

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: October 10, 2016

Auditor Information			
Auditor name: Philip Bradshaw - The Nakamoto Group			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: Phil.bradshaw@nakamotogroup.com			
Telephone number: 417-425-0564			
Date of facility visit: August 29-September 1, 2016			
Facility Information			
Facility name: Federal Correctional Institution (FCI) - Gilmer			
Facility physical address: 201 FCI Lane, Glenville, WV 26351			
Facility mailing address: <i>(if different from above)</i> FCI Gilmer FEDERAL CORRECTIONAL INSTITUTION P.O. BOX 5000 GLENVILLE, WV			
Facility telephone number: 304-626-2500			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jennifer Saad - Warden			
Number of staff assigned to the facility in the last 12 months: 306			
Designed facility capacity: 1536			
Current population of facility: FCI - 1389, SPC - 86			
Facility security levels/inmate custody levels: FCI – Medium, SPC – Minimum/Out/Community Custody			
Age range of the population: 19 – 74 years old			
Name of PREA Compliance Manager: Steven T. Figiel		Title: Associate Warden - Programs	
Email address: GIL/PREAComplianceMgr@BOP.GOV		Telephone number: 304-626-2500	
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, NW, Washington, DC, 20534			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 202-307-3198			
Agency Chief Executive Officer			
Name: Thomas Kane		Title: Acting Director	
Email address: BOP-DIR/Director@BOP.GOV		Telephone number: 202-307-3250	
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title: National PREA Coordinator	
Email address: BOP-CPD/PREA COORDINATOR@BOP.GOV		Telephone number: 202-616-2112	

AUDIT FINDINGS

NARRATIVE

The on-site PREA (Prison Rape Elimination Act) audit of the Federal Correctional Institution (FCI), Gilmer, West Virginia was conducted from August 29 – September 1, 2016. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire. Much of the information provided was in the form of Program Statements (PS), Institution Supplements (IS) and training documentation. Program Statements are agency-wide governing policies provided by the Federal Bureau of Prisons 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 standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the institution PREA Compliance Manager. The National PREA Coordinator and the National PREA Contract Administrator for the Bureau of Prisons were previously interviewed telephonically, as was the Director's designee.

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 individuals attended: Warden, Associate Warden-Operations/Institution PREA Compliance Manager, Chief Psychologist/Institution PREA Coordinator, Associate Warden-Programs/ACA Accreditation Manager, Executive Assistant/Camp Administrator, Bureau of Prisons (FBOP) PREA Liaison, Department Heads, ACA Auditor and representatives from the BOP Program Review Division. After the introductions, the audit process was discussed during the briefing.

A comprehensive tour of the facility and the minimum-security satellite camp was completed. The tour included the facility's intake area, all housing units, segregation housing units, health care, recreation, food service, facilities areas, industries and education and programming areas. During the tour, it was noted that there were multiple video cameras and staffing was sufficient to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated that employees of the opposite gender were present on the unit. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings with the PREA auditors' contact information were also located in the same areas. There were no letters mailed to this auditor as a result of the audit postings in the housing units. Both the FCI and the satellite camp were clean, orderly and very quiet.

Forty-five randomly selected inmates were interviewed. Of the total inmates interviewed, one refused to be questioned, two self-identified as being bisexual, one had previously reported an allegation of sexual abuse as well as two had limited English proficiency. No inmates self-identified as being transgender. All inmates interviewed demonstrated an understanding of the PREA program and the prevention, protection and reporting mechanisms.

Fifty-four institution staff were interviewed. Thirty-one correctional staff were interviewed and included employees from the FCI and satellite camp. Line officers and lieutenants from all shifts were included. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a facility's coordinated response. Specialized staff was also interviewed and included the Warden, the IPCM/AW-P, AW-O/ACA Accreditation Manager, Chief Psychologist/Institution PREA Coordinator, the facility's chief investigator (SIS Lieutenant), the Human Resources Manager, the health care unit administrator, director of nursing, volunteers, medical and mental health care providers. All interviewed staff, contractors and volunteers demonstrated an understanding of the PREA and their responsibilities under the PREA program, relative to their position in the organization and employment status.

A review of the investigative files opened during the past 12 months alleging sexual abuse or sexual harassment was conducted. There were eight allegations by inmates of inmate on inmate sexual abuse/sexual harassment, two of which required examination and forensic evidence collection by a SANE/SAFE provider in the community. Two of the allegations were determined to be unfounded and six were determined to be unsubstantiated. All investigations were completed promptly, thoroughly and were well documented. There were no staff on inmate sexual abuse allegations.

DESCRIPTION OF FACILITY CHARACTERISTICS

FCI Gilmer, West Virginia, is part of the Federal Bureau of Prisons, Mid-Atlantic Region, a division of the United States Department of Justice. The facility is located in the town of Glenville, WV, located approximately 60 miles north of the state's capital of Charleston. Facility construction was completed in 2002. The facility is located on 300 acres, of which 55 acres are within the secure perimeter fence. The Federal Correctional Institution (FCI) has three housing units. The satellite prison camp (SPC) is located adjacent to the FCI and has one housing unit. FCI Gilmer houses adult male offenders with medium security custody designations, while the satellite camp houses male offenders with a minimum security/out and community custody designations. At the time of the audit, the population of the FCI was 1389 inmates and the population of the satellite camp was 86 inmates. The average daily population for the last 12 months for the FCI was 1517 inmates and 95 inmates at the SPC. The facility does not house youthful offenders.

The facility offers Adult Continuing Education (ACE); General Education Development (GED); National Federation of Professional Trainers Certification Program, parenting programs as well religious, wellness, and recreation and leisure activities. Federal Prison Industries (UNICOR) employs approximately 115 inmates from the FCI and 8 from the SPC. UNICOR operates over five different product lines including fabrication, mechanical remanufacturing, and custom vehicular up-fit for military operations and electronics circuit repair. Inmates are also involved in a variety of community service projects in the local area.

Inmates arrive to the facility from other facilities by the FBOP bus system, by air via the Justice Prison Alien Transport System (JPATS) and through self-commitments. New arrivals receive printed information regarding the facility's PREA program and are presented a video that provides additional information about PREA. The facility offers medical, dental, mental, health and social services. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. Inmates requiring health care beyond the scope of services provided by the facility are transported to providers or hospital in the community. SANE/SAFE examinations and evidence collection is conducted at United Hospital Center, in Bridgeport WV.

Mission Statements

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.

It is the mission of the FCI Gilmer, 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.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Federal Bureau of Prisons (BOP) Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and Federal Correctional Institution (FCI) Gilmer (GIL) Institution Supplement (IS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements identified in the standard. The agency and facility directives outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. In addition to the Institution PREA Compliance Manager (IPCM), an Institution PREA Coordinator (IPC) position was established. The IPCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency wide coordinator, IPCM and IPC confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. A National PREA Coordinator has been established and a PREA Coordinator is assigned to each regional office in the agency to ensure adherence to the PREA. Zero tolerance posters are displayed throughout every area of the institution.

Offenders are informed orally about the zero-tolerance policy and the PREA program during in-processing procedures, by viewing a video and during admission and orientation procedures. The video is offered in English and in Spanish. Offenders are informed about the PREA program and zero-tolerance in the Admission and Orientation (A&O) Handbook, a pamphlet and through postings throughout the facility. All written documents are available in English and Spanish. Interpretive services are available for inmates who do not speak or read English or Spanish. All interviews with staff, volunteers, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment. Both institution staff and inmates are provided with information to become well aware of PREA policies and procedures. All staff receives initial training and annual training, as well as, updates throughout the year. Other PREA "How to Report" fliers and required notifications were also visible throughout every area of the institution.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03, Human Resource Management Manual, the facility staffing report and the Workforce Utilization Committee Meeting Minutes address the requirements of the standard. At the beginning of the fiscal year, the Warden and staff formulate a staffing plan, based on allotted positions and the institution budget. A review of the facility-staffing plan and the quarterly Salary and Workforce Utilization Committee Meeting minutes confirmed that PREA issues were considered when filling positions. The IPCM serves on the Salary and Workforce Utilization Committee and provides input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies or findings of inadequacy from internal or external oversight bodies. All essential posts are filled each shift and no essential posts are vacated for salary savings.

The institution has been provided with the necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, the Trust Fund Limited Inmate Computer System (TRULINCS) e-mail system, staff interviews and rosters. The review of Institution Duty Officer unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors conduct and document unannounced rounds. Staff is prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that unannounced rounds are conducted by Institution Duty Officers.

Standard 115.14 Youthful inmates

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

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

Not applicable. The facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and PS 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas address the requirements of the standard. The facility’s rated capacity exceeds 50 inmates and neither the FCI nor the SPC house female inmates. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergencies or when performed and documented by a medical practitioner. When conducted, 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 strip searches of the inmates of the opposite sex except in exigent circumstances. Cross-gender visual body cavity searches have not been conducted during the audit period.

Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Interviews with inmates confirmed that none had been strip search by female officers. Inmate interviews confirmed that inmates are not delayed or prohibited from attending regularly available programming or other out-of-cell opportunities in order to comply with the standard. Observation of the housing units indicated inmates are permitted to shower, perform bodily functions, and change clothing without cross-gender viewing of their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The agency and facility have a “knock and announce” policy and procedures requiring staff of the opposite sex to announce their presence when entering an inmate-housing unit. Inmate interviews confirmed that female staff announces their presence when entering housing units where inmates of the opposite gender are housed. The practice was observed during the tour of the FCI and SPC. Signs indicating that male or female staff is present are posted inside and outside each housing unit. The signs are printed in English and Spanish. A facility wide announcement is made over a loud speaker, at the beginning of each shift that tells inmates that male and female employees are on duty in their units.

A review of policy and interviews with staff confirmed that staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. There were no self-identified transgender inmates housed in the FCI at the time of the audit. Interviews with male inmates confirmed that most had been pat-searched by female officers but the search was always conducted in a professional and respectful manner, and in the least intrusive manner possible.

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

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and the Admission and Orientation 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 or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA related information, including postings; brochures and handouts are available in English and in Spanish. Telephonic translation services are available through Language Line Solutions for inmates who are not English proficient or inmates who use sign language. The facility also employs staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants in the performance of first-responder duties or the investigation of an inmate’s allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition for using inmate interpreters for PREA functions. Interviews with non-English proficient inmates confirmed the availability and use of the telephonic interpretive services.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03, Human Resource Management Manual; PS 3420.11, Standards of Employee Conduct; the Pre-Employment Guide; SF85P, Questionnaire for Public Trust Positions form and the BOP Recruitment Flyer address the requirements of the standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states that the submission of false information by any applicant is grounds for termination. The agency makes its "best efforts" to contact prior institution employers for information on substantiated allegations of sexual abuse or resignations, which occurred during a pending investigation of sexual abuse.

Standard 115.18 Upgrades to facilities and technologies

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

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

Not applicable. The facility has not had any substantial expansion or modification of existing facilities since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; FCI IS GIL 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; the Guide for First Responder/Operations Lieutenant -When Approached with an Inmate Allegation of Sexual Abuse or Harassment; PS 6031.04, Patient Care and the PREA Checklist and Instructions address the requirements of the standard. Interviews with correctional and health services staff confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff was aware the Special Investigative Supervisor Team (SIS), Office of Internal Affairs (OIA) or that FBI conducted investigations relative to sexual abuse allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”.

Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to United Hospital Center in Bridgeport, West Virginia, for examination, treatment and forensic evidence gathering by a SANE/SAFE nurse. All sexual abuse advocacy, examinations, treatment, testing and follow-up care is provided without cost to the victim.

The facility has made ongoing attempts to establish a memorandum of Understanding and/or a Gratuitous Service Agreement with a local victim advocacy group for nearly two years, but no agreement has been reached. A review of documentation revealed the efforts that the facility has taken to enter into such agreement. The facility has continued to make efforts to contact other advocacy and outreach providers to obtain local services for their population. Inmates at this facility continue to have their consultations by trained facility mental health professionals and by use of the National Sexual Assault Hotline (RAINN). Follow up mental health services are provided by the FCI Psychology Services Department and post SANE/SAFE testing and treatment are provided by FCI health care personnel. The Agency’s Office of Internal Affairs (OIA) determines who conducts investigations within the facility. Routinely, administrative investigations are conducted by trained investigators who are full time employees of the facility. Inmate on inmate criminal investigations are referred to the Federal Bureau of Investigations (FBI). Allegations of staff on inmate criminal investigations are required to be referred to the Office of the Inspector General (OIG). The Warden generates the referral to the outside agency. The review of training records confirmed that all SIS staff have received investigator training offered by the National Institute of Corrections on the investigation of sexual abuse and harassment in confinement settings.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Supervisor (SIS). If during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be referred to the FBI for criminal investigation. The Special Investigative Supervisor 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 sexual abuse. There were eight allegations of sexual abuse/sexual harassment during the auditing period. None of the allegations resulted in referrals for a criminal investigation to be conducted. A review of training documents confirmed that facility investigators received instruction in conducting sexual assault investigations in confined spaces/prisons.

Standard 115.31 Employee training

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and GIL IS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The BOP provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Contractors and volunteers are provided training relative to their PREA responsibilities. 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 PowerPoint presentations confirmed that the provided training addressed all elements identified in the standard. Staff must knowledge in writing their understanding of the PREA. All staff are issued and carry an embossed reference card detailing their duties and responsibilities related to the PREA. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training initially and annually.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and GIL IS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. The review of volunteer and contractor PREA training sign in forms and individual certifications of receipt of training affidavits 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. All training is documented. 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 program. The review of the PREA contractor and volunteer PowerPoint presentation confirmed that the level of training is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies. Interviews with contractors and volunteers, and an examination of training files, confirm compliance to this standard.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, GIL IS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and the Admission & Orientation Program Checklist address the requirements of the standard. During in-processing procedures, each inmate receives a pamphlet describing the agency’s Sexually Abusive Behavior Prevention and Intervention Program. The pamphlet identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/harassment. The pamphlet also informs the inmate that both male and female staff routinely work in and visit the housing units. The pamphlet is available in English and Spanish. During their first 30 days in the facility, a mental health provider conducts an education program regarding the PREA. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility’s zero-tolerance policy and covers the inmate’s right to be free from sexual abuse, sexual harassment and retaliation. Inmates also have access to TRULINCS, a computer program that also provides PREA information and a reporting outlet. Staff and telephonic translation services are available to inmates who are not proficient in English or speak sign language. 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 all housing units and common areas. Interviews of inmates and staff and a review of documentation support exceeding compliance with this standard.

Standard 115.34 Specialized training: Investigations

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

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

PS 5324.12, 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 SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, the 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 FBI or the Office of the Inspector General. A review of training records confirmed completion of the required instruction.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and GIL IS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of this standard. Medical and mental health providers are available for immediate call back to the facility when necessary. A review of medical and mental health personnel training records confirmed that they receive the same PREA training as officers and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. The review of training records confirmed that all mental health and medical staff have received specialized training on victim identification, interviewing, reporting and required clinical interventions. All cases requiring the processing of sexual assault evidence collection kits are transported to United Hospital Center in Bridgeport, West Virginia, where SANE and SAFE nurses are available. Interviews with medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment. A review of documentation supports the finding that the facility complies with this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements 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. Also during in-processing procedures, all inmates complete a self-disclosure questionnaire check sheet. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. 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 ordinarily within four hours of arrival. A review of documents confirmed that inmates identified at high risk for sexual victimization or at risk of sexually abusing other inmates were referred to a mental health professional and all received further assessment. Staff also conduct screenings by reviewing records or other information from other facilities. The 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. Staff and inmate interviews, a review of documentation and observations of the intake process confirmed this information. Information received during the screening is only available to staff with a need to know and never to other inmates. A review of documentation, staff and inmate interviews and observations of the intake process confirmed this information.

Standard 115.42 Use of screening information

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. The agency decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. 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. There were no self-identified transgender inmates housed in the facility. An interview with the agency's national PREA coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with risk management staff also support the finding that the facility complies with this standard. Staff interviews confirm compliance to this standard.

Standard 115.43 Protective custody

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

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

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

Standard 115.51 Inmate reporting

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, GIL IS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, the Admission and Orientation (A&O) Handbook and PREA postings address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party and anonymously) for inmates to report sexual abuse or harassment. Inmates are informed about the reporting methods through the A&O handbook, postings in the housing units and common areas and as part of the orientation video. Inmates also have access to TRULINCS, a computer program that also provides PREA information and a reporting outlet. Through TRULINCS, the inmate can contact the Office of the Inspector General anonymously and the email is untraceable at the institution level. During the tour of the facility, TRULINCS computers were noted in each housing unit as well as numerous posters and other documents on display, explaining the reporting procedures. Staff accepts reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Staff are required to immediately document any allegation. Family and friends of inmates may report sexual abuse and/or harassment by using the BOP website. All inmates interviewed confirmed that they were aware of the methods of reporting sexual abuse/assault allegations. Inmates at FCI Gilmer are not detained solely for civil immigration purposes.

Standard 115.52 Exhaustion of administrative remedies

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

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

PS 1330.17, Administrative Remedy addresses the requirements of the standard. The Administrative Remedy process is the FBOP's grievance system. Inmates may file a grievance, however, all allegations of sexual abuse/sexual harassment, when received by staff, will immediately result in an administrative or criminal investigation. Policy states that there is no time frame for filing a grievance relating to sexual abuse or harassment. Inmates are not required to use an informal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Policy prohibits the investigation of the allegation by either staff alleged to be involved or any staff who may be under their supervision. Allegations of physical abuse by staff are referred to the Office of Internal Affairs (OIA) in accordance with procedures established for such referrals. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, from assisting inmates in filing requests for administrative remedies (grievances) relating to allegations of sexual abuse and are permitted to file such requests on behalf of inmates. Policy does not prohibit the agency from disciplining an inmate for filing a grievance related to alleged sexual abuse, where the agency demonstrates that the inmate filed the grievance in bad faith. There were no allegations of sexual abuse or sexual harassment made using the administrative remedy process over the previous 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Although the facility does house inmates who have immigration detainees, no inmates housed in this facility are detained solely for civil immigration purposes. The facility uses The Rape, Abuse and Incest National Network (RAINN). The facility has made ongoing attempts to establish a Memorandum of Understanding and/or a Gratuitous Service Agreement with a local victim advocacy group for nearly two years, but no agreement has been reached. The facility has continued to make efforts to contact other advocacy and outreach providers to obtain local services for their population. Confidential counseling services are available through licensed institution psychologists, who have been specially trained in victim advocacy as well as the use of the National Sexual Assault Hotline (RAINN). The facility enables reasonable communication between inmates and this organization and agencies in as confidential a manner as possible. Inmates are informed as part of their orientation process that all telephone 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 the Inspector General through TRULINCS - Request to Staff tab and selecting the Department Mailbox titled, DOJ Sexual Abuse are not monitored by the facility or FBOP. Postings in the housing units and common areas, the PREA pamphlet issued upon the inmate's arrival and the A&O handbook provide the address of the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/harassment to this entity as required by PREA regulations.

Standard 115.54 Third-party reporting

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

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

FBOP pamphlet "Sexually Abusive Behavior Prevention and Intervention", the Admission and Orientation Handbook, PREA posters throughout the facility, the posted Office of Inspector General address and the FBOP website: http://www.bop.gov/inmate_programs/sa_prevention_reporting.jsp addresses the requirements of the standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with staff and inmates confirmed that they were aware that anonymous and third party reporting procedures were available. Staff and inmate interviews confirm compliance to this standard.

Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, GIL IS 5324.12, Sexually Abusive Behavior Prevention and PS 3420.11, Standards of Employee Conduct address the requirements of the standard. All staff, contractors and volunteers are required to

report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. Policy requires the information concerning the identity of the alleged inmate victim and the facts of the case are limited to staff whom need-to-know because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties. Compliance with all aspects of the standard was verified through document and policy review. The facility does not house inmates under the age of 18. Compliance with all aspects of the standard was verified through a review of the policy and staff interviews.

Standard 115.62 Agency protection duties

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Staff interviews confirmed they were aware of their responsibilities when they become aware or suspect that an inmate is being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser and calling for assistance. All staff are issued a pocket size PREA Standard/First Responder Guideline that outlines their responsibilities. During the audit period there were no inmates identified as possibly being sexually victimized. Compliance with all aspects of the standard was verified through document and policy review and with interviews with staff.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred. When the inmate reports sexual abuse/harassment from non-Bureau secure privatized facilities, jails, juvenile facilities, and Residential Reentry Centers (half-way houses), the Warden contacts the appropriate office of the facility and notifies the Privatization Management or the Residential Reentry Management Branches, as 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. Two inmates alleged that they were sexually abused/harassed at another facility during the audit period. The Warden maintains a log of such notifications. When notified by other Wardens that an inmate alleges they were sexually abused/harassed at FCI Gilmer, the Warden initiates an investigation. A review of policy and documentation support the finding that the facility complies with this standard.

Standard 115.64 Staff first responder duties

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and GIL IS 5324.12, Sexually Abusive Behavior Prevention address the requirements of the standard. All staff members interviewed were knowledgeable concerning their first responder responsibilities when learning of an allegation of sexual abuse/harassment. All staff indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any evidence and contact the operations lieutenant and health care providers. All staff members are issued and carry a pocket sized PREA first responder card for quick reference. Staff interviews support the finding that the facility complies with this standard.

Standard 115.65 Coordinated response

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program and GIL IS 5324.12, Sexually Abusive Behavior Prevention address the requirements of the standard. Additionally, a pamphlet titled “One Source First Responder Reference Guide -Sexual Assault Crisis Intervention” provides guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers/advocates and facility leadership. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

The collective bargaining agreement 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. Compliance with the standard was verified through document review and staff interviews.

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The Warden has appointed the Institution PREA Coordinator as the retaliation monitor. The PREA Coordinator (interviewed by auditor) is the designated staff member to monitor all possibilities of retaliation who routinely meet with individuals who allege sexual abuse/harassment or cooperate with the investigation of an allegation. The meetings occur periodically over a minimum of at least 90 days, unless initial monitoring indicates a continuing need. Periodic monitoring includes a review of job changes, housing/program changes, disciplinary reports, reassignments of staff and negative performance reviews. There were no incidents of retaliation reported for the year prior to the audit. A review of policy and staff interviews supports the finding that the facility complies with this standard.

Standard 115.68 Post-allegation protective custody

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering placing an inmate in protective custody or transferring the inmate to another federal, state or local correctional facility. Policy requires the facility to complete the FBOP'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/harassment in involuntary segregated housing (SHU). Inmates who allege to have suffered sexual abuse may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit or the facility infirmary for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restriction would last. There have been no inmates placed in segregation protective custody due to allegations of sexual abuse/assault in the past 12 months. A review of policy and staff interviews supports the finding that the facility complies with this standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The Special Investigation Supervisor (SIS) conducts administrative investigations within the facility. When an allegation appears to be criminal in nature, the SIS Supervisor, in conjunction the FBOP’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 the Inspector General. The FBI or OIG investigator consults with the Assistant U.S. Attorney to determine if prosecution is to be pursued. If the FBI or OIG substantiates the allegation, the case is referred to the United States Attorney for possible prosecution. Although there were eight allegations of inmate on inmate sexual assault made over the previous 12 months, none were substantiated and there were no referrals for criminal investigations. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not be determined by the person’s status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The review of all eight allegations of sexual abuse/harassment revealed that all investigations were completed promptly and thoroughly. A review of policy and staff interviews supports the finding that the facility complies with this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The evidence standard is a “preponderance of the evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators indicated they were aware of the evidence standard. Reviews of policy and staff interviews support the finding that the facility complies with this standard.

Standard 115.73 Reporting to inmates

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The facility conducts administrative investigations. There were eight allegations of inmate on inmate sexual abuse/harassment over the previous 12 months. A review of documentation confirmed that in all eight instances, the inmate was informed regarding the results of the investigation. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit; is no longer employed at this facility; if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility. Reviews of documentation and inmate interviews support the finding that the facility complies with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11, Standards of Employee Conduct and PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff, and in the past 12 months, no staff members were disciplined or terminated for violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees (7/1/2014-7/20/2017), allows for disciplinary sanctions against staff, including termination, for sexual abuse 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 are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. Facility documentation supports the finding that the facility complies with this standard.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

PS 3420.11, Standards of Employee Conduct and PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility takes appropriate remedial measures and considers 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 FCI Gilmer. A review of policy and staff interviews supports the finding that the facility complies with this standard.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS, 5270.09, Inmate Discipline Program and PS 5324.12, 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 engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex of any nature is prohibited. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The agency does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators confirmed compliance to this standard. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities and/or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Consensual sex between inmates does not constitute sexual abuse. Interviews with SIS staff confirm compliance to this standard.

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

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Interviews with medical, mental health and specialized staff confirm the facility has a comprehensive system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. The review of completed psychology’s “Risk of Sexual Victimization” and “Risk of Sexual Abusiveness” forms confirmed that inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without cost to the inmate. As confirmed by observation and review of intake screening documents, screening for prior sexual victimization in any setting is being conducted by unit team staff and professionals during in-processing procedures. If the screening indicates the inmate experienced prior sexual victimization, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days. The meeting is usually completed on the same day or within three days. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. A follow-up meeting is offered with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18. Reviews of policy and staff interviews support the finding that the facility complies with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, GIL IS 5324.12, Sexually Abusive Behavior Prevention and PS 6031.04, Patient Care address the requirements of the standard. FCI Gilmer medical and mental health staff members provide services to both the main facility and the minimum security satellite camp. Mental health providers are on-site five days per week and are available for call-back at any time. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a local health care facility if health care needs exceed the level of care available within FCI Gilmer. Victim advocacy is offered through the National Sexual Assault Hotline or through trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident concerning medical or mental health care 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. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases is provided within the FCI. There were two allegations of sexual abuse/assault that required referral to the local hospital for forensic evidence collection by a SANE/SAFE provider. The facility complied with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted diseases, confidentially). Reviews of policy and documentation as well as staff interviews support the finding that the facility complies with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. A review of policy and health records confirmed that the facility offers medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to or placement in other facilities, or after their release from custody. The facility has a fully staffed medical and mental health department and offers sexual abuse/sexual harassment victims with medical and mental health services consistent with the standard of care available in the community. Offenders, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known inmate-on-inmate abusers within 30 days of learning of such abuse history. When appropriate, treatment is offered by mental health practitioners. A review of documentation and interviews with medical/mental health staff support the finding that this facility complies with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

FBOP PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program address the requirements of the standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIA and an SIS Technician were interviewed and found to be very knowledgeable concerning their duties and responsibilities. FCI Gilmer conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The review team consists of the Warden, the Institution PREA Compliance Manager, Institution PREA Coordinator, a Unit Manager, a member of health services management, investigative staff and the Chief of Security (Captain). 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, and status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The facility implements the recommendations for improvement, or documents its reasons for not doing so. Over the previous 12 months, there were two unfounded allegations of sexual abuse/assault and six unsubstantiated allegations of sexual abuse/assault. The two unfounded allegations did not require a review by the team and the six unsubstantiated allegations were reviewed by the team within 30 days of the conclusion of the investigation. Reviews of policy and documentation as well as staff interviews support the finding that the facility complies with this standard.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. Observation and review of documents indicated that staff collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from facility’s Special Investigative Supervisor, (SIS), the agency’s Office of Internal Affairs and SENTRY, the FBOP’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. A review of policy and documentation supports the finding that the facility complies with this standard.

Standard 115.88 Data review for corrective action

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

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

The Federal Bureau of Prisons and FCI Gilmer review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The IPCM forwards data to the respective FBOP Mid-Atlantic Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor. The report can be found at the following website address: <https://www.bop.gov>. A review of the report supports the finding that the facility complies with this standard.

Standard 115.89 Data storage, publication, and destruction

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

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

PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program addresses the requirements of the standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP website. The reports cover all data noted in this standard.

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.



October 10, 2016

Auditor Signature

Date