

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

Auditor Information			
Auditor name: Phillip Bradshaw			
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Telephone number: (417) 425-0564			
Date of facility visit: November 29 - December 1, 2016			
Facility Information			
Facility name: Federal Correctional Complex - Florence			
Facility physical address: 5880 HWY 67 SOUTH, FLORENCE, CO 81226			
Facility mailing address: (if different from above) P.O. Box 8500, Florence, CO 81226			
Facility telephone number: 719-784-9464			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jack Fox, Warden			
Number of staff assigned to the facility in the last 12 months: 969			
Designed facility capacity: FCI - 749, USP - 635, ADX - 490, FPC - 512			
Current population of facility: 2563			
Facility security levels/inmate custody levels: Minimum, Medium, High, Administrative/Community, Out, In, Minimum			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Donna Davis		Title:	Associate Warden
Email address: FLX/PREAComplianceMgr@bop.gov		Telephone number:	719-784-9464
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: (if applicable) U. S. Department of Justice			
Physical address: 320 First Street, NW, Washington, DC 20534			
Mailing address: (if different from above)			
Telephone number: 202-616-2112			
Agency Chief Executive Officer			
Name: Thomas Kane		Title:	Acting Director
Email address: BOP-CPD/PREACoordinator@bop.gov		Telephone number:	202-616-2112
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title:	National PREA
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AUDIT FINDINGS

NARRATIVE

The on-site PREA (Prison Rape Elimination Act) audit of the Federal Correctional Complex (FCC), Florence, CO was conducted from November 29 - December 1, 2016. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire. Much of the documentation was in the form of Program Statements (PS), Institution Supplements (IS) and other paperwork, supporting the findings. Program Statements are agency-wide governing policies provided by the Federal Bureau of Prisons (BOP) and Institution Supplements stipulate institution specific policies when there is no agency-wide policy or when site specific policy is required to expand on agency Program Statements.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: the ADX/Complex Warden, FCI Warden, USP Warden, Associate Wardens ADX, USP and FCI, Institution PREA Compliance Manager (IPCM), the Executive Assistant/Satellite Camp Administrator, the Chief of Psychology, management analysts and member of the program review team (Education) from the BOP Central Office, auditors for the American Correctional Association and various facility department heads. A comprehensive tour of the ADX, FCI, USP and the FPC was completed. The tour included the intake areas, all housing units, control unit, special housing units (SHU), health care, recreation, food services, facilities support areas, education and programming areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated that employees of the opposite gender were present on the housing unit. Inmates could shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings with the PREA auditors' contact information were also located in the same areas. There was one letter mailed to the auditor as a result of the audit postings in the housing units (the inmate was no longer housed at this facility). The FCC was observed to be clean, orderly and very quiet.

A total of 56 random staff were interviewed, 44 males and 12 females. Those interviewed included correctional officers working various shifts, one SHU Lieutenant, two shift Lieutenants, three Psychologists, the Chief Chaplain, two Correctional Counselors and three Case Managers. Employees randomly selected had continuous and daily contact with inmates in their official job assignments. All staff were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a facility's coordinated response.

The agency director, agency PREA Coordinator and agency Contract Administrator had been previously interviewed. Specialized staff were also interviewed and included the Wardens, the IPCM, the Chief Psychologist, the facility's chief investigator (SIS Lieutenant), the Human Resources Manager, the Health Services Administrator and mental health program providers. Two contractors, one volunteer, a SANE (Sexual Assault Nurse Examiner) nurse and a community victim advocate were also interviewed. All interviewed staff, contractors and the volunteer demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status.

Forty-five inmates were interviewed (of the 45, three identified as being transsexual, three were limited English proficient, four were disabled, nine were alleged victims of sexual abuse, three were bisexual and two were gay-all were randomly selected from the ADX, USP, FCI and FPC and were of various ages, nationalities and ethnic backgrounds). One inmate refused to be interviewed. All inmates interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms offered and stated they felt safe at the facility.

A review of the investigative files opened during the past 12 months alleging sexual abuse or sexual harassment was conducted. A total of 106 allegations of sexual abuse/sexual harassment were filed by inmates. Ninety of the allegations were determined to be unfounded, 15 of the allegations were found unsubstantiated and one allegation was sustained. Two of the allegations required forensic evidence collection by a SANE service provider in the community. All investigations were completed promptly, thoroughly and were well documented. There were no open cases being investigated during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient and appropriately secure and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The Federal Correctional Complex-Florence (FCC) is part of the Federal Bureau of Prisons, a division of the United States Department of Justice and was built in 1994. The complex is located in Florence Colorado, approximately 30 miles west of Pueblo, Colorado, situated on 640 acres. The FCC is comprised of four separated facilities, the Administrative Maximum Security (ADX), the United States Penitentiary (USP), the Federal Correctional Institution (FCI) and the Federal Prison Camp (FPC).

The ADX is an all-male administrative maximum security prison. The ADX was activated in 1994 with a design capacity of 490. The current population at ADX is 422. The ADX fulfills a complex mission that involves safely housing the Federal Bureau of Prison's most violent, disruptive and escape-prone inmates in an environment which provides inmates with opportunities to demonstrate improved behavior and the ability, motivation and willingness to eventually reintegrate into an open population. The ADX contains nine housing units. The age range of the ADX is 24-77 years old with an average sentence is 22 years. The ADX is located on 21 acres inside the secure perimeter fence.

The USP is a high security facility housing inmates in four separate buildings in double bunked cells. The USP was activated in 1994 with a design capacity of is 695. The current population at the USP is 742. The USP has general population housing units and a special housing units for detention and segregation use. The USP offers Secure Stages (Steps Toward Awareness Growth and Emotional Strength) program. This is a voluntary residential, unit based psychological treatment for maximum security and high security inmates with borderline personality disorders or similar diagnoses, who engage in self-harm or have difficulty getting along in prison. The program uses group therapy, individual counseling and a modified therapeutic community to help participants learn safe, effective ways to achieve their goal and manage their problems. Inmates housed at the USP generally have controlled movement within the secure compound for up to 15 hours a day. The average age on an inmate housed at the USP is 37 years old and an average sentence of 14 years. The USP is located on 31 acres inside the secure perimeter fence.

The medium security institution (FCI) was activated in 1993, with a design capacity of 749. The current population is 973. The FCI is an all-male medium security facility, housing inmates in four separate buildings. One of the housing units is for Residential Drug Abuse Program (RDAP). After completion of the nine-to-twelve month RDAP program and a successful 180-day halfway house placement, inmates who have a history of non-violence can receive up to a 12-month sentence reduction. The FCI facility is located on 21 acres inside the secure perimeter fence.

The federal prison camp (FPC) was activated in 1993. The FPC is a satellite facility of the FCI and has a design capacity of 590 and currently houses 426 adult males. The FPC offers a dog training program and counseling programs that address trauma. The FPC houses inmates serving an average sentence of 7 years. The average age for the inmate population is 43 years of age.

At the time of the audit, the total population of the FCC was 2563. The FCC does not house youthful offenders. Currently, the FCC has an adequate number of cameras strategically placed to ensure the safety and security of both inmates and staff. No "blind spots" were discovered during the tour (mirrors were used to eliminate potential "blind spots").

The FCC offers General Education Development (GED), Adult Continuing Education (ACE), test preparation and testing, Adult Occupational Education (AOE), English as a Second Language (ESL), vocational technical courses, and parenting programs. The FCC's ancillary services include; Food Services, Education, Recreation, Religious Services, Medical and Mental Health Services, Recreation, Laundry and Facilities Maintenance. Recreational programs offered include team and individual sports activities, hobby craft, wellness instruction and TV viewing. FCC Florence also provides a number of religious programs involving numerous faith groups. The FCC provides court-mandated legal resource materials for inmates including Bureau of Prisons policy, Institution Directives and federal law

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with the Warden and other staff to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance on two standards. One standard was determined to be not-applicable. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be good and the observed staff/inmate relationships were seen as appropriate. All areas of the facility were observed to be very clean and well maintained, especially considering the age of the facility. At the conclusion of the audit, the auditor thanked the Warden and staff for their hard work and dedication to the PREA audit process.

Number of standards exceeded: ²

Number of standards met: ⁴⁰

Number of standards not met: ⁰

Number of standards not applicable: ¹

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

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

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

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement (IS) 5324.12A, Sexually Abusive Behavior Prevention and Intervention Program address the requirements identified in the standard. The agency has appointed a psychologist assigned to the BOP Correctional Programs Division as their National PREA coordinator. The ADX Warden has appointed the Associate Warden of Programs as the Institution PREA compliance manager (IPCM). The IPCM reports directly to the ADX Warden regarding all PREA related concerns. Interviews with the IPCM confirmed that she has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility directives outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. Offenders are informed orally about the zero-tolerance policy and the PREA program during in-processing procedures, by viewing a video and during additional admission and orientation procedures. The video is offered in English and in Spanish. Inmates are also informed about the program and zero-tolerance in the Admission and Orientation (A&O) Handbook, a pamphlet and through postings throughout the facility. All written documents are available in English and Spanish. Interpretive services are available for inmates who do not speak or read English, Spanish or other languages. All interviews with staff, the volunteer, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of the PREA exceeds compliance to this standard. Interviews with staff and an examination of documentation confirm this finding.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The agency meets the requirements of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential re-entry centers or "half-way houses") to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. The FCC does not contract for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03, Human Resource Management Manual, the facility staffing report and the Workforce Utilization Committee meeting minutes address the requirements of the standard. A review of the facility staffing plan and the quarterly Salary and Workforce Utilization Committee meeting minutes for the previous 12 months confirmed that PREA issues were considered when filling positions. Interviews with the ADX Warden and Human Resource Manager confirmed that the facility considers the items detailed in the standard when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. The IPCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies. All essential posts are filled each shift and no essential posts are kept open for salary savings. The review of Staff Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors conduct and document such visits throughout the institution. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that random, unannounced rounds are conducted by Staff Duty Officers daily.

Standard 115.14 Youthful inmates

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

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

Not Applicable - The FCC Florence does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5324.12 and PS 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas address the requirements of the standard. The facility's rated capacity exceeds 50 inmates. The agency does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches.

All inmates reported that they were aware that female staff worked routinely in the housing units (posters in the units provided this notification). The inmates stated that they were afforded adequate privacy at all times when showering, changing clothes and using the toilet etc. from all staff. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) during institution familiarization training, at the BOP training academy, by watching a mandatory video or during annual refresher training. Posters in English and Spanish, advise the inmate population that females may be working in all areas holding inmates and this message is also made over the facility-wide intercom at the beginning of each shift. Inmate interviews confirmed that female staff announce their presence when entering housing units. The practice was observed during the tour of the FCC. Staff were aware policy prohibits the searching of a transgender or intersex inmate to determine their genital status.

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

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

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

PS 5324.12 and the Admission and Orientation (A&O) handbook address the requirements of the standard. Through policy and practice, the facility ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. All PREA related information, including postings, brochures and handouts are available in English and in Spanish. Translation services are available through LanguageLine Solutions for inmates who are not English proficient. Communication services are also available for inmates who use sign language. The facility also employs staff who are proficient in languages other than English. Staff were aware that under no circumstance inmate interpreters or assistants could be used in dealing with any PREA related matter. Interviews with three non-English proficient inmates confirmed the availability and use of the staff and telephonic interpretive services. Interviews with staff and an review of documentation confirm compliance to this standard.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P, the Questionnaire for Public Trust Positions and a BOP recruitment document address the requirements of the standard. All employees who have contact with inmates have had what is described as a full field background investigation in addition to finger printing and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. The background checks include finger printing and inquiry into the FBI's NCIC database. Volunteer and contractor background checks are repeated yearly. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist 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; 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 if the person has been civilly or administratively adjudicated to have engaged in the activity. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with inmates. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resources Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency, not the FCC Human Resources Department, provides information on substantiated allegations of sexual abuse or sexual

Standard 115.18 Upgrades to facilities and technologies

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

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

The facility has not had any substantial expansion or modification of existing facilities since August 20, 2012. However, there has been the installation of updated video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012. The FCC video surveillance/monitoring system consist of 1,011 cameras and associated equipment. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.12, IS 5324.12A, the Guide for First Responder/Operations Lieutenant-When Approached with an Inmate Allegation of Sexual Abuse or Harassment, PS 6031.04, Patient Care and the PREA Checklist & Instructions address the requirements of the standard. Staff reported knowledge of the facilities procedures to obtain usable physical evidence if sexual abuse is alleged. The facility also has a specially trained Evidence Recovery Team (a member was interviewed) to gather all evidence. Staff were aware the Special Investigative Supervisor (SIS), Office of Internal Affairs (OIA), Office of Inspector General (OIG) or FBI (Federal Bureau of Investigation) conducted investigations relative to sexual abuse allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment and forensic evidence gathering by a SANE nurse. All sexual abuse advocacy, examinations, treatment, testing and follow-up care is provided without cost to the victim. The complex has access to a local victim advocacy organization to provide victim advocacy services. The FCC staff have also been trained as victim advocates. Follow up mental health services are provided by the FCC Psychology Services Department and post SANE testing and treatment would be provided by the FCC health care personnel. The agency's Office of Internal Affairs (OIA) determines who conducts investigations within the complex. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. Inmate on inmate criminal investigations would be referred to the FBI and staff on inmate criminal investigations would routinely be referred to the Office of Inspector General (OIG). The Complex Warden would generate the referral to the outside agency. The review of training records confirmed that all SIS staff have received investigator training offered by

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.12 addresses the requirements of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Service Lieutenant (LT). If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be referred to the FBI for criminal investigation. The LT was interviewed and was aware of her responsibilities in the investigative process. The agency has 253 trained investigators. The FBI would conduct criminal investigations for the facility involving inmate on inmate sexual abuse and the OIG would investigate staff on inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, the LT and an examination of documentation confirm compliance to this standard.

PREA Standard 115.21

PS 5324.12, IS 5324.12A, the Guide for First Responder/Operations Lieutenant-When Approached with an Inmate Allegation of Sexual Abuse or Harassment, PS 6031.04, Patient Care and the PREA Checklist & Instructions address the requirements of the standard. Staff reported knowledge of the facilities procedures to obtain usable physical evidence if sexual abuse is alleged. The facility also has a specially trained Evidence Recovery Team (a member was interviewed) to gather all evidence. Staff were aware the Special Investigative Supervisor (SIS), Office of Internal Affairs (OIA), Office of Inspector General (OIG) or FBI (Federal Bureau of Investigation) conducted investigations relative to sexual abuse allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment and forensic evidence gathering by a SANE nurse. All sexual abuse advocacy, examinations, treatment, testing and follow-up care is provided without cost to the victim. The complex has access to a local victim advocacy organization to provide victim advocacy services. The FCC staff have also been trained as victim advocates. Follow up mental health services are provided by the FCC Psychology Services Department and post SANE testing and treatment would be provided by the FCC health care personnel. The agency's Office of Internal Affairs (OIA) determines who conducts investigations within the complex. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. Inmate on inmate criminal investigations would be referred to the FBI and staff on inmate criminal investigations would routinely be referred to the Office of Inspector General (OIG). The Complex Warden would generate the referral to the outside agency. The review of training records confirmed that all SIS staff have received investigator training offered by the BOP on the investigation of sexual abuse and harassment in confinement settings. Interviews with staff, a SANE nurse and an examination of documentation also confirm compliance to this standard.

Standard 115.31 Employee training

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

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

PS 5324.12 and IS 5324.12A address the requirements of the standard. All BOP employees are considered correctional workers and all new employees attend training locally and at the Federal Law Enforcement Training Center. This training addresses all of the topics identified in the standard. Related education is provided annually during refresher training. The review of facility lesson plans, training logs and PREA PowerPoint presentations confirmed that the provided training also addressed all elements identified in the standard. Staff are required to acknowledge in writing their understanding of the PREA. As confirmed by observation, all staff are issued and carry first responders cards detailing their duties and responsibilities related to the PREA. Staff training files were reviewed and contained documentation supporting compliance to this standard. Staff advised that all required subjects listed in this standard for instruction have been addressed in training. The extensive training provided and extensive staff knowledge of PREA requirements exceed compliance to this standard.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.12 and IS 5324.12A address the requirements of the standard. The review of volunteer and contractor PREA training sign in forms and other documents confirmed that all contractors and volunteers have received documented training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months. Staff, contractor and volunteer interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities under the PREA. A review of the PREA contractor and volunteer PowerPoint presentation confirmed that the level of training is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies.

Standard 115.33 Inmate education

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

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

PS 5324.12 and IS 5324.12A address the requirements of the standard. During in-processing procedures, each inmate receives a pamphlet describing the agency's Sexually Abusive Behavior Prevention and Intervention Program. The pamphlet identifies the key elements of the program and informs inmates of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/harassment. The pamphlet also informs the inmate that both opposite gender staff routinely work and visit the housing units. The pamphlet is available in English and Spanish. During their first 30 days in the facility, a staff member conducts an education program regarding the PREA. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a orientation video that explains the zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Staff and telephonic translation services are available to inmates who are not proficient in English. Inmates stated at the time of arrival, they received information about the PREA, their right to be free from sexual abuse, harassment, retaliation for reporting and multiple ways how to report abuse. This information was also noted in the Inmate Handbook and on posters throughout the facilities. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common areas. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.34 Specialized training: Investigations

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

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

PS 5324.12, the SIS/SIA Training Lesson Plan, Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. The SIS staff and FBI criminal investigators have received PREA specialized training through the Department of Justice. The auditor reviewed specialized training documentation to include the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full time employees of the FCC. When criminal investigations are indicated, they are conducted by the FBI or the Office of the Inspector General. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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

PS 5324.12 and IS 5324.12A address the requirements of this standard. When required, both medical and mental health providers are available for immediate call back to the facility during off duty hours. The review of medical and mental health personnel training records confirmed that health care staff receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. The review of training records confirmed that all mental health and medical staff have also received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Medical staff do not conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to a local hospital where SANE nurses are available at all times (SANE nurse was interviewed and confirmed access to services). Interviews with medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.12 addresses the requirements of the standard. All inmates are assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the receiving and discharge (R&D) area. Also during in-processing procedures, all inmates complete a self-disclosure questionnaire check sheet. Inmates interviewed who arrived within the last 12 months stated they were asked if they had been abused, what was their sexual orientation and could they be in danger for abuse. Identified victims were also asked again (within 30 days) if they needed counseling or if they felt that they were in danger of abuse. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. A member of the inmate's housing unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate's arrival, but interviews with staff and inmates revealed this activity ordinarily occurs within four hours of arrival. The review of documents confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. Staff also conduct screenings by reviewing records or other information from other facilities. Staff and inmate interviews, a review of documentation and observations of the intake process confirmed this information. Information received during the screening is only available to staff with a need to know and never to other inmates.

Standard 115.42 Use of screening information

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

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

PS 5324.12 addresses the requirements of the standard. Risk screening information is used to determine 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. Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. The agency (through a committee) decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for transgender or intersex inmates 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. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states transgender or intersex inmate's own views with respect to their own safety is given serious consideration when making these assignments. Transgender and intersex inmates are given the opportunity to shower, dress and use toilet facilities separately from other inmates. Interviews with three self-identified transgender inmates confirmed that they meet at least every six months with the unit team and mental health providers, are able to shower privately, are afforded significant privacy and the inmate's own views with respect to their safety is given serious consideration. The interview with the agency's PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff and an examination of documentation also confirm compliance to this standard.

Standard 115.43 Protective custody

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

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

PS 5324.12 addresses the requirements of the standard. The FCI and USP's Special Housing Unit (SHU) houses both administrative (protective custody) and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary SHU status unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed by a committee every 7 days after entering the SHU. Interviews with SHU officers and a lieutenant confirmed that to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Mental health staff routinely meet with each inmate in SHU status at least once each week. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form is completed when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.51 Inmate reporting

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

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

PS 5324.12, IS 5324.12A, the Admission and Orientation (A&O) Handbook and PREA postings address the requirements of the standard. A review of documentation and interviews with staff indicated that there are multiple ways (including verbally, in writing, privately, from a third party, and anonymously) for inmates to report sexual abuse or harassment. Inmates stated they can privately or in person report (involving themselves or another inmate) any abuse, harassment or neglect (resulting in abuse) verbally, in writing, anonymously or to a third party. Inmates can also have someone else make a private report. Inmates are informed about the reporting methods through the A&O handbook, postings in the housing units and common areas and as part of the orientation video. Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Through TRULINCS, the inmate can contact the OIG anonymously and the email is untraceable at the facility level. During the tour, a number of TRULINCS computers were noted in the housing units. The tour also confirmed that there were numerous posters and other documents on display, explaining the reporting procedures. Staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Staff are required to immediately document any allegation. Family and friends of inmates may report sexual abuse/harassment by using the BOP website or contacting facility staff. All inmates interviewed confirmed that they were aware of multiple methods of reporting sexual abuse/assault allegations. Inmates at the FCC are not detained solely for civil immigration purposes. Interviews with staff and an examination of documentation also confirm compliance to this standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

PS 1330.17, Administrative Remedy addresses the requirements of the standard. The Administrative Remedy program is the BOP's grievance system. A BP 229 Administrative Remedy form is filed at the institution level; a BP 230 form is the regional level of addressing Administrative Remedies and a BP 231 form is filed with the BOP Central Office when the inmate believes he has not received appropriate responses from the institution or regional levels. However, grievances filed alleging sexual abuse/harassment would result in the immediate opening of a formal investigation. Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment and does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment. Inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Policy states that matters in which specific staff involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision. Allegations of physical abuse by staff are referred to the Office of Internal Affairs (OIA) in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If the inmate does not receive a response within the time allotted for reply, the inmate may consider the absence of a response to be a denial at that level. Inmates may also file "sensitive" administrative remedies regarding allegations of sexual abuse. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Office. There is no prohibition that limits third parties including fellow inmates, staff members, family members, attorneys and outside

PREA Standard 115.52

PS 1330.17, Administrative Remedy addresses the requirements of the standard. The Administrative Remedy program is the BOP's grievance system. A BP 229 Administrative Remedy form is filed at the institution level; a BP 230 form is the regional level of addressing Administrative Remedies and a BP 231 form is filed with the BOP Central Office when the inmate believes he has not received appropriate responses from the institution or regional levels. However, grievances filed alleging sexual abuse/harassment would result in the immediate opening of a formal investigation. Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment and does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/harassment. Inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Policy states that matters in which specific staff involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision. Allegations of physical abuse by staff are referred to the Office of Internal Affairs (OIA) in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If the inmate does not receive a response within the time allotted for reply, the inmate may consider the absence of a response to be a denial at that level. Inmates may also file "sensitive" administrative remedies regarding allegations of sexual abuse. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Office. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assisting inmates in filing requests for administrative remedies (grievances) relating to allegations of sexual abuse and are permitted to file such requests on behalf of inmates. Policy does not prohibit the facility from disciplining an inmate for filing a grievance related to alleged sexual abuse, where the facility demonstrates that the inmate filed the grievance in bad faith. There were 65 grievances alleging sexual abuse/harassment filed within the last twelve months. Interviews with staff, inmates and an examination of documentation confirm compliance to this standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.12 addresses the requirements of the standard. Although the facility does house inmates who have immigration detainers, no inmates placed in this facility are incarcerated solely for civil immigration purposes. Inmates were advised in the Inmate Handbook that there were services available to provide counseling or treatment for abuse. They stated that they thought there were some addresses and phone numbers available to ask for services. The facility had entered into an agreement with the local Rape Crisis Center to provide emotional support services related to sexual abuse. The local victim advocate was interviewed and confirmed that these services are available. Additionally, facility staff members, including mental health treatment providers, have been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Inmates are informed that emails to the OIG through TRULINCS - Request to Staff tab and selecting the Department Mailbox titled, DOJ Sexual Abuse are not monitored by the facility or BOP. Postings in the housing units and common areas, the PREA pamphlet issued upon the inmate's arrival and the A&O handbook provide the address to the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to this entity. The FCC enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.54 Third-party reporting

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

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

The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention", the Admission and Orientation Handbook, PREA posters throughout the facility, the posted OIG Address and the BOP website: www.bop.gov address the requirements of the standard. The website and posted notices in public access areas assist third party reporters on how to report allegations of sexual abuse. Interviews with staff and inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available.

Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.12, IS 5324.12A and PS 3420.11, Standards of Employee Conduct address the requirements of the standard. All staff, contractors and volunteers are required to report any information regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or an act of retaliation. Staff are aware of the policy for reporting sexual abuse and that all employees must report any and all violations of the PREA relevant to this standard. The reporting is ordinarily made to the shift operations lieutenant. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need-to-know because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties. Additional compliance with all aspects of the standard was verified through document and policy review. The facility does not house inmates under the age of 18.

Standard 115.62 Agency protection duties

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

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

PS 5324.12 addresses the requirements of the standard. Staff interviews confirmed awareness of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. Staff advised of their responsibilities that if they became aware of an inmate being at imminent risk for abuse (first-responder or otherwise), certain immediate, mandatory actions to protect the inmate would take effect. All employees interviewed had in their possession a card, issued by the facility, outlining all actions to be taken by staff who became aware of sexual abuse or harassment. All staff indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolate the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and would call for assistance. When notified, the interviewed shift lieutenants stated they would further protect the victim, notify medical and mental health staff and advise the duty officer. All staff are issued a pocket size PREA Standard/First Responder card that outlines their responsibilities. In the past 12 months, there were four instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.12 addresses the requirements of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden (or equivalent person) of the facility in which the inmate is currently housed. When the inmate reports sexual abuse/harassment from non-Bureau secure privatized facilities, jails, juvenile facilities, and/or half-way houses, the Warden contacts the appropriate office of the facility or jurisdiction. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the audit period, there was one inmate who alleged that they were sexually abused/harassed at another facility. A review of documentation verified an investigation was initiated with appropriate measures initiated and notifications were completed. Interviews with staff and an examination of policy confirm compliance to this standard.

Standard 115.64 Staff first responder duties

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

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

PS 5324.12 and IS 5324.12A address the requirements of the standard. All staff interviewed were knowledgeable concerning their first responder responsibilities when learning of an allegation of sexual abuse/harassment. All staff indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any evidence and contact the operations lieutenant. The operations lieutenant would continue to protect the inmate and notify medical, mental health and administrative staff. All staff are issued and carry a pocket sized PREA first responder card for quick reference. Within the last year, there were three instances requiring staff to act as a first responder to an allegation of sexual abuse/harassment. Staff were able to describe all first responder actions when advised that an inmate had been a victim of sexual abuse. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.65 Coordinated response

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

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

PS 5324.12 and IS 5324.12A address the requirements of the standard. Additionally, a pamphlet titled "One Source First Responder Reference Guide -Sexual Assault Crisis Intervention" provides guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. Lieutenants use a PREA checklist to aid in their response to allegations of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers (SANE and victim advocates) and facility leadership. Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. An examination of documentation also confirms compliance to this standard.

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

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

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

The Collective Bargaining Agreement (examined by auditor) between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.12 addresses the requirements of this standard. Policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Associate Warden/IPCM is the designated retaliation monitor. She stated she follows up on all potential cases to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Associate Warden indicated she would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the previous 12 months. Compliance with this standard was determined by a review of policy and staff interviews.

Standard 115.68 Post-allegation protective custody

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

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

PS 5324.12 addresses the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/harassment. Staff consider other alternatives based on the circumstances of the allegation before considering placing an inmate in protective custody or transferring the inmate to another BOP facility. To aid in that decision, policy requires the facility to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation form. The form serves to document consideration of all options. Interviews with staff and the tour of the complex confirmed that there are usually viable alternatives to placing victims of sexual abuse/harassment in involuntary segregated housing (SHU). Inmates who allege to have suffered sexual abuse may not be placed 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. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit or the infirmary for the purposes of protective custody. Staff document the reasons for restricting access and the length of time the restriction would last. There were two inmates placed in post-allegation protective custody within the last twelve months. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.12 addresses the requirements of the standard. The FCC's Special Investigation Service Lieutenant (LT) conducts administrative investigations within the facility and was interviewed by the auditor. When an allegation appears to be criminal in nature, the LT, in conjunction the BOP's Office of Internal Affairs and the Complex Warden, will refer the incident to the FBI for a criminal investigation if the investigation involves an inmate on inmate allegation. Staff on inmate criminal investigations are conducted by the Office of the Inspector General (OIG). The FBI or OIG investigator consults with the Assistant U.S. Attorney when necessary. If the FBI or OIG substantiates the allegation, the case is referred to the U.S. Attorney for possible prosecution. There were nine allegations of inmate on inmate sexual assault made over the previous 12 months, with one referred for criminal investigations. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not be determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The review of case files of inmates alleging sexual abuse/harassment revealed that all investigations were completed promptly and thoroughly. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PS 5324.12 addresses the requirements of the standard. The evidence standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigators were aware of the evidence standard. The evidence standard was utilized in the reviewed case files.

Standard 115.73 Reporting to inmates

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

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

PS 5324.12 addresses the requirements of the standard. The facility conducts administrative investigations. There were 106 allegations and completed investigations of inmate on inmate sexual abuse/harassment over the previous 12 months. A review of documentation confirmed that in all 106 instances, the inmates were informed in writing regarding the results of the investigation. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at this facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11 and PS 5324.12 address the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no confirmed cases of inmates engaging in sex with staff in the last twelve months. The Collective Bargaining Agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017 allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate. 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 are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.77 Corrective action for contractors and volunteers

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

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

PS 3420.11 and PS 5324.12 address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at the FCC. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5270.09, Inmate Discipline Program and PS 5324.12 address the requirements of the standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force as the greatest severity level prohibited act. The program identifies engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex of any nature is prohibited. Sanctions are 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. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The BOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators confirmed compliance to this standard. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Consensual sex between inmates does not constitute sexual abuse. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

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

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

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

PS 5324.12 addresses the requirements of the standard. Interviews with medical, mental health and specialized staff confirm the facility has a comprehensive system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. The review of completed psychology's "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" forms confirmed that inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff within fourteen days. The meeting is usually completed on the same day. Treatment services are offered without financial cost to the inmate. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit team staff and mental health professionals during in-processing procedures. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.12, 5324.12A and PS 6031.04 address the requirements of the standard. Medical and mental health staff provide services to the FCC. Mental health providers are on-site five days per week and are available for call-back at off hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community when health care needs exceed the level of care available within the prison complex. Victim advocacy is offered through an agreement with a community provider or one of the trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Inmate victims of sexual abuse while incarcerated are offered information about and timely access to information on sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided within the FCC. There were two allegations of sexual abuse/assault that required referral for forensic evidence collection by a SANE provider. Compliance with this standard was determined by a review of policy, documentation and interviews with a SANE nurse, victim advocate and staff.

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

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

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

PS 5324.12 addresses the requirements of the standard. As confirmed by the review of policy and health records, the facility offers 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. Inmates are also re-evaluated within 30 days of admission to the FCC. The evaluation and treatment of such victims includes follow-up services. Staff can arrange for referrals for continued care following an inmate's transfer to or placement in other facilities or after their release from custody. The complex has fully staffed medical and mental health departments and offers sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Offenders, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are 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. Mental health evaluations are conducted on all known inmate-on-inmate abusers within 30 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.12 address the requirements of the standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS and/or the FBI/OIG/OIA conduct all investigations. Interviews with the SIS supervisor confirmed that she was knowledgeable concerning the requirements of the program and that she provided information to the Incident Review Team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The Incident Review Team consists of the Warden, the IPCM, the Chief Psychologist, the Complex Captain and other support staff. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. Over the previous 12 months there were 90 unfounded allegation of sexual abuse/harassment, 15 unsubstantiated allegation of sexual abuse/harassment and one substantiated case of sexual abuse/harassment. All required reviews by the team were completed within 30 days of the conclusion of the investigation. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.87 Data collection

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

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

PS 5324.12 addresses the requirements of the standard. As confirmed by a review of documents, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from facility's Special Investigative Service, the agency's Office of Internal Affairs and SENTRY, the BOP's computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Compliance with this standard was also determined by a review of policy, documentation and staff interviews.

Standard 115.88 Data review for corrective action

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

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

PS 5324.12 addresses the requirements of the standard. The Bureau of Prisons and the institution reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The IPCM forwards data to the respective BOP North Central Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: www.bop.gov. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

Standard 115.89 Data storage, publication, and destruction

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

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

PS 5324.12 addresses the requirements of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, each Regional PREA Coordinator, from the Information, Policy, and Public Affairs Division of the BOP and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The required reports cover all data noted in this standard, and is retained in a file. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

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.

Phillip Bradshaw

12/21/2016

Auditor Signature

Date