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The auditor conducted interviews with Medical and Mental Health Staff and no inmate interviews were conducted for inmates who Reported a Sexual Abuse during the audit.

**115.82 (d)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Corrective Action:** The auditor recommends no corrective action.

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

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

**115.83 (a)**

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

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Ongoing medical and mental health care for sexual abuse victims and abusers.
115.83 (a) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The auditor conducted interviews with Medical and Mental Health Staff and no Inmates who Reported a Sexual Abuse during the site review.

115.83 (c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall provide such victims with medical and mental health services consistent with the community level of care. The auditor conducted interviews with Medical and Mental Health Staff during the site review.

115.83 (d) (N/A if all-male facility.)

115.83 (e) (N/A if all-male facility.)

115.83 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. There were no Inmates who Reported a Sexual Abuse assigned to the facility.

115.83 (g) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no Inmates who Reported a Sexual Abuse assigned to the facility.

115.83 (h) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program.
All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The auditor conducted interviews with Medical and Mental Health during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

### DATA COLLECTION AND REVIEW

**Standard 115.86: Sexual abuse incident reviews**

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for
improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Findings: Sexual abuse incident reviews.**
**115.86 (a)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0. The auditor reviewed two investigations conducted in 2019 for the review process.

**115.86 (b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0. The auditor reviewed two investigations conducted in 2019 for the review process.

**115.86 (c)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The auditor conducted an interview with the Warden during the site review.
115.86 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The auditor conducted interviews with the Warden, PREA Compliance Manager and Incident Review Team during the site review.

115.86 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the facility implementing the recommendations, if any, for improvement or documenting its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

• Pre-Audit Questionnaire

• National Policy PS5324.12

Finding: Data collection.

115.87 (a)/(c) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.87 (b) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill aggregates the incident-based sexual abuse data at least annually.

115.87 (d) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
115.88 (a) Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

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

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

Corrective Action: The auditor recommends no corrective action.

Standard 115.88: Data review for corrective action

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

115.87 (f) The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.
Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Finding: Data review for corrective action.**

**115.88 (a)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The auditor conducted interviews with the Agency Head and the PREA Compliance Manager during the site review.

**115.88 (b)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

**115.88 (c)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The auditor conducted interviews with the Agency Head during the site review.

**115.88 (d)** The national policy, PS5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI Estill may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The auditor conducted an interview with the PREA Compliance Manager during the site review.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.89: Data storage, publication, and destruction**

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

**115.89 (a)**
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Finding: Data storage, publication, and destruction**

**115.89 (a)** FCI Estill ensures that data collected pursuant to § 115.87 are securely retained. The auditor conducted an interview with the PREA Compliance manager during the site review.

**115.89 (b)** FCI Estill shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Standard 115.401: Frequency and scope of audits**

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

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

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

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

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

115.401 (m)

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115.89 (c) FCI Estill will remove all personal identifiers before making aggregated sexual abuse data publicly available.

115.89 (d) FCI Estill shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

**Corrective Action:** The auditor recommends no corrective action.
Was the auditor permitted to conduct private interviews with inmates, Inmates, and detainees?
☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The Bureau of Prisons FCI Estill demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Bureau of Prisons FCI Estill publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports upon issuance by auditor. The facility is compliant with the reporting process and standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Noelda Martinez ____________________________ 4/1/2021
Auditor Signature Date

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