

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    July 10, 2018

### Auditor Information

Name: Glynn Maddox	Email: glynn.maddox@nakamotogroup.com
Company Name: The Nakamoto Group, Inc.	
Mailing Address: 11820 Parklawn Dr., Suite 240	City, State, Zip: Rockville, MD 20852
Telephone: 301-468-6535	Date of Facility Visit: June 19-21, 2018

### Agency Information

Name of Agency: Federal Bureau of Prisons		Governing Authority or Parent Agency (If Applicable): United States Department of Justice	
Physical Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
Mailing Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
Telephone: 202-307-3198		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal

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

**Agency Website with PREA Information:** [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

### Agency Chief Executive Officer

Name: Hugh Hurwitz	Title: Acting Director
Email: BOP-CPD/PREACOORDINATOR@bop.gov	Telephone: 202-616-2112

### Agency-Wide PREA Coordinator

Name: Jill Roth	Title: National PREA Coordinator
Email: BOP-CPD/PREACOORDINATOR@bop.gov	Telephone: 202-616-2112
PREA Coordinator Reports to: Scott Finley, Acting Assistant Director, Reentry Services Division	Number of Compliance Managers who report to the PREA Coordinator: None

### Facility Information

Name of Facility: Federal Medical Center (FMC) – Fort Worth

<b>Physical Address:</b> 3150 Horton Road, Fort Worth, Texas 76119			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> 817-534-8400			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> It is the mission of the Federal Medical Center to provide a safe, secure, and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational training, religious, and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as, to facilitate the orderly operation of the institution.			
<b>Facility Website with PREA Information:</b> <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Eric D. Wilson		<b>Title:</b> Warden	
<b>Email:</b> FTW/PREAComplianceMgr@bop.gov		<b>Telephone:</b> 817-534-8400	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Erica Strong		<b>Title:</b> Associate Warden -Programs	
<b>Email:</b> FTW/PREAComplianceMgr@bop.gov		<b>Telephone:</b> 817-534-8400	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Linda McDannold		<b>Title:</b> Acting Health Services Administrator	
<b>Email:</b> FTW/PREAComplianceMgr@bop.gov		<b>Telephone:</b> 817-534-8400	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 1555		<b>Current Population of Facility:</b> 1592	
<b>Number of inmates admitted to facility during the past 12 months</b>			1204
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			891
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			1204
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			61
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> None	<b>Adults:</b> 18-94	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			None
<b>Average length of stay or time under supervision:</b>			139 months
<b>Facility security level/inmate custody levels:</b>			Administrative

<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	325
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	7
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	5
<b>Physical Plant</b>	
<b>Number of Buildings: 19</b>	<b>Number of Single Cell Housing Units: 0</b>
<b>Number of Multiple Occupancy Cell Housing Units:</b>	9
<b>Number of Open Bay/Dorm Housing Units:</b>	0
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	52
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> FMC Fort Worth utilizes digital video recording cameras. The cameras are strategically placed throughout the institution to enhance the safety and security of all staff and inmates.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	Federal Medical Center
<b>Forensic sexual assault medical exams are conducted at:</b>	John Peter Smith Hospital, Fort Worth, Texas
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	218
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	253

# Audit Findings

## Audit Narrative

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

### **PRE-AUDIT PREPARATION**

Prior to the on-site visit, a management analyst from the ACA/PREA Section of the External Auditing Branch, Program Review Division, Bureau of Prisons (BOP), conducted an on-site "pre-audit" of the facility to aid in preparation for the audit. The management analyst forwarded all policy and supporting documentation, including the completed Pre-Audit Questionnaire, for examination to the auditor prior to the on-site visit. The policy and documentation was in the form of Program Statements (PS), Institution Supplements (IS) and other forms/memos, etc. Program Statements are agency-wide governing policies developed 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. The results of the "pre-audit" were discussed with the auditor prior to the beginning of the audit.

### **DAY ONE, ONSITE AUDIT - ENTRANCE BRIEFING, TOUR, AND INVESTIGATIONS REVIEW**

The on-site PREA (Prison Rape Elimination Act) audit of the Federal Medical Center (FMC) Fort Worth, Fort Worth, Texas was conducted June 19-21, 2018. The audit was completed by The Nakamoto Group, Inc. certified auditor Glynn Maddox. This is the second PREA audit for this facility. An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: the Warden, the Associate Warden/Institution PREA Compliance Manager (IPCM), the Acting Health Services Administrator, a management analyst from the ACA/PREA Section of the External Auditing Branch, Program Review Division of the Bureau of Prisons, an American Correctional Association auditor and numerous facility department heads and support staff. The FMC is an administrative security facility with a jail unit which houses U.S. Marshals Service detainees.

After the entrance meeting, a comprehensive tour of the facility was completed. The tour included, the receiving and discharge area, all housing units including the Special Housing Unit (SHU), the medical area, the laundry, all recreation areas, food service, facility support areas, the chapel, the visiting room, the psychology department, and other programming areas. During the tour, it was noted that there was sufficient staffing, security mirrors, and surveillance cameras to ensure a safe environment for inmates and staff. In addition, no "blind spots" were discovered. Signs were posted in English and Spanish informing inmates that employees of the opposite gender were present in the housing units. Also, during the tour, staff made verbal

announcements such as “female on the unit” when the tour group entered each housing unit. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Numerous informal and formal conversations with both employees and inmates regarding the PREA standards were conducted during the tour. Postings regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all housing units, program areas, and throughout the facility. Audit notice postings with the PREA auditor’s contact information were also located in the same areas (these notices were posted eight weeks prior to the audit). The auditor received one letter as a result of the audit notification postings in the housing units. The inmate who wrote the letter was interviewed by the auditor. The facility holds an American Correctional Association accreditation.

### **DAYS TWO & THREE, ONSITE AUDIT – STAFF/INMATE INTERVIEWS**

On day two and three of the audit, the auditor chose at random available staff from a staff roster provided by the PREA Compliance Manager to be interviewed. All BOP staff at the institution are considered correctional officers first this includes unit staff. Twelve randomly selected staff were interviewed. Correctional officers from all shifts were included in the interview process. Staff were aware of the agency’s zero tolerance policy, their responsibilities to protect inmates from sexual abuse and sexual harassment, and were knowledgeable of their duties as first responders as part of a coordinated response. The agency Director, the agency PREA Coordinator, and the agency Contract Administrator had been previously interviewed (the auditor is in receipt of the completed interview questionnaires). All specialized staff were also interviewed on day two and three which included: the Warden; the IPCM; the Chief Psychologist; an investigator; the Retaliation Monitor; the Human Resource Manager; Intake staff; two Intermediate or Higher Level Staff; a Staff Who Perform Intake Risk Screenings for Risk of Victimization or Abusiveness; a First Responder; and two Medical staff including the Acting Health Services Administrator. A contractor, two volunteers, a Sexual Abuse Nurse Examiner (SANE) from a local hospital, and a community victim advocate were also interviewed. All individuals interviewed demonstrated an understanding of the PREA and their duties and responsibilities under this program, relative to their position in or with the organization and employment status. No individuals refused to be interviewed.

A total of fifty-nine inmates were selected by the auditor to be interviewed. The inmate interviewees were randomly selected by the auditor using an inmate roster provided by the Institution PREA Compliance Manager that included the various special categories of inmates. The interviewed inmates were from all facility housing units, of various ages, nationalities, and ethnic backgrounds. The interviews included five inmates who disclosed prior sexual victimization during risk screening and three inmates who had reported sexual abuse/harassment. Six inmates who self-identified as being transgender and seven inmates self-identified as being gay/bisexual were also interviewed. One limited English proficient (LEP) inmate was interviewed. Three disabled inmates, including one deaf inmate, were also included in the group of inmates interviewed. There were no inmates whom had been housed in segregated housing for risk of sexual victimization during the previous twelve months. The facility does not house youthful inmates. The balance of the inmate interviews conducted were a random sample. All inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process, and

reporting methods for sexual assault/sexual harassment. The inmates further stated that staff were responsive to their needs and that they felt safe from sexual abuse at the facility.

## **INVESTIGATIONS**

A review of the investigative files (first day of the audit) opened during the previous twelve months alleging sexual abuse or sexual harassment was conducted. During the audit period, there were three cases of sexual abuse or sexual harassment (no open cases). The allegations reported by inmates all involved inmate-on-inmate sexual abuse or sexual harassment. There were no cases involving staff-on-inmate sexual abuse or sexual harassment. None of the cases required forensic evidence collection by a SANE service provider in the community and all of the allegations were determined to be unsubstantiated. All of the investigations were completed promptly and thoroughly and were well documented.

## **Facility Characteristics**

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

The Federal Medical Center, Fort Worth, was activated October 17, 1971, as a Federal Correctional Institution and was the first adult co-correctional (male and female) facility in the United States. Over the years, the institution has had several mission changes and currently serves as an administrative security institution for adult males providing medical care for the general population. The facility has a Jail Unit that houses United States Marshals Service detainees. The facility is located in Tarrant County in the southeastern part of Fort Worth, Texas, and currently occupies 180.82 acres, with approximately 38 acres inside the secure perimeter.

FMC Fort Worth occupies buildings which were once a U. S. Public Health Service hospital. The hospital was dedicated in October 1938, for the treatment of narcotic addicts and research into narcotic addiction. The hospital went through a variety of changes over the next 30 years until it was transferred to the Bureau of Prisons in 1971. It was used as a co-correctional facility until November 1988, when it was converted to an all-male institution. In February 1990, the institution underwent a second mission change from a minimum security to a low security facility. Additional missions included the addition of a Jail/Special Housing Unit which opened in 1992 and construction of a Health Services Unit in 1993. In April 1994, the facility was designated as a Federal Medical Center to appropriately reflect the medical mission. Shortly thereafter, the security level of the institution was changed from low to administrative security in order to accommodate the different security levels of inmates arriving for medical care. On January 1, 2006, the mission of the institution changed again to that of a Low security facility to include the medical mission changing from a long term care facility to a Nursing Care Center, which houses inmates with special needs. On January 1, 2017, Fort Worth changed missions and became the Bureau of Prisons seventh medical facility and is a Federal Medical Center.

FMC Fort Worth embraces the Reentry initiatives as set forth by the Second Chance Act. Staff understand the importance of improving employment, housing, and reintegration outcomes for offenders releasing from penal institutions. It is the intent to provide resources which will increase the likelihood of inmates releasing to the community, the opportunity to not only obtain employment, but retain employment.

FMC Fort Worth includes two, two-story buildings and one four story building on the main compound. These three buildings are divided into five housing units, two of which are for general population inmates, two comprehensive health units, and one unit designated as the 500-hour Residential Drug Abuse Program (RDAP) unit. One of the comprehensive health units, the Lubbock Unit, consists of inmate beds located in Health Services and houses inmates who, for various reasons, are unable to function in the general population or need specialized medical attention. The Special Housing Unit (SHU) consists of 52 cells and is comprised of the administrative and disciplinary segregation areas. The jail unit has 50 cells which houses U.S. Marshals Service detainees who are awaiting indictment, trial, sentencing, psychological evaluations, or designations.

When entering FMC Fort Worth, you first enter through the front lobby area. Once processed through, you enter through the main Sallyport entrance and pass one of two Control Centers. After passing through the Sallyport entrance, the main Administration Building is directly behind the Control Center. The Administration Building houses the Executive Offices on the first floor, Human Resource Department, and the Visiting Room. The second floor houses Financial Management and Procurement, Trust Fund, the Case Management Coordinator and Assistant Case Management Coordinator, and Special Investigative Agent and Special Investigative Services (SIS) department offices.

FMC Fort Worth contains two, two-story housing units as you exit the Administration Building to the main compound. On the right is Dallas Unit, a comprehensive health unit, which consists of double occupancy and multiple occupancy cells in dormitory style housing. The unit is composed of medically assigned inmates with the first floor of the unit being designated for medical assigned inmates where approximately 90 wheelchair inmates are housed. To the left is Religious Services and the Fort Worth Unit. The Fort Worth Unit consists of double occupancy cells and multiple occupancy cells. A portion of the first floor has been designated for Care Level 3 mental health inmates. Construction is planned for a Mental Health Restorative Care Unit and a Step-Down Unit. The second floor of Fort Worth Unit houses the institution's 500-hour Residential Drug Abuse Program (RDAP) inmates. The Barber Shop and the Education Department are also located in this building.

The Health Services Department has a full range of on-site ambulatory care services, radiology, dental care, and rehabilitation/therapy services. The Lubbock Unit is also located within the Health Services Unit as an in-patient care for long term care inmates.

Behind the Health Services Department, is one four-story general population housing unit. This building is divided into three housing unit which consist of double occupancy cells, multiple occupancy cells, and dormitory housing. Recreation is located on the left side of the three-story general population unit. Psychology is located on the right side. Food Service is the middle of the main compound with Safety and the Commissary to the right. Facilities, Food Service Warehouse, and Laundry are located behind Food Service.



## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

### **DAY THREE - STAFF/INMATE INTERVIEWS, EXIT MEETING, AND FINDINGS**

When the on-site audit was completed, an exit meeting was held with the Warden, the Associate Warden, Programs/Institution PREA Compliance Manager and other key staff to discuss audit findings. The facility was found to be fully compliant with the PREA. The auditor was provided with extensive files prior to and during the audit for review to support a conclusion of compliance with the PREA. All interviews and observations also supported compliance. During the course of the on-site visit, staff were found to be cooperative, courteous, and professional. All areas of the facilities toured were observed to be clean and well maintained.

There are adequate limits to cross-gender viewing and searches. The facility has adaptive measures to ensure disabled and LEP inmates can participate in and benefit from all aspects of the PREA process. Hiring and promotion practices are consistent with sexual abuse safety measures. The facility has appropriate medical and victim advocacy networks in place and available, as needed. PREA education and training are documented. Inmates acknowledged the admissions screening process included questions regarding any history of sexual abuse or victimization and whether they would like to self-identify a specific sexual preference. Intake, classification assessment, and medical/mental health processes are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Related supportive documentation is organized and stored in information systems available on a need-to-know basis.

Reporting mechanisms are displayed in a conspicuous manner and inmates and staff are aware of all reporting methods available to them. Systems are in place for coordinated responses to incidents of sexual abuse. The facility also has trained personnel who conduct administrative investigations. The Special Investigative Services (SIS) Unit conducts administrative investigations. The Federal Bureau of Investigation (FBI) and the Office of Inspector General (OIG) conduct criminal investigations. Staff indicated adequate training in all aspects of the PREA, particularly First Responder duties or actions to be taken in the event of a reported sexual abuse related incident.

At the conclusion of the audit the auditor thanked the Warden, the Associate Warden, Programs/Institution PREA Compliance Manager, and staff for their hard work and commitment to the Prison Rape Elimination Act.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45



115.14 was determined to be non-applicable as the facility does not house youthful inmates.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

None

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Institution Supplement (IS) 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program address the requirements identified in the standard. The agency has appointed a psychologist assigned to the BOP Reentry Services Division as their National PREA Coordinator. This person reports to an Assistant Director. The Warden has appointed the Associate Warden, Programs, as the Institutional PREA Compliance Manager (IPCM). The IPCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency PREA Coordinator and IPCM confirmed that each 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. Inmates are informed about the program and the facility zero-tolerance policy in the Admission and Orientation (A&O) Handbook, the PREA pamphlet, the Admission and Orientation Program, and through postings throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. All interviews with staff, volunteers, contractors and inmates confirmed that they were aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The facility commitment to the enforcement and implementation of the PREA meets the required mandates of this standard. An examination of policy, postings, interviews, and supporting documentation confirmed compliance with this standard.

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

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

##### 115.12 (a)

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

##### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (privatized prisons and residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. All agency contractual agreements have been modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. The facility does not individually contract for the confinement of inmates. Compliance with this standard was confirmed through a review of contracts and staff interviews.

### Standard 115.13: Supervision and monitoring

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

##### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of

inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 3000.03, Human Resource Management Manual; PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Programs; 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 and developing work rosters/assignments (all requirements under 115.13a were met). Interviews with the Warden and Human Resources 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 relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level

supervisors, including shift supervisors, and department heads, at a minimum, conduct and document such visits throughout the institution which includes nights and weekends. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, nights, and weekends. An examination of policy, supporting documentation, and all interviews confirmed compliance with this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The facility does not house youthful offenders.

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No



### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The facility's rated capacity exceeds 50 inmates and does not house female inmates. The facility 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 previous twelve months. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. 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. Staff interviews also confirmed that male and female officers had been trained to conduct cross-gender pat searches. Inmate interviews also confirmed that inmates are not delayed or prohibited from attending regularly available programming or other opportunities in order to comply with this standard.

As confirmed by observations during the tour of all housing units, inmates are permitted to shower, perform bodily functions and change clothing privately. The agency and facility have a “knock and announce” policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates when entering an inmate housing unit. This notification is made by a recorded announcement when female staff members/visitors enter the housing units. Inmate interviews confirmed that female staff members/visitors announce their presence in this manner when entering housing units. The practice was observed during the tour of the facility. An intercom announcement is also made over a loud speaker, at the beginning of each shift that notifies inmates that male and female employees are on duty in their units. Staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Interviews with inmates, including transgender inmates, confirmed that they had been pat-searched by officers properly and professionally. Interviews with staff/inmates, personal observations and an examination of policy/supporting documentation confirm compliance with this standard.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
  
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, (IS) 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, 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. The disabled inmate interviewed stated he was instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, Spanish and other languages. Staff also may read information to inmates when necessary. Translation services are also available through a contracted language service for inmates, when needed. In addition, communication services are available for inmates who use sign language. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistance in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health, and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for inmate allegations of PREA incidents. An interview with a non-English proficient inmate confirmed the availability and use of the staff and telephonic interpretive services. Interviews with staff, inmates, and an examination of policy/supporting documentation confirmed compliance with this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

## 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 3000.03, Human Resource Management Manual, PS 3420.11, Standards of Employee Conduct, the Pre-Employment Guide, SF85P (Questionnaire for Public Trust Positions), and a BOP recruitment document address the requirements of the standard. Five personnel files were examined by the auditor to ensure compliance with all aspects of this standard. All employees who have contact with inmates have had a full field background investigation in addition to fingerprinting 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. Volunteer and contractor background checks are repeated annually. 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 any type of sexual abuse/harassment (no exceptions).

Employees have a continuing 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 (HRM) 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 HRM also confirmed that the agency, not the facility Human Resource Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an employer for whom such employee has applied to work. The agency, not the facility, notifies appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy, personnel files, and relevant supporting documentation, along with staff interviews, confirmed compliance with this standard.



## Standard 115.18: Upgrades to facilities and technologies

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has had no substantial upgrades in technology since August 20, 2012 or since the last PREA audit. The Warden and the PREA Compliance Manager stated that since there have not been any major structural/video changes to the facility, they would consult with staff to ensure the placement of cameras, facility expansion, and/or modifications would enhance the staff's ability to protect inmates from sexual abuse/harassment.

## RESPONSIVE PLANNING

## Standard 115.21: Evidence protocol and forensic medical examinations



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

**115.21 (a)**

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

**115.21 (b)**

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

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of the standard. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff were aware that the institution's Special Investigative Services (SIS) department, the Office of Internal Affairs (OIA), the Office of Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conducted investigations relative

to sexual abuse/harassment 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 community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner. All sexual abuse victim advocacy, examinations, treatment, testing and follow-up care are provided without cost to the victim. Facility staff members also have been trained as victim advocates. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. The Warden generates the referral to the outside agency (OIG or FBI). The review of training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and harassment in confinement settings. Interviews with staff, a SANE, and a community victim advocate from the Women's Center in Fort Worth (which is a rape crisis center), as well as an examination of policy/supporting documentation, confirmed compliance with this standard.

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

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

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.22 (b)**

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

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### **115.22 (d)**

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirement of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse or sexual harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Services Lieutenant. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the FBI for criminal investigation. The Special Investigative Services Lieutenant was interviewed and was aware of his responsibilities in the investigative process. 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 or an employee leaving the agency. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in a confinement setting. Interviews with staff, the investigators, and an examination of policy/supporting documentation, confirmed compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

### 115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, and the Annual Training Curriculum address the requirements of the standard. All BOP employees are considered correctional officers first. 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 lesson plans, training logs and PREA Power Point Presentations confirmed that the provided training also addressed all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. Employees have PREA information noted on their desk computers and carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed stated that they received the required PREA training initially and annually. Departmental staff meetings are also held, addressing PREA issues. Officers receive additional PREA training/updates when needed. The extensive training provided and staff knowledge of PREA requirements confirmed that the facility is compliant with this standard.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

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

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. The review of volunteer and contractor PREA training sign-in forms, files, and other documents by the auditor confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months and during annual refresher training. 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 training presentation further confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies. A review of policy/documentation, volunteer and contractor interviews and the review of the training presentation confirmed compliance to this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

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



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

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and the PREA pamphlet, "Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders," address the requirements of the standard. During in-processing procedures, each inmate receives an Inmate Handbook and a PREA pamphlet, "Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders," which describe the agency's PREA compliance program. The information identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report incidents or suspicions of sexual abuse or sexual harassment. The information also informs the inmates that they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units. The information is available in English, Spanish, and other languages. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates sign and acknowledge their receipt of this information on a form that is placed in their file.

Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English or are otherwise unable to communicate (deaf, blind, mentally impaired etc.). Unit staff routinely conduct "town hall" meetings (group meetings that provide information and a question/answer session) in the housing units to address issues that may include PREA discussions. Inmate interviews confirmed that they received PREA information and they were aware of numerous reporting methods to include anonymous and third party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that PREA education posters were prominently displayed in the receiving and discharge area, all housing units, the visiting room, hallways, and other common areas. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution. Interviews with staff and inmates, visual observations of posters and an examination of policy/documentation confirmed compliance with this standard.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, the SIS/SIA Training Lesson Plan, Sexual Violence PREA Training and DOJ/OIG PREA Training address the requirements of the standard. The facility investigators, OIA, OIG and FBI investigators have received PREA specialized training through the Department of Justice (this training includes all requirements under 115.34b). 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 facility. When criminal investigations are indicated, they are conducted by the Federal Bureau of Investigation or the Office of Inspector General. Interviews with staff, an SIS investigator and an examination of policy/documentation confirmed compliance with this standard.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### **115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### **115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement 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 by the auditor confirmed that these employees (part-time, full-time and contractors) 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. Further review of training records confirmed that all mental health and medical staff have also received specialized training on victim identification, interviewing, evidence preservation, reporting and required clinical interventions. Training does not refer to certifications needed to conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners are available at all times (a SANE at the local hospital was interviewed and confirmed access to these services). Interviews with medical and mental health staff confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/harassment. A review of the training documentation and policy also confirm compliance to this standard.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

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

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

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

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

#### 115.41 (i)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. All inmates are immediately 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 in accordance with the requirements listed in 115.41d and e. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. If transferred to another facility, the inmate would receive an entirely new screening upon arrival. A member of the inmate's unit team (case manager or counselor) screens all new arrivals within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the day of arrival. The review of screening documents by the auditor 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 (5 intake files were examined by the auditor). Staff also conduct screenings by reviewing records or other information from other facilities, new referrals or for any other relevant reason (this is an on-going process). A unit team member reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 30 days of his arrival. Information received during the screening process is confidential and only available to staff with a need-to-know and never to other inmates. The facility does not detain individuals solely for civil immigration purposes. Staff/inmate interviews, an examination of policy/documentation, and observations of the intake process confirmed compliance with this standard.

### Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

## 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b Sexually Abusive Behavior Prevention and Intervention Program, address 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. Staff members assigned to conduct intake screening have been provided additional training and resource materials.

The agency, through a committee, decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The BOP has no dedicated facilities for Transgender or Intersex inmates. The facility determines other housing and programming assignments for Transgender or Intersex inmates on a case-by-case basis, to include 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 indicates that a 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. Medical and mental health personnel meet on a regular basis to assess the status of any inmate thought to be at risk for abuse or are exhibiting adjustment problems. 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. Two self-identified transgender inmates were interviewed as well as staff; housing assignments were reviewed; unit activities were observed; and documentation along with policy was examined confirming compliance with this standard.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
 Yes    No
  
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes    No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes    No
  
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes    No

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. Policy states that inmates at high risk for sexual victimization shall not be placed in the SHU unless an assessment of all available alternatives has been made and there is no available means of separating the inmate victim from the abuser. The inmates are reassessed every seven days after entering the SHU. There were no inmates at risk of sexual victimization held in the SHU in the past 12 months for one to 24 hours awaiting completion of an assessment. There were also no inmates at risk of sexual victimization who were assigned to the SHU in the past 12 months for longer than 30 days while awaiting alternative placement. Mental health staff and unit staff meet with each inmate in SHU 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 assigned to the SHU and other employees,

an examination of the SHU operations, and a review of policy/documentation confirm the facility's compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program; the Admission and Orientation (A&O) Handbook; the PREA pamphlet, “Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders”; and PREA postings address the requirements of the standard. A review of documentation revealed that there are multiple ways (including verbally, in writing, privately, from a third party and anonymously) for inmates and staff to report sexual abuse or sexual harassment. Inmates are informed of the reporting methods through the A&O Handbook, the PREA pamphlet, postings in the housing units and other common areas, and verbally as part of the initial orientation process. Inmates also have access to TRULINCS, a computer system which provides PREA information and a reporting outlet. Through TRULINCS, the inmate may contact the Office of Inspector General anonymously and the email is untraceable at the institution level.

During the tour of the facility, a number of TRULINCS computers were observed in each housing unit. The tour of the facility also confirmed that there were numerous posters on display in the housing units, visiting room, and other common areas explaining the reporting procedures. Staff members accept reports made verbally, in writing, anonymously, and from third parties and promptly document any form of reporting. Staff members are required to immediately document any allegation. Family and friends of inmates may report sexual abuse or sexual harassment by using the BOP website, making a telephone call to the OIG, or by contacting facility staff. All inmates interviewed confirmed that they were aware of the multiple methods of reporting sexual abuse or sexual harassment allegations. Inmates at the facility are not detained solely for civil immigration purposes. Interviews with staff/inmates, observations of posters addressing reporting methods, and an examination of policy/documentation confirmed compliance with this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of



explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

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

#### 115.52 (e)

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

also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

PS 1330.18, Administrative Remedy Program; IS 1330.18a, Administrative Remedy Program; and the PREA pamphlet, "Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders" address the requirements of the standard. This policy requires that all PREA grievances be processed in accordance with 115.52a-f. However, grievances (administrative remedies) filed alleging sexual abuse or sexual harassment would result in the immediate initiation 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 or sexual harassment. Allegations of physical abuse by staff shall be 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 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/or outside victim advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were no grievances alleging sexual abuse filed in the previous twelve months. Interviews with staff/inmates and an examination of policy/supporting documentation confirmed compliance with this standard.

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

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of this standard. Although the facility does house inmates who have immigration detainees, no inmates placed in this facility are incarcerated solely for civil immigration purposes. The facility has entered into an agreement with a local victim advocate organization (the Women's Center, Fort Worth) to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from that agency). Staff, including mental health treatment providers, have also 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 Office of Inspector General 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 other 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 or sexual harassment to this entity. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with staff, inmates, an examination of postings in the housing units with contact information to the victim advocate, an interview with the local victim advocate and an examination of policy/documentation confirmed compliance with this standard.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention," the Admission and Orientation Handbook, PREA posters throughout the facility, the posted Office of Inspector General contact information, and the BOP website: [www.bop.gov](http://www.bop.gov) address the requirements of the standard. The website and posted notices (inside the facility, in the housing units, other common areas, and in the visiting rooms), observed by the auditor, inform third party reporters how to report allegations of sexual abuse or sexual harassment. Interviews with staff/inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of this standard. All staff, contractors and volunteers are required to report any information regarding sexual abuse or sexual harassment or any staff neglect, action or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the shift operations lieutenant, but could be made privately or to a third party (FBI, OIG or OIA). Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff who need-to-know because of their involvement with the victim's welfare and/or the investigation of the incident. The facility does not house inmates under the age of eighteen. Interviews with employees, contractors, and volunteers confirmed they were aware of their reporting duties and obligations. Additional compliance with all aspects of this standard was verified through document/policy review.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. Staff interviews confirmed they are knowledgeable of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. All staff stated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and would call the shift operations lieutenant for assistance. When notified, the interviewed shift operations lieutenants stated they would further protect the victim, notify medical and mental health staff and advise the Institution Duty Officer. In the previous twelve months, there were no cases in which the staff determined that an inmate was subject to substantial risk of imminent sexual abuse. Interviews with staff and an examination of policy/documentation confirm compliance with this standard.



## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b Sexually Abusive Behavior Prevention and Intervention Program, address the requirement of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden (or equivalent person) 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 or sexual harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers (halfway houses), the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP, if appropriate. 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 previous twelve months, there were two allegations by inmates that they were sexually abused or sexually harassed at another facility. Documentation was reviewed confirming notification to the other facilities was completed immediately by the Warden. There were no allegations received from other facilities alleging abuse while at FMC Fort Worth. Interviews with staff and an examination of policy confirmed compliance with this standard.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. All staff members interviewed were knowledgeable concerning their first responder required actions, when learning of an allegation of sexual abuse or sexual harassment (all BOP staff are considered correctional officers first and are trained as such). All staff members interviewed stated they would separate the inmates, protect the victim, secure the area as a crime scene, not allow inmates to destroy any evidence, and contact the shift operations lieutenant. All requirements under 115.64a would be met. The shift operations lieutenant would continue to protect the victim and notify medical, mental health, and administrative/executive staff. In the previous twelve months, there were no cases requiring a staff member to act as a first responder to an allegation of sexual abuse or sexual harassment. Interviews with staff and an examination of documentation confirmed compliance with this standard.

## **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of this standard. Several documents provide guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse or sexual harassment. Lieutenants use a PREA Lieutenants duties reference card to aid in their response to allegations of sexual abuse or sexual harassment. The policies and information provide direction to security/correctional staff, medical and mental health practitioners, investigators, community victim

advocates, community service providers, and facility leadership. Staff and community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. An examination of policy/documentation also confirmed compliance with this standard.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Collective Bargaining Agreement (CBA), examined by the 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. A review of the agreement and interviews with executive staff confirm compliance with this standard.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of this standard. Policy prohibits any type of retaliation against any staff member or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Associate Warden, Programs/IPCM is the designated Retaliation Monitor. When interviewed, she stated she would document and follow up on all potential cases to ensure policy is being enforced and conduct periodic status checks on the frequency of incident reports, housing reassignments, program changes, any negative consequences for reporting abuse and negative performance reviews/staff job reassignments (all steps required of 115.67c). If there was a concern that there was the potential for possible retaliation, the Associate Warden-Programs /IPCM stated she would monitor the situation indefinitely. There have been no incidents requiring monitoring of retaliation protocols in the previous twelve months. Compliance with this standard was determined by a review of policy and staff interviews.

#### Standard 115.68: Post-allegation protective custody

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

**115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse or sexual harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody, placing him in another housing unit, or transferring the inmate to another 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 facility confirmed that there are usually viable alternatives to placing victims of sexual abuse or sexual harassment in involuntary segregated housing. In practice, inmates would almost never be placed in this status. To the extent possible, access to programs, privileges, education and work opportunities would not be limited to inmates placed in protective custody status. The reasons would be documented for restricting access and the length of time the restrictions would last. There were no inmates placed in post-allegation protective custody status within the previous twelve months. Compliance with this standard was determined by a review of policy/documentation, as well as observations during the tour, and staff interviews.

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

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

**115.71 (a)**



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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirement of this standard. The institution's investigator may conduct administrative investigations within the facility and was interviewed by the auditor. When an allegation appears to be

criminal in nature, the SIS Lieutenant, in conjunction with the BOP's Office of Internal Affairs and the facility 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 Inspector General. The FBI or the OIG investigator consults with the Assistant U.S. Attorney when necessary. If the FBI or the OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution. There were no inmate allegations of sexual abuse/harassment involving staff-on-inmate cases during the previous twelve months. There were three cases of inmate-alleged inmate-on-inmate sexual abuse/harassment. All three of these cases were investigated and determined to be unsubstantiated. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not 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 assessment device as a condition for proceeding with the investigation of such an allegation. Compliance with this standard was determined by a review of policy, a review of investigative files, and staff interviews.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. The evidence standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigator interviewed was aware of the evidence standard. Compliance with this standard was determined by staff interviews and policy review.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirement of the standard. The facility only conducts administrative investigations. There were three cases involving allegations of sexual abuse/harassment by inmates during the previous twelve months. The investigation determined that each case was unsubstantiated. In each case, the alleging inmate was notified at the conclusion of the investigation as to the determination and each signed a written form acknowledging the notification. The SIS Lieutenant interviewed stated that in all instances the inmates would be informed in writing regarding the results of each investigation. After the completion an investigation into an inmate's allegation that he suffered sexual abuse in the facility, the facility informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 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 the 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. These findings would be communicated to the inmate if the investigation was completed by an outside agency (FBI or OIG). Compliance with this standard was determined by a review of policy, an examination of the written notices, and staff interviews.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, and PS 3420.11, Standards of Employee Conduct, address the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no substantiated cases of inmates engaging in sex with staff in the last twelve months. 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, allows for disciplinary sanctions against staff, including termination, for the sexual abuse or sexual harassment of an inmate. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional certifying/licensing body 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

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, and PS 3420.11, Standards of Employee Conduct, address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse or sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement or 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 facility. Compliance with this standard was determined by a review of policy, volunteer/contractor training files, volunteer/contractor interviews, and staff interviews.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5270.09, Inmate Discipline Program, and PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, 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 inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with 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 facility 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 the investigator confirmed compliance with 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. There were no disciplinary actions taken against inmates during the previous twelve months for sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy/supporting documentation, a review of the inmate discipline process, and staff interviews.

**MEDICAL AND MENTAL CARE**

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

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

**115.81 (a)**

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirement of the standard. Interviews with medical, mental health, and other specialized staff confirm the facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the capacity to provide continued reassessment 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 or within three days. 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 staff during in-processing procedures. In-processing procedures screen for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, 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 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/supporting documentation, observation of the intake screening process, and staff/inmate interviews.

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

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

#### **115.82 (b)**

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

#### **115.82 (c)**

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

#### **115.82 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 2324.12b, Sexually Abusive Behavior Prevention and Intervention Program, address the requirement of the standard. Medical personnel are on duty 24 hours a day, seven days a week. Mental health providers are on-site five days per week and are also available for call-back after hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility and are transported to a hospital in the community, when health care needs exceed the level of care available within the institution. Victim advocacy is offered through community providers or trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident medical or mental health care or advocacy services, 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. There were no allegations of sexual abuse that required referral for forensic evidence collection by a SANE provider in the previous twelve months. Compliance with this standard was determined by a review of policy/documentation and an interview with a Sexual Assault Nurse Examiner, a community victim advocate, and medical/mental health staff.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. As confirmed by a review of policy, the facility may offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Inmates are also re-evaluated within 30 days of admission to the facility. The evaluation and treatment of such victims includes follow-up services. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/sexual harassment victims with medical and mental health services consistent with the standard of care available in the community.

Inmate victims, 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 at least within 14 days of learning of such abuse history, but usually immediately when staff become aware of this information. When appropriate, treatment is offered by mental health practitioners. Compliance with this standard was determined by a review of policy/documentation and medical/mental health staff interviews.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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



- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse or sexual harassment. The facility investigators and/or the FBI/OIG/OIA conduct all investigations. Interviews with an investigator confirmed that they were knowledgeable concerning the requirements of the program and that they provided relevant 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, IPCM, the Chief Psychologist, the Captain and other administrative 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, physical barriers, and status or gang affiliation. The team also makes a determination as to whether additional monitoring technology or staffing/monitoring procedures should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. An annual review of all incidents is also required by policy. Incident reviews were conducted on the three cases of sexual abuse/sexual harassment within 30 days of the conclusion of the investigation. Compliance with this standard was determined by a review of policy, the Incident Review forms, and staff interviews.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. As confirmed by a review of documents, the facility collects accurate, uniform data for every allegation of sexual abuse or sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the SIS department, 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**

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

**115.88 (a)**

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

**115.88 (b)**

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

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. The agency and the facility reviews and assesses all sexual abuse and 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 Regional PREA Coordinator and then to the National BOP 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](http://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

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

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, addresses the requirement of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY (a computerized database), from 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 base 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 required in this standard and are retained in a file. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This is the second PREA audit of this facility. The previous PREA audit was conducted in July, 2015. All agency facilities have received at least one PREA audit since August 20, 2012. At least one-third of

all BOP facilities were audited during the one year period after August 20, 2012. During the course of this audit, the auditor toured the entire facility, was allowed to interview inmates and staff privately and was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the facility permitted inmates to send confidential letters to the auditor prior to the audit in the same manner as they were communicating with legal counsel.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency has posted all Final Audit Reports on its website within ninety days of completion.



## AUDITOR CERTIFICATION

I certify that:

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

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Glynn Maddox \_\_\_\_\_

July 10, 2018 \_\_\_\_\_

**Auditor Signature**

**Date**

---

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.