PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

[Following information to be populated automatically from pre-audit questionnaire]			
Name of facility:	Federal Correctional Complex (FCC) Hazelton		
Physical address:	1640 Skyview Drive, Bruceton Mills, WV 26525		
Date report submitted:	July 23, 2015		
Auditor Information	Glynn Maddox – The Nakamoto Group		
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Telephone number:	478.278.8022		
Date of facility visit:	June 23 - 25, 2015		
Facility Information			
Facility mailing address: *(if different from above)*	Post Office Box 450, Bruceton Mills, WV 26525		
Telephone number:	(304) 379-5000		
The facility is:	☐ Military	☐ County	☒ Federal
	☐ Private for profit	☐ Municipal	☐ State
	☐ Private not for profit		
Facility Type:	☐ Jail	☒ Prison	
Name of PREA Compliance Manager:	Dr. Thomas Fanning	**Title:** Chief Psychologist/PREA Compliance Manager	
Email address: HAZ/PREAComplianceMgr@bop.gov		**Telephone number:**	(304) 379-5000
Agency Information			
Name of agency:	Federal Bureau of Prisons		
Governing authority or parent agency: *(if applicable)*	U.S. Department of Justice		
Physical address:			

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Mailing address: *(if different from above)*			
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Agency Chief Executive Officer			
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Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Complex (FCC) Hazelton, Bruceton Mills, West Virginia was conducted June 23 to 25, 2015. The facility consists of a 960 bed United States Penitentiary (USP), a 128 bed Satellite Prison Camp (SPC), a 512 bed Secure Female Facility (SFF) and a 960 bed Federal Correctional Institution (FCI). The total average daily population count for the past twelve months was 3,069.

The standards used for this audit became effective August 20, 2012. The auditor was advised that the Director of the Federal Bureau of Prisons (BOP) ordered all facilities to implement the provisions of the PREA well over one year ago. The auditor discussed the data contained in the Pre-Audit Questionnaire with the PREA Compliance Manager prior to the on-site visit. The National PREA Coordinator for the BOP was interviewed telephonically, as was a designee of the Director of the BOP and the BOP National PREA Contract Administrator. As part of the audit, a review of all PREA Policy, and a thorough tour of all four facilities was completed. Twenty-three (23) inmates were interviewed. One of the inmates interviewed was Limited English Proficient. One inmate had reported being transsexual, two inmates had disclosed prior sexual victimization during risk screening, two were disabled/handicapped, and seventeen randomly selected inmates (both male and female) were interviewed. Inmates were interviewed from all four facilities within the complex. Thirty (30) staff were interviewed. Fifteen randomly selected correctional officers (five female officers) to include one Special Housing Unit (SHU) Lieutenant, one SHU Officer, and one Case Manager were interviewed. Officers from various eight hour shifts were interviewed. Fifteen specialized staff, a volunteer and a contractor were also interviewed. The specialized staff interviewed included the FCI Warden, the Chief Psychologist/PREA Compliance Manager, an Assistant Health Services Administrator, a Senior Officers Specialist, an Operations Lieutenant, an Acting Captain, the, the Human Resources Manager, a Case Manager, a Staff Psychologist, two Special Investigative Services Lieutenants, a Special Investigative Agent, and a Special Housing Unit Officer.

When the auditor first arrived at the facility, an "in-briefing" meeting was held with the Complex Warden, the FCI Warden, the Chief Psychologist/PREA Compliance Manager, the Associate Warden-Operations, the Associate Warden-Programs, the Complex Captain, the Complex Case Management Coordinator, the Food Service Administrator, and several other supervisory staff. Several representatives from the Program Review Division of the Bureau of Prisons were in attendance to explain the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The mission statement of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The Bureau of Prisons provides for public safety by assuring escapes and disturbances do not occur in its facilities. The Bureau ensures the physical safety of all inmates through a controlled environment which meets each inmates' need for security through the elimination of violence, predatory behavior, gang activity, drug use, and inmate weapons. Through the provision of health care, mental, spiritual, educational, vocational and work programs, inmates are well prepared for a productive and crime free return to society. Inmates are provided with meaningful programs and opportunities for self-improvement including work, education, spiritual practices, recreation, vocational training, psychological treatment, drug abuse counseling, and wellness programs are provided. All programs are designed to assist inmates during confinement and upon release, as well as assist the institution with inmate management.

All inmates are provided work assignments or are assigned to Education. Work assignments include Food Service (cooks, bakers, butchers, salad-prep, orderlies, dishwasher operators, and clerks); Mechanical Services (electricians, plumbers, mechanics, welders, painters, carpenters, motor repairmen, laborers, and clerks); Business Office and Records Office (orderlies); Health Services (orderlies); Education/Recreation (librarians, clerks, tutors, and orderlies); Laundry (clerks and clothing dispensers); sanitation workers and institution maintenance.

The Education Department offers a variety of programs for inmates to improve their knowledge and gain valuable skills. The Education programs include: GED, English as a Second Language, Adult Continuing Education, Post-Secondary Education, Parenting, Vocational Apprenticeships, and Release Preparation. The Vocational Training Program requires a high school diploma or GED. Participants are also expected to be fluent in English or to have completed the English as a Second Language Program. The Vocational Program is a marketable skill level program which provides classroom and hands-on training to inmates in the fields of Microsoft administration and Culinary Arts. Many recreational activities and wellness/health education programs (sports, hobby craft, music, health etc.) are also offered.

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

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, a "out-brief" meeting was held with the same staff attending the "in-brief". No final rating was given at that time; however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional. All areas of the facilities toured were observed to be clean and well maintained. At the conclusion of the audit the auditor thanked the FCC Hazelton staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded**:**	3
Number of standards met:	39
Number of standards not met:	0
Not Applicable:	1

§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)

The agency and the facility exceed the standard with policies and practice. National policy or Program Statement (PS) 5324.11 and local policy (CS) HAX 5324.11 clearly exceeds this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and a PREA Compliance manager assigned to each regional office in the agency to ensure adherence to the PREA.

§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)

The agency complies with this standard. This was confirmed by a review of documentation submitted requiring other entities contracted with for the confinement of inmates to comply with the PREA. The Agency Contract Administrator was interviewed by phone concerning this 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)

PS 3000.03 addresses this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. Compliance with the PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the FCI Warden. FCC Hazelton has been provided all necessary resources to support the programs and procedures to ensure compliance with the PREA. The audit included an examination of all video monitoring systems, inmate access to phones,

inmate access to an email system, staff interviews, a review of documentation, and a review of all staffing rosters. Documentation of unannounced rounds that cover all shifts was reviewed. These rounds are conducted by administrative staff on a weekly basis, and they are able to enter the units with no warning to staff. Interviews with inmates and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the facility. [redacted] The auditor found no significant "blind" spots.

§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)

Not Applicable – The FCC Hazelton does not house youthful offenders.

§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)

PS 5324.11 addresses this standard. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) during institution familiarization training, at the BOP training academy, by watching a mandatory video, and during annual refresher training. Officers reported that inmates are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Staff of the opposite gender announce their presence verbally when entering all housing units. Staff were aware the policy prohibits the searching of a transgender or intersex inmate to determine their genital status. The interviewed inmates confirmed they were afforded significant privacy when using the toilet, changing clothes, or when showering and that announcements were made when staff of the opposite gender entered the housing units or any area holding inmates. PREA notifications (English and Spanish) are posted in each housing unit of all four facilities, the intake units, inmate work areas, and in all inmate program areas.

§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)

PS 5324.11 addresses the requirements of this standard. The FCC Hazelton takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings and inmate handbooks (all reviewed by auditor) are in English and Spanish. Staff interviewed were aware that under no circumstance are inmate interpreters or assistants to be used in dealing with any PREA related matter. Inmate interviews also confirmed compliance to this 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)

PS 3000.03 requires compliance to this standard. The Human Resources Manager was interviewed, and stated that all components of this standard have been met. All employees, contractors, and volunteers have had their criminal background check completed. Policy does state that material omissions or false information submitted by applicants shall be grounds for termination. The agency cannot hire anyone with any background of sexual harassment or abuse. A tracking system is in place to ensure that updated background checks are conducted every five years. Documentation supporting compliance to this standard was reviewed by the auditor.

§115.18 – Upgrades to Facilities and Technology

☐ 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)

The complex has an extensive video and visual monitoring system in place. There have been no updates since August 20, 2012.

§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)

PS 5324.11 and PS 6031.04 address compliance with all aspects of this standard. Medical and custody staff were interviewed concerning this standard. Medical and correctional staff reported knowledge of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. The facility has implemented a specially trained Evidence Recovery Team (ERT) to gather evidence in any PREA related incident Officers interviewed were aware that Special Investigative Services Investigators conduct all abuse investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local hospital to receive a SAFE exam. One SAFE exam was conducted within the last year. The facility has contracted with a local hospital to provide these services (the inmate will not be charged for any services related to PREA compliance). The facility has a Gratuitous Services Agreement (similar to a Memorandum of Understanding) with a local hospital (Ruby Hospital) to provide such services when needed.

§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)

PS 5324.11 addresses this standard. Administrative or criminal investigations would be completed on all allegations of sexual abuse and sexual harassment. Two Special Investigative Services (SIS) Lieutenants and a Special Investigative Agent (SIA) were interviewed and found to be very knowledgeable concerning their responsibilities under the PREA. The facility SIS unit completes all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the FBI. There were fifteen allegations of sexual abuse or harassment during the last twelve months. Ten of the allegations resulted in an administrative investigation. None of the allegations meet the requirements for referral for criminal investigation.

§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)

PS5324.11 addresses all training required by this 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. Much of this training was provided through an on-line course on PREA provided by the BOP. The local Chief Psychologist has also developed a training program that is available to staff on the complex's computer system. Annual Refresher Training (ART) with PREA as a topic is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. All staff were issued and carry a laminated reference card detailing their duties and responsibilities related to the PREA. The facility also issues a pocket reference booklet entitled "Prison Rape Elimination Act (PREA) Standards/A Guide for Employees, Contractors, and Volunteers" to all employees, contractors, and volunteers. The booklet is published by QuickSeries Publishing and is an excellent quick reference for all PREA Standards. Staff training files were reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated that they received the required PREA training and all staff interviewed were very knowledgeable on the PREA.

§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)

PS 5324.11 covers this standard. 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. An interview with a contractor and a volunteer and an examination of training files, confirm compliance to this 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)

PS 5324.11 addresses the requirements of this standard. Inmates receive information at the time of intake verbally, in a PREA pamphlet, and there is information provided in the inmate handbook (provided to inmates at the time of intake in English/Spanish). Town hall meetings between inmates and staff allowing ample opportunity for inmates to ask questions were held with the entire inmate population to discuss PREA. Provisions are in place to meet the needs of all disabled inmates. There are posters throughout the facility, and the "hotline" phone number to call to report abuse or harassment is in each housing unit. Inmates sign an acknowledgement of having received this information at the time of intake. Staff and inmate interviews and a review of documentation, support compliance to this 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)

PS 5324.11 addresses this standard. The SIS personnel have received specialized investigative training relevant to PREA. Three investigators were interviewed and explained to the auditor in great detail the steps to be taken during a PREA-related investigation. The training records reviewed confirmed completion of the required instruction.

§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)

The PREA training lesson plan addresses this standard. All mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Annual refresher training is provided, and all training is documented.

§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)

PS 5324.11 addresses the requirements of this standard. All inmates are immediately assessed at intake for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates. A Case Manager or a Counselor screens all new arrivals within their first 72 hours (usually within one hour) following arrival. At the time of arrival, staff also conduct the screening by reviewing records or other information from another facility or other source which may be relevant to compliance with this standard. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to a mental health professional for further assessment. Careful housing assignment (placement in a housing unit with additional supervision) or other appropriate action is considered to address the inmate's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Status reassessments, by policy, will occur within 30 days of arrival. Staff and inmate interviews, a review of screening forms, and observations of the intake process confirmed this information.

§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 5324.11 addresses compliance with this standard. Policy requires the use of a screening form (examined by auditor) to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed. Staff interviews confirm compliance to this 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)

PS 5324.11 addresses this standard. The USP and the FCI both have a separate Special Housing Units (SHU) within each facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every seven days. One inmate was placed in involuntary segregation during the past twelve months after it was determined that he was at risk of sexual victimization while awaiting alternate placement. This case was reviewed every seven days.

§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)

PS5324.11, the PREA pamphlet, and the inmate handbook address this 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. The correctional officers interviewed stated staff and inmates may privately report any abuse, harassment, or neglect (which could contribute to abuse) verbally, in writing, anonymously or to a third party. Inmates interviewed also were aware of multiple reporting methods. Staff will immediately document any allegation. Posters and other documents on display throughout the facility (observed by auditor) also explain the reporting procedures.

§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)

PS 1330.18 and CS HAX 1330.18 address this standard. Inmates may file a grievance or administrative remedy; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process may not involve staff who may be the subject of the complaint. There has been one grievance filed involving PREA related issues during the previous year. This allegation was investigated and a final decision was reached within 90 days after being filed.

§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)

PS 5324.11 addresses this standard. FCC Hazelton does not have a Gratuitous Service Agreement established with an outside advocacy service currently. The facility has had meetings with the only rape crisis center in the area (the Morgantown Rape and Domestic Violence Counseling Center) in attempts to enter into a Gratuitous Service Agreement. Thus far the facility has been unsuccessful in being able to enter into an agreement, however plans are to continue efforts. Documentation of meetings and other communication was reviewed.

§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)

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention" addresses the requirements of this standard. Third-parties are informed of reporting procedures on the BOP website and on posters in the visiting area of each facility. The pamphlet and website were examined by the auditor. Staff and inmate interviews confirm compliance to this 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)

PS 5324.11 addresses this standard. Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect (which would cause a violation of the PREA) relevant to the PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff interviews.

§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)

PS 5324.11 addresses this standard. The officers interviewed stated their duties and responsibilities if they became aware of an inmate being in imminent risk for abuse (first-responder or otherwise), and that certain immediate, mandatory actions to protect the inmate would take effect. Officers produced a pocket sized, laminated card during the interview, issued by the facility, outlining all actions in detail to be taken by a correctional officer or other staff member who may become aware of an inmate in imminent risk of sexual abuse. In the past twelve months there have been fifteen cases where inmates where inmates were identified as being in imminent risk for sexual abuse and in each case steps were immediately taken to safeguard the inmate.

§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)

PS 5324.11 addresses this standard. Policy requires the reporting any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden of the facility in which the inmate is currently housed. 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. There have been four allegations of sexual abuse or harassment received from other facilities of incidents alleged to have occurred at FCC Hazelton. FCC Hazelton received nine allegations of sexual abuse or harassment from inmates that occurred while confined at other facilities in the previous twelve months. The required notifications were handled in compliance with this 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)

PS 5324.11 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation that an inmate had been the victim of sexual abuse. The correctional officers and other staff interviewed quoted specific actions (such as protection of the victim and preservation of evidence) to be taken, in compliance with PREA. All staff were carrying a laminated card as reference to direct them in detail as to their responsibilities as a first responder to an allegation of a PREA incident.

§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)

PS 5324.11 and the CS HAX 5324.11 fully describes procedures for all staff to comply with this standard. This documentation was reviewed by the auditor.

§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)

On May 29, 2014 The Federal Bureau of Prisons and the Council of Prison Locals, American Federation of Government Employees, entered into a Master Agreement stating that the Employer may elect to reassign an employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations. Both parties endorse the prevention of sexual harassment in accordance with all laws, rules, and regulations.

§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)

PS 5324.11 and CS HAX 5324.11A addresses this standard. The policy specifically prohibits any type of retaliation to any staff member or inmate who has reported sexual abuse or sexual harassment, or who has cooperated with such investigations. The PREA Compliance Manager/Chief of Psychology (interviewed by auditor) is the designated staff member to monitor all possibilities of retaliation and at a minimum would conduct checks (documented) with an inmate or staff who may have been victimized or reported victimization at least every 30 days for at least 90 days following an allegation. These checks may occur more frequently if indicated. This follow-up may also extend without limit if necessary. There have been no cases of retaliation discovered or reported within the previous year. Staff explained the monitoring process, and a log established to document retaliation was inspected.

§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)

PS 5324.11 addresses compliance with this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to placement in

involuntary segregated housing (SHU). There was one inmate placed in this status (post-allegation protective custody) within the previous year.

§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)

PS 5324.11 addresses this standard. The SIS unit conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the SIS Supervisor will refer the incident to the FBI for a criminal investigation. The FBI investigator consults with the Assistant U. S. Attorney to determine if prosecution is to be pursued. If the FBI substantiates the allegation, the case is to be referred to the United States Attorney for prosecution. There were no criminal investigations within the last year.

§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)

PS 5324.11 addresses this standard. The evidence standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated.

§115.73 – Reporting to Inmate

☐ 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 5324.11 addresses this standard. There were fifteen administrative investigations completed during the previous year, resulting in the required notification per this standard. The inmates were notified of the results of those investigations in writing.

§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)

PS 3420.11 addresses this standard. During the previous year, no staff member was disciplined in any manner nor has any resigned for violating agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

PS 3420.11 addresses this standard. During the previous year there have not been any incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at FCC Hazelton.

§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)

PS 5324.11 addresses this standard. FCC Hazelton has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any cases of inmates engaging in sex with staff in the past 12 months, nor have there been substantiated or unsubstantiated cases of inmates engaging in sex with other inmates. Consensual sex of any nature is prohibited. Inmates that sexually abuse or harass staff will be disciplined. The BOP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with a SIS investigator confirms compliance to this 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)

PS 5324.11 addresses this standard. Through interviews with medical and specialized staff, it was confirmed that the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services if needed. There have been no inmates admitted who claim to be sexual abusers. All inmates admitted to the facility who reported past sexual victimization were seen by mental health staff within required time periods.

§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)

PS 5324.11 and CS HAX 5324.11 addresses this standard. FCC Hazelton has had no inmates in need of access to emergency medical or mental health treatment relevant to the PREA within the previous year. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially). Staff interviews confirmed this information.

§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)

PS 5324.11 addresses this standard. Policy states that medical and mental health evaluation and appropriate treatment would be offered for inmate victims of sexual abuse, free of charge. There have been no cases of this nature in the previous year.

§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)

PS 5324.11 covers this standard. Staff interviews confirmed that at the conclusion of an investigation of sexual abuse there is a review by the institution Executive Staff of all allegations of sexual abuse or sexual harassment and investigations other than those found to be unfounded, as required by this 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)

PS 5324.11 addresses this standard. FCC Hazelton will collect accurate uniform data for every allegation of sexual abuse by using a standardized instrument. The report would allow the facility to submit the annual Department of Justice (DOJ) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated.

§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)

The BOP reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action when indicated. The Institution PREA Compliance Manager ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to his/her respective Regional PREA Coordinator annually. The National PREA Coordinator ensures the information is provided to facilitate mandatory agency reporting. An annual report is prepared and published on the BOP website.

§§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)

PS 5324.11 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, from the Information, Policy, and Public Affairs Division of the BOP, from the Office of Internal Affairs (BOP), and issues a report to the Director on an annual basis. The data is securely retained, and that which is disclosable is published on the BOP website. The required reports cover all data noted in this standard, and is retained in a file.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

July 23, 2015

Auditor Signature Date