

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

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

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

Date of Final Audit Report: 6/25/2021

Auditor Information

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Company Name: PREA Auditors of America

Mailing Address: PO Box 1071 City, State, Zip: Cypress TX 77410

Telephone: 713-818-9098 Date of Facility Visit: April 13-15, 2021,

Agency Information

Name of Agency: Federal Bureau of Prisons

Governing Authority or Parent Agency: U.S. Department of Justice

Physical Address: 320 First St. NW City, State, Zip: Washington DC 20534

Mailing Address: 320 First St. NW City, State, Zip: Washington DC 20534

The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit
☐ Municipal ☐ County ☐ State ☒ Federal

Agency Website with PREA Information: http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: M.D. Carvajal, Director

Email: BOP-RSDPREACORDINATOR@bop.gov Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth

Email: : BOP-RSDPREACORDINATOR@bop.gov Telephone: 202-616-2112

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

Facility Information			
Name of Facility: Federal Correctional Complex -- Hazelton			
Physical Address: 1640 Sky View Drive		City, State, Zip: Bruceton Mills, WV 26525	
Mailing Address (if different from above): PO Box 450		City, State, Zip: Bruceton Mills, WV 26525	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Program Reviews, Operational Reviews, Institution Character Profile Reviews			
Warden/Jail Administrator/Sheriff/Director			
Name: R. Hudgins			
Email: HAZ-PREAComplianceMgr-S@bop.gov		Telephone: 304-379-5000	
Facility PREA Compliance Manager			
Name: AW J. Gabby, AW K. Hoover, Administrator N. Watkins-Ward, EA J. Brawley			
Email: HAZ-PREAComplianceMgr-S@bop.gov		Telephone: 304-379-5000	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: K. Blanke			
Email: HAZ-PREAComplianceMgr-S@bop.gov		Telephone: 304-379-5000	
Facility Characteristics			
Designated Facility Capacity:		2867	

Current Population of Facility:	3332
Average daily population for the past 12 months:	3063
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-81
Average length of stay or time under supervision:	586.7 Days
Facility security levels/inmate custody levels:	High, Medium, Low, Minimum/In, Out
Number of inmates admitted to facility during the past 12 months:	3027
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2091
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2631
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	789
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	118
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	16

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	25
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	14
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	55
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	24
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	22
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	232
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:

Audit Findings

Audit Narrative (including Audit Methodology)

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

Federal Correctional Complex Hazelton is located in Preston County, West Virginia. The Complex consists of four institutions: the United States Penitentiary Hazelton (USP), Federal Correctional Institution Hazelton (FCI), Secure Female Facility Hazelton (SFF), and the Federal Prison Camp (Camp). The institutions are collocated on a large campus and run under a single complex warden, thus operating as one facility. The facility was previously audited in March 2018. The audit was originally scheduled for Fall 2020 but was rescheduled due to COVID-19 concerns. The audit was conducted by certified PREA auditors Kristin Winges-Yanez (primary) and Paul Perry (secondary) from PREA Auditors of America, an independent auditing organization.

PRE-ONSITE AUDIT

Some of the agency documents were prepared in advance of the original audit date, but updates were provided both electronically and on-site.

The facility completed the Pre-Audit Questionnaire on 8/24/20 and updated it on 3/8/21. Facility documents were provided to PAOA, and staff uploaded and provided them to this auditor on 3/1/21. The facility provided a large number of updated and supplemental documents on 3/15/21. Documents reviewed in advance of the on-site portion included policy and procedure documents, training curricula and attendance records, explanatory memoranda, logs of rounds, redacted inmate documents including screening, treatment, and education, and sample investigation documents.

The facility posted audit notices on 2/26/21. Photographs of the notice posted in the front lobby entrance, visitation area, and SHU were sent to the auditor on 3/12/21 via email. The notices are posted in English and Spanish, are labeled with large, brightly colored NOTICE title, and contain bold typeface contact information for the auditor. The notices state clearly that correspondence and any disclosures during interviews are confidential and will not be broken except in limited circumstances as required by law. The auditor confirmed that audit notices were posted in every area of the facility during the site visit. The facility appropriately posted notices more than six weeks in advance of the on-site portion. The auditor received two letters.

The auditor reviewed the facility's website and downloaded and reviewed the previous audit report. From the Agency's website, she reviewed the annual PREA reports for the three prior years and the site information on the Agency PREA program. The auditor also conducted an

internet search of news stories regarding the facility on 3/26/21. The search reflected information regarding a pending criminal case involving a unit secretary charged with abusive sexual contact. She pled guilty on 3/15/21 to “knowingly engaging in sexual contact with an inmate, namely, intentionally touching his genitalia with the intent to arouse him or gratify his sexual desires.” The abuse happened between August and October 2020, while the victim was an inmate at FCI Hazelton.

ON-SITE AUDIT

The auditors arrived on-site at 0730 on 4/13/2021. On the first day, the primary auditor conducted the site visits of USP Hazelton and FCI Hazelton. USP Hazelton was on full lock-down due to an incident in the Food Service area on 4/12/21 and the site review at that location went relatively quickly as inmates were all in their cells and unable to have informal discussions with the auditor. The auditor spent the second day at the camp and SFF. The third day focused on additional staff interviews and document review. The secondary auditor did not attend the site review and immediately began inmate interviews. He completed inmate file review in between interview sessions. The on-site portion of the audit was concluded at noon on 4/15/21.

Site Review

The primary auditor visited every area of each of the four institutions. The auditor had site maps of each institution and ensured she reviewed all spaces. Facility leadership escorted the auditor through each area, but she was able to break from the group to have private conversations with staff and inmates at any time. Central and movement areas were examined for visibility, camera view, access to side areas/doors/closets, and physical layout. The auditor carefully examined every inmate housing area including inmate cells, showers, programming/meeting rooms, common space, staff offices, and storage areas. The auditor watched inmate activity and movement and evaluated monitoring technology and privacy screens. In each building, the auditor had an inmate call the internal reporting hotline to ensure it was functioning. She also asked inmates to demonstrate how to create a confidential report via the TRULINCS email system. In the units she observed inmate mail delivery, inmate counselor/Unit Team visits, Food Service delivery, pill call, and inmate orderly work.

Staff explained facility offerings in Religious Services, Vocational Training, Medical, Psychology, Education, Recreation, and Trust areas. Inmates were viewed attending classes, in the libraries, arriving for medical appointments, receiving their commissary orders, working in Food Service and Facilities, and completing training projects. The auditor viewed camera viewing technology in the administration area, as well as the Human Resources computer system.

Interviews

Staff Interviews

The audit team interviewed a total of 51 staff members, not including numerous other informal interviews during the site visit. The auditor interviewed several people in each of the specialized categories to ensure that the different institutions were covered. Where multiple staff with the same/similar title were interviewed, interviewees were selected from each institution. Agency staff were interviewed virtually before the on-site portion. Randomly selected staff included a variety of job titles, both uniformed and non-uniformed. All BOP staff members are considered correctional workers; every staff member attends full officer training. The facility also uses the services of a small number of contractors, mostly in medical services.

The auditor notes that the institutions each have a designated PREA Compliance Manager, and each was interviewed as part of the audit process. The PCMs each led the site visit in their area of the facility and provided information throughout. The institutions have the same policies and procedures. This report refers to information gained from the PCMs generally, and unless otherwise stated, when the PCM interview is cited in the report, the auditor is referring to identical information gained from multiple respondents.

Specialized Staff interviews completed:

- Agency Head
- Agency PREA Coordinator
- Warden
- PREA Compliance Manager (PCM) for each institution
- Intermediate/Higher Level Facility Staff
- Agency Contract Administrator
- Intake Staff
- Classification Staff
- Volunteer
- Contractor
- Staff responsible for screening for risk of abusiveness
- Staff who supervise inmates in segregated housing
- Incident review team staff
- Monitors of retaliation
- First responder
- HR staff
- Director of Training (Employee Development Manager)
- Food Services staff supervising inmates
- Medical staff
- Mental health staff
- Maintenance staff supervising inmates
- Grievance Coordinator

Specialized Staff categories that were not applicable to this institution:

Staff who supervise youthful inmates
 Education/Programming staff that work with youthful inmates
 Non-medical/Cross gender stirp/visual body cavity searches

The following staff were interviewed:

Staff Title	Count
Agency Head	1
Agency PREA Coordinator	1
Warden	1
Associate Warden/PREA Compliance Manager (PCM)	2
Agency Contract Administrator	1
Human Resources Assistant Manager (facility)	1
Employee Development Manager	1

Camp Administrator	1
Administrative Remedy Oversight	1
Institution Duty Officer (unannounced rounds)	2
Unit Manager	4
Correctional Systems Officer	3
Special Housing Unit security supervisors (Lt. and Capt.)	3
Housing Unit Correctional Officers/Senior Officer Specialists (including Special Housing Unit)	5
Case Manager/Counselor	2
RDAP Coordinator	1
Psychologist/psychology support	3
Doctor (Contractor)	1
Health Services Administrator	1
Nurse Supervisor	1
Vocational Training Instructor	2
Health Information Technician	1
Trust Fund Supervisor/Assistant Supervisor	3
Chaplain	2
Teacher	2
Food Services Manager	1
Cook Foreman	2
Evidence Recovery Team leader	1
Special Investigative Supervisor	2
Maintenance Staff Supervising Inmates (General Foreman, Facilities Manager)	3
Total Staff Interviews	56
Total individual staff interviewed (as some of the above titles overlap)	51

Inmate Interviews

The audit team interviewed 52 inmates throughout the complex. In selecting both targeted and random inmate interviewees, the auditor paid special attention to diversity of housing area. Random inmates were selected from the four separate institutions. Though USP was on lockdown, the audit team was able to have inmates at USP individually removed from their cells for interview in a private room. Other inmates were brought to a private office in the psychology area of FCI and SFF. Two inmates were interviewed at the camp in an empty staff office. The numbers below do not include the numerous other informal interviews conducted during the site review.

Inmate interviews completed:

Randomly selected inmates	27
Targeted populations:	25
• Inmates with a Physical Disability including Blind, D/deaf/HOH	3
• Inmates who are Limited English Proficient	3
• Inmates with a Cognitive Disability	3
• Inmates who identify as Lesbian, Gay or Bisexual	7
• Inmates who identify as Transgender	5
• Inmates Who Reported Sexual Abuse	5
• Inmates who Reported Sexual Victimization During Screening	20
• Inmates determined to be at high risk for perpetrating abuse	1
• Inmates determined to be at high risk for sexual victimization	2
• Inmates who sent private communications to auditor prior to audit	2
Total individual inmates interviewed (as some of the above categories overlap)	52

Document Review

In addition to the records reviewed in the pre-on-site portion, the auditor reviewed hundreds of pages of records on-site. The facility reserved records with inmate identifying information for on-site viewing. These documents were provided by the Complex Warden's office and viewed in the administrative conference room. The documents were kept locked in the room when the auditor was not present. For security reasons the auditor did not remove copies of these documents, but they will be retained by the facility through the next audit cycle.

On-site, the auditor requested a list of all hotline calls from the previous 12 months, and a list of all grievances from the past 12 months. Both lists were immediately provided; the grievance list showed hundreds of grievances in the audit period, and the auditor did a cursory review. The Executive Assistant (Administrative Remedy clerk) pulled out grievances specifically relating to PREA and found 5. The auditor reviewed these with the staff member.

The audit team viewed the inmate file of every inmate who was interviewed and confirmed screening and education documentation. The auditor viewed all intake and screening records for inmates admitted in the 12 months preceding the on-site portion. Specific data was taken from the intake and screening forms of inmates who were selected to be interviewed based on their report of sexual victimization during screening or due to a report or because they identified as transgender. The auditor also viewed mental health records and emails documenting the findings of the psychologist and lieutenant who conducted screening and follow-up screening for this group.

The auditor requested all investigation records from the previous 12 months and reviewed each of the investigation files. Several investigations were reviewed in person with an SIS lieutenant investigator. The reports included the allegation, the investigation documents including evidence

and witness statements, the findings, and communication between the facility and the Office of Internal Affairs (OIA) and the Office of the Inspector General (OIG).

The auditor randomly selected every third employee on the interview list for document review. For each employee, the auditor reviewed training records and background check information. The HR Assistant Manager also walked the auditor through the Electronic Official Personnel Files (EOPF) on her computer, which displayed hiring, background check, and other information about each employee. The auditor also received full rosters of the 2020 Annual Training which included segments on PREA and searches, and rosters of staff that completed specialized training for medical and mental health staff as well as investigative staff and staff who were able to serve as victim advocates.

The auditor pulled additional policy documents from the BOP website and the federal register, online, including the special housing unit policy and the inmate discipline policy.

The on-site portion of the audit concluded at noon on the third day. The auditor conducted a brief-out meeting with the Warden, the Associate Wardens, the Associate Wardens' Secretary, and the BOP Management Analyst, and discussed strengths, challenges, recommendations, and the report plan.

Post-Onsite Audit Phase

As the auditor did not identify any necessary corrective action, the final report was prepared and submitted on 5/28/2021.

Facility Characteristics

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

FCC Hazelton consists of four institutions operating as one facility with a total population of 3332 and a staff of 803 (plus 16 contractors).

The inmate population on 4/13/21 was:

- USP 1431
- FCI1475
- SFF 370
- Camp 56

USP

USP Hazelton sits at the highest point on the site. It had an average daily population (ADP) of 1300 for the last 12 months and the average length of stay is 548.5 days. The institution is organized in a ring shape around a central yard area. Staff and visitors enter via a large administration building which is separated from the prison building by a lawn. The four sides, or corridors, are designated by color. The site visit began in the red corridor, which contains housing units A (1 and 2), B (1 and 2), and C (1 and 2).

Each unit has 128 beds in two-man cells. The units are triangular in shape and the cells are on two floors, with the upper tier cells reached by stairs and an open catwalk. All doors face an open area with tables, seating, televisions, computer terminals, and phones. Each unit is connected to its partner via an internal, locked hall containing the Unit Team offices (A1 connected to A2, etc.). Each unit is reached from the corridor via a short sallyport hall. Each unit has 128 beds. No units were at full capacity at the time of the review. The auditor walked through each unit in this corridor except for B2 which housed inmates quarantined for COVID-19 protocol (newly arrived inmates are housed in quarantine for 14 days to monitor symptoms). That unit was viewed through the window only, but it appeared identical to other units and the auditor visually confirmed PREA posters and the hotline number clearly posted. Each unit housed general population inmates except for A2, which housed the Challenge program, where inmates can program to earn incentive points. This unit was distinct in appearance as inmates had decorated the walls with murals.

Each housing unit contains two small, locked classrooms/meeting rooms, an office with a large window, and supply closet areas that are kept locked. Each had a laundry room that no longer contained machinery and was no longer in use; the doors were locked. Each tier has four showers, including an ADA shower on the lower tier. The showers in every unit were tiled, long individual stalls with a privacy curtain. The curtains had roughly a foot of clear viewing at the bottom, and they were short enough that average height heads could be viewed at the top, nothing between knee and neck could be viewed. Each two-man cell has a bunk bed, toilet,

sink, and lockers. The doors to the cells were solid metal with a rectangular window at eye level. The doors could be opened and closed during daytime hours. The Crime Stoppers hotline (which also receives private PREA reports) is painted in large red numbers on the walls in multiple areas and is also painted directly on each phone kiosk. PREA posters with additional reporting information was also posted in each unit on a bulletin board. The auditor also viewed the notice of audit posted in each unit.

Each unit is staffed with two officers, and counselors and Unit Team staff are in and out of the area on a regular basis. Cameras are in use and well-placed in each unit. There are no blockages to visibility in the day room areas.

Turning right at the end of the red corridor, the auditor entered the yellow corridor which houses psychology, religious services, and education. The corridor also houses the inmate library, which is staffed with one inmate worker per housing unit—only one unit enters the library at one time.

Turning right at the end of the yellow corridor, the auditor entered the blue corridor, which contains housing units D (1 and 2), E (1 and 2), and F (1 and 2). D1, D2, F1 and F2 house general population inmates. Unit E1 is another quarantine unit. E2 is a disciplinary step-down unit that has limited privileges, for example, inmates are allowed less property and do not have lockers in their cells. Each of these units is identical to the ones examined previously.

The final corridor houses Inmate Systems Management (ISM), the Laundry, Facilities, Commissary, Medical Services, Food Service, administrative offices (lieutenants) and the Special Housing Unit (SHU).

The medical clinic has offices, exam rooms, a viewing cell for medical supervision needs (unused at time of visit), a dental exam area, a trauma room, and a pharmacy area. Several closet and storage areas were locked and only accessible to staff. Inmates do not move freely into the clinic but are put on call-out when they have medical needs and are under direct supervision in the area. The clinic has one inmate orderly.

The Laundry area is staffed with inmates and has multiple large machines running in two lines. The closed chase behind the dryers is accessible only by staff/supervised inmates, and the area has good visibility. Food Services is currently operating a grab-and-go service to enhance COVID-19 separation. Inmates enter the dining hall only to pick up a prepackaged meal three times a day. Twenty-eight inmate workers staff the Food Service shifts. The area has multiple cameras and open cooking space—dish and prep rooms had large windows which limited possible blind spots.

The ISM contains the receiving and discharge area. Inmates enter through a door to the bus parking outside and are processed through. They are placed in a “dirty holding” area while waiting to be body scanned and strip searched. The search area is in a back walled area, and three separate cubbies are available. Staff pulls a privacy screen in front of the opening while inmates are unclothed. Inmates are given clean clothing and placed in a “clean holding” area. Both holding rooms have toilets which have half-wall screens for privacy. Staff take photos and fingerprints, and inmates are screened by Unit Team, SIS, medical, and psychology. These interviews happen in one of four private, closed rooms, one of which has medical screening equipment and an exam table. The area also contains a property room, an

office, and several storage closets (all locked). Records and management offices are also in the ISM area. Inmate files are kept in a secure office.

Staff are required to show identification before entry to the SHU and traffic is tightly controlled. The SHU has 6 runs of cells—runs 1 and 4 each have one row of two-man cells facing a wall and the remainder have two rows of (two-man) cells facing each other. Each cell contains a bunk bed, shower, and toilet. Cells have windows facing the outside. The showers all had curtains with clear top and bottom and opaque center covering from about neck to knee height. Outside each run, a rounds log is posted, and staff are vigilant about documenting irregular, roughly-40-minute rounds. The logs are reviewed by the lieutenant each day, as well as by the Captain on a regular basis.

FCI

FCI Hazelton is on a lower point on the Hazelton site. It had an ADP of 1244 for the last 12 months and the average length of stay is 530.5 days. It contains an administrative building, three housing buildings, and a long L-shaped building housing inmate and correctional services. To the right is a large rec yard with multiple sport areas, a full-size track, and an outdoor religious services area. Next to it is an indoor recreation area.

Staff and visitors enter the administration building and exit the rear, crossing through a lawn area to get to the inmate areas. The first building is long and roughly L shaped, and a yard with walkways separates it from the three housing buildings M, N, and O. The building's doors face the yard, and it contains recreation, the SHU, the Barber Shop, Commissary, Psychology, Education, Religious Services, Vocational Training, Food Service, and Facilities.

The Facilities area has marked areas for different shops: electrical, plumbing, etc.; inmate workers staff each team, and staff are present in the area. Tools and equipment are located behind locked fencing, and inmates enter these areas only with staff present. The open space did not have blockages or dark areas that could create blind spots. The vocational training area was likewise a large open space, and at the time of the visit the facility was running a carpentry program that involved building a scale model of a house whereby inmates could learn basic safety, tool usage, and building/demolition skills.

Food Services operates with an inmate staff and is currently serving grab-and-go boxed meals. The area contained several rooms for prep and cleaning, but each had large windows and the space was clean and open. The Laundry operates on switch-out basis and nine inmates are on the daily work crew. There is a blind so inmates can change out in private when necessary. The Commissary also operates with inmate workers and several staff supervisors. The shelving was low to allow for visibility, and the well-organized stock area was accessible only when staff were present. The Barber Shop is located in a windowed room next door.

The Religious Services and Psychology areas were linked by an interior hallway. Entering the chapel area there is a foyer area with windowed offices to the sides and an inmate use bathroom. The chapel has audio monitoring capability and is viewable through large windows. Inmates are put on call out to attend religious programming, and they can request individual worship time or religious library access. Multi-purpose rooms line the interior hallway, and each had large windows for visibility. Education, Chaplain, and Psychology staff all make

regular rounds through the area. The Psychology offices have private offices/appointment rooms and a front reception area.

The Education area contains a computer classroom, GED testing room, and several classrooms as well as a library. A local community college offers for-credit classes, and other life-skills classes are provided by staff, contractors, and volunteers.

The building also contains the ISM and medical areas. Inmates are processed into the institution in ISM, which contains holding, search, and screening rooms as well as office space and inmate records areas. The medical clinic has trauma rooms, exam rooms, pharmacy, and observation cells.

The corner of the long building houses the SHU, which again is a 100% ID check area and operates with practices identical to that of USP's SHU. The phone is on a rolling unit and can be brought to each cell for 30 minutes when the inmate has phone privileges.

The institution has both inside and outside recreation. The indoor area has a large multi-purpose room with exercise equipment, a music room, issue room, spin classroom, hobby craft room, and photo area. An inmate bathroom has privacy dividers separating toilets. The outdoor yard has handball and basketball courts as well as a large track. Cameras were visible in all areas.

The institution houses non-SHU inmates in three W-shaped housing buildings M, N, and O. Each contains four housing units numbered one through four—two stacked triangular units on each side of a central connective hallways housing unit staff. The layout of the units is identical to that of USP. Each unit has two tiers of cells and houses 128 inmates. Each unit is staffed with correctional officers, counselors, and a Unit Manager who has oversight of both sides (M1 and M2, for example). Each unit's cells surround a day room with tables, TVs, computer kiosks, phones, and shower areas on one wall. The showers are individual stalls with functional curtains. Inmates only have access to their own unit.

SFF

SFF is female housing. It is a similar design as FCI but on a smaller scale. It had an ADP of 440 for the last 12 months and the average length of stay is 725 days. Three housing buildings— J, K, and L— each house two triangular shaped units connected with an office corridor. L2 housed quarantine inmates and some general population. L1 and K1 and 2 are general population housing. J 1 houses the RDAP and FIT programs, and J2 has some general population inmates but also inmates in nonresidential drug treatment and those awaiting placement in RDAP or FIT.

As with FCI, the SFF has Food Services, Facilities, Maintenance, and Vocational Training programs on one side of the long building to the front of the site. Food Services operates with inmate workers and as with the other facilities, has been running grab-and-go meals during this period. The kitchen space is clean and open, as is the dining area. Each has cameras and mirrors posted throughout. Facilities and Maintenance areas have staff on-site, and out of bounds areas are clearly marked.

The SFF provides a Culinary Arts vocational training program. Inmates complete a Serve Safe class over 6 weeks then a cooking portion for 6 months. They receive job training verification.

The area consists of a windowed office, a cooking classroom, and a pantry area where inmates can only be present with staff.

The Medical, Education, and Commissary areas are also in the long front building. Each area was nearly identical to its counterpart in the male FCI. The Religious Services area contains a large chapel room, a multi-purpose room and a religious library. The institution shares a Chaplain with USP. Ordinarily, the facility has numerous volunteer-led programs, but no volunteers have come into the complex in over 12 months due to COVID protocols. Classrooms are windowed and open to a central hall.

Psychology offices are connected to Education by the interior hallway, and some classroom and chapel areas are shared usage. The institution offers a Trauma and Life program which covers traumatic stress and resilience. They also run a Resolve program that has three phases: seeking safety, cognitive behavioral therapy (CBT), and dialectical behavior therapy (DBT). Psychology also runs the non-residential drug treatment program.

Inmates enter all of these areas when they are on call out; they do not freely walk through the building. The institution has planned movement, and inmates are seen walking in groups based on their units to food service, rec, etc.

The Recreation area has both indoor and outdoor space. The indoor area was open and though several rooms were off the multi-purpose area (music, hobby craft, spin classroom), each was clearly visible through large, windowed walls. The outdoor rec yard was also free of hidden gathering spaces, and cameras were visible facing the area. Complex security was also visible in a vehicle outside the yard.

Camp

The satellite camp at FCC Hazelton is located just down the hill from USP and the SFF. Staff and visitors enter an administration area with a visitation room. The camp has every inmate service on-site and has capacity for 258 inmates. The ADP for the last 12 months was 63 inmates, and the average length of stay is 507.5 days. It currently houses 56 inmates.

Turning left at entry, the auditor entered the visiting room, which was an open area with separated seating for inmates and visitors. There are several bathrooms that need to be opened with key. To the right of the entry is a unit management office, and the hall behind it has psychology, medical and dental areas. These are not staffed every day, but practitioners come down from USP on a schedule to see inmates. Commissary, Barber Shop, and Food Services are accessed from the back side, facing the housing units. Commissary is staffed and run one day a week. Food Service is run with 4-5 inmate workers on a shift, and all meals are prepared on-site. The kitchen and dining area are wide and well-lit, and windows look out onto the yard. The buildings surround an open yard area with a large sport field and an outdoor Religious Service area.

The camp has two housing units, A and B. Each has rows of bunks with built in desks and lockers. The rows are currently separated with translucent plastic sheeting for COVID-19 protective reasons. Each unit has a shower room with fully contained shower stalls—each has a door and room for both showering and changing. Toilets also have full stall doors, and several urinals are separated with half-walls. Each unit has a kitchen area, computer lab area, staff offices, and several utility closets that are locked. Visibility down the building is somewhat

limited given the height of inmate bunks, but a walk down each aisle allows staff to easily see into each bunk.

Beyond the housing units is a programming area with numerous classrooms, a well-stocked library, Education offices, Chaplain offices, and a chapel room. The camp offers Religious Services daily, with programming for every faith represented by the inmate population. Education staff split time between USP and the camp, and the auditor spoke to one teacher who was planning a financial management class to begin soon.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. Program Statement (PS) 5324.12
2. PS 3420.11 Standards of Employee Conduct
3. PS 5270.09 Inmate Discipline Program
4. Reentry Services Branch Organizational Chart
5. Complex Supplement HAX 5324.12A (8/17/20) *Sexually Abusive Behavior Prevention and Intervention Program*

Interviews

1. Warden
2. PREA Coordinator
3. PCM

Findings

115.11(a): The BOP program statement 5324.12 clearly states the Agency has zero tolerance toward all forms of sexual abuse and sexual harassment. The institution supplement HAX 5324.12A implements the policy at the facility level. This policy outlines the Agency's efforts to prevent, detect, and respond to sexual abuse.

The Standards of Employee Conduct specifically disallow any sexual activity or sexual behavior with an inmate, and also states that the employee may not allow another person to engage in such behavior. The rule explicitly states that "there is never any such thing as consensual sex between staff and inmates" and refers to Title 18, U.S.C. Chapter 109A providing penalties of up to life imprisonment for sexual abuse of inmates where force is used or threatened. Inmate Discipline Program rules (PS 5327.09, regarding 28 CFR §541.1 et. seq.) provide that sexual assault is a Greatest Severity Level Prohibited Act, and sexual harassment/threats/coercion is a High Severity Level Prohibited Act.

115.11(b): The Agency has named an agency-wide PREA Coordinator Jill Roth, who reports to the Assistant Director of the Reentry services division. This position is in the upper-level of Agency hierarchy, as reflected in the Organizational Chart. The PREA Coordinator is a full-time position within the Agency, and she states she has sufficient time to develop, implement, and oversee the Agency's PREA efforts. The PREA coordinator does not have a direct supervisory role over PREA compliance managers, but she serves in a supportive and organizational role that connects the facilities' efforts. The PREA coordinator also described an agency-level internal audit process by which the Agency reviews facility PREA compliance and works with Wardens and Compliance Managers should any noncompliance be identified.

115.11(c): The facility has designated a PREA Compliance Managers for each institution: the FCI Associate Warden of Operations for the FCI, the USP Associate Warden of Operations for USP and the Camp, and the SFF Administrator. FCI and SFF PCMs fall under the direct oversight of the FCI/SFF Warden, and all ultimately report to the to the Complex Warden. The PCM of each institution states that he/she has sufficient time and authority to coordinate facility PREA efforts. During the site visit and interviews, the auditor witnessed the PCMs and Wardens collaborative work and discussion of PREA compliance; facility leadership approaches compliance as a team and all prioritize sexual safety as part of overall facility security.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. Contracts for confinement with Corrections Corporation of America, Management & Training Corporation, GEO Group, Inc
2. BOP memorandum re: PREA Contracts—Private Prisons (dated 7/12/13)
3. BOP memorandum re: RRC Contracts—PREA (dated 7/12/13)

Interviews:

1. Agency Contract Administrator
2. PCM

Findings

115.12(a): The agency contracts with facilities for the confinement of inmates, including privately run prison facilities and re-entry facilities. By memorandum in 2013, the Acting Chief, Acquisitions Branch confirms that all such contracts contain the language: "The contractor shall develop policy and procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule, Dated June 20, 2012." The auditor reviewed BOP contracts with several companies, and each one included language requiring PREA compliance. The facility does not independently contract with any entities for the confinement of inmates, confirmed with the PCM on-site.

115.12(b): The contracts require that Bureau subject matter experts review the policies and procedures and ensure compliance. The Contract Administrator confirms that the contractor is required to notify the BOP of PREA allegations and forward copies of the allegation, investigation, and findings to BOP oversight staff, who review the documents and document in monitoring reports. Additionally, at least once a year the BOP's quality Assurance Program conducts a review of each contractor's PREA allegations to determine contract compliance.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence

Documents:

1. HAX 5324.12A
2. Annual Manpower Purchase and Utilization Plan quarterly meeting minutes
1. Salary Work Force Minutes—FY20 Q1, FY20 Q2, FY20 Q3, FY20 Q4, FY21 Q1
3. Memorandum from Complex Warden re: 115. 13(a)-1 (9/2/20), updated memo (3/8/21)
4. Memorandum from Complex Warden re: 115. 13(c)-1 (8/16/20), updated memo (3/8/21)
5. Memorandum from Complex Warden re: 115. 13(d)-1 (9/2/20), updated memo (3/8/21)
6. Memorandum from Complex Warden re: 115.13(d)-2 (3/8/21)
7. HAZ Staffing Report Pay Period 17 (8/16/20-8/29/20)
8. Institution Duty Officer Unannounced Institutional Rounds logs
9. Institution Duty Officer Training slides

Interviews:

1. PCMs
2. Complex Warden
3. Random sample of staff
4. Institution Duty Officers

Findings

115.13(a): The facility has a staffing plan that takes into account generally accepted detention and correctional practices, any findings of judicial inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated), the composition of the inmate population, the number and placement of supervisory staff, institutional programs occurring on a particular shift, any applicable state or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

The Salary Workforce Subcommittee Minutes document the staffing plan and the higher-level administrators' discussion of PREA factors at the committee's quarterly meetings, including several meetings during the audit period. The Complex Warden confirmed by memo and during an interview that the meetings cover staffing, monitoring technology and the allocation of facility resources. Staffing changes and needs are discussed in detail and documented in the meeting minutes. Monitoring technology is also discussed and evaluated in light of sexual safety needs. The PCMs are a party to these meetings and have the opportunity to raise any sexual safety issues.

The auditor observed staff (both unit staff and high-level management) having casual, professional conversations with inmates in each institution. Unit staff regularly move about, do random counts, and constantly interact with the inmate population. Facility leadership appeared very familiar with the population, and their regular presence in all areas of the facility was obvious. It was apparent that staff presence in the units is high, and the staffing ratio appeared sufficient to deter and detect sexual misconduct.

In addition to regularly assigned staff in specific areas, complex security, counselors, Unit Managers, and supervisory staff regularly move through the spaces. Numerous cameras were observed in every housing area and in all common areas, and the views are centrally monitored. Each institution has clearly been designed with the idea of removing possible blind spots. The layout of the triangular-shaped housing units in USP, FCI, and SFF provide easy viewing of all open areas and every cell door from all angles. The facility has a high level of monitoring technology in place. Cameras are well placed to capture every space except inside cells, and the cell doors (and movement in/out) are captured. Interviews with staff demonstrated that staffing levels ensure rounds are taken frequently and on an irregular bases to increase supervision behind cell doors. The camp was designed with rows of bunks that provide some inmate privacy, but the inmate/staff ratio ensures that supervision is appropriate. Staff in that area felt they had no issues ensuring safety in the units. Common areas such as work space, recreation areas, and classrooms were likewise designed with visibility in mind. All areas had windows or open space to allow for open viewing by staff, and cameras were present throughout. The staffing levels at the facility appear adequate to promote sexual safety.

115.13(b) and (c): The PCMs and Warden stated in interviews that due to the ongoing discussion of staffing and supervision needs, no deviations to the plan taken place; any necessary adjustments are made during the meetings. Both the PREA Coordinator and the PCM(s) state that the coordinator is involved in overall sexual safety planning and is brought in on an as-needed basis. The PCMs reported that the PREA Coordinator is easy to reach and available for any facility support needs.

115.13 (d): HAX 5324.12A(7) provides that the Institution Duty Officer (IDO) conducts weekly rounds through each area of the institution on all shifts and documents the rounds have been conducted. The documentation is provided to the PCMs via a shared email. The IDO is a mid-level supervisor. The Institution Duty Officer Training slides provided indicate that the IDO receives training on how to conduct these rounds. This auditor reviewed multiple Institution Duty Officer Unannounced Institutional Rounds records from 2020 indicating the rounds were completed throughout the 24-hour day, at random times and on a regular basis. Many areas were visited more than once a week, even daily, on a random time basis (for example, the SHU is visited daily). Staff are prohibited from alerting other staff that the rounds are occurring, as documented by policy and the log sheet.

The Complex Warden explained in a memorandum that during the audit period, certain precautions were taken in light of COVID-19 pandemic protection measures. Multiple staff could conduct rounds during a week to limit staff movement and possible transmission. This practice did not significantly modify the policy, nor did it violate the requirements of the standard. The memorandum also explained a couple of small discrepancies noted in rounds logs during one week of this period. The auditor reviewed numerous logs throughout the audit period and finds that the errors were insignificant and did not call the overall practice into question. The auditor spoke with two administrators who conducted IDO rotations. Each described thorough examinations of every area of the complex, keeping a random schedule. Each stated that the rounds would take up the bulk of working hours for a week. It is clear that staff are aware of the process and the rounds are fully implemented at the facility.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility does not house youthful inmates. This was confirmed on-site and with the interview of the Warden and PCM. Inmate roster documents also confirm all individuals are 18 or older.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. PS 5324.12, p. 17-19
3. PS 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas
4. Memorandum from Complex Warden re: 115.13(d)-1 (3/8/21)
5. Memorandum from Complex Warden re: 115.15(e)-1 (3/8/21)

6. Annual Training FY 2020 Instructor Guide: Escort Procedures

Interviews:

1. Warden
2. Random sample of staff
3. Random sample of inmates
4. Inmates who identify as transgender

Site Review Observations:

1. Housing areas including door signage and bathroom/shower areas
2. Opposite gender staff announcements

Findings

115.15(a): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. PS 5324.12. PS 5521.06 provides exigent circumstances are defined as in the PREA standard 115.5. The Agency defines a “visual search” as a visual inspection of all body surfaces and body cavities and mandates that all visual searches shall be conducted by staff of the same sex as the inmate except where circumstances are such that delay would mean the likely loss of contraband. PS 5521.06. In such a case the reason for such search must be documented in the inmate file. HAX 5324.12A(8) echoes these provisions.

115.15(b) The facility does not conduct cross-gender pat down searches of female inmates except in exigent circumstances as mandated by policy listed above. This is trained in the annual training curriculum. Female inmates and transgender inmates housed in female housing stated they had not been searched by male officers. Staff at the facility described searches in line with the policy requirements and stated that privileges are never restricted due to lack of female staff.

115.15(c): Policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. PS 5521.06 and HAX 5324.12A(8). The facility has not conducted any cross-gender searches in the past 12 months. This fact was confirmed on-site via conversations with the Warden and PCM.

115.15(d): Inmates are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks per PS 5324.12. The Warden states by memorandum that no exigent circumstances have occurred that caused changes to this practice.

HAX 5324.12A(6)(c)(4) provides that the Agency has numerous ways to notify inmates that opposite gender staff are present in the unit. Announcements are made at the beginning of shift, and opposite gender staff make announcements if they are entering a unit where they are not the “regularly assigned housing unit officer or Unit Team member working there.” This policy is in line with the PRC FAQ guidance suggesting that it is a change of the status-quo that requires announcement. Under that section, staff also must announce upon entry if they have to go into individual cells, showers, or bathroom areas. HAX 5324.12A(8) provides further guidance on opposite gender presence during searches and use-of-force situations that may involve unclothed inmates. That section states that “opposite-gender staff will not be used in

any calculated use-of-force or in confrontation avoidance that involves an unclothed inmate or with an inmate known to expose themselves. This includes camera operators. Nor will opposite-gender staff be the observer of an unclothed inmate who is on dry cell, suicide watch, medical observation, or any other similar status.”

The facility housing units each contain showers that have privacy doors or curtains. All showering is thus able to be conducted in private. Toilets are within cells in all units except the camp (where toilets are in closed door stalls) and viewing would only occur incidental to a routine cell check. While a number of interviewed inmates stated they did not always hear the announcement, they also stated that they had never been in a situation where they would have been exposed in front of a staff member. The auditor witnessed opposite-gender announcements being made at the beginning of shift over the intercom, and in most cases heard the announcement made by staff when she entered housing units. The facility has demonstrated substantial compliance with this provision.

115.15(e): HAX 5324.12A(8)(b) states that staff are prohibited from “visually searching or physically searching a transgender or intersex inmate solely for the purpose of determining the inmate’s genital status.” The Warden confirmed via memo that the facility has fully implemented this practice. Transgender inmates stated no such search had taken place.

115.15(f): All staff receive training on the search policy both in initial training and during annual training, as evidenced by the training curricula. All staff interviewed reported recalling information on searches of male and female inmates including transgender inmates. The auditor had several staff members demonstrate the policy-approved pat search method for female inmates (including transgender inmates who identify as female), which included using the back of the bladed hand over the chest area.

PS 5521.06 provides that transgender inmates will be pat searched “in accordance with the gender of the institution, or housing assignment, in which they are assigned” but they may request an exception which would be reviewed by the Warden in consultation with medical, mental health, and custody staff. If an exception is granted, it will be documented and clearly communicated to staff, and the inmate would receive a notation on a personal identifier card that could be presented to staff when searched. Transgender inmates described searches in line with this policy when interviewed.

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

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

115.16 (a)

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. HAX 5324.12A
2. PS 5324.12, p. 19-20
3. Memorandum from Complex Warden Re: 115.16(a)-1 (3/8/21)
4. Memorandum from Chief, National Acquisitions Section to all acquisition staff dated 9/29/20 with copy of Language Line Services purchase agreement.

Interviews:

1. PCMs
2. Inmates who are LEP
3. Inmates with physical disabilities including low vision
4. D/deaf inmates
5. Inmates with cognitive disabilities

Findings

115.16(a-b): PS 5324.12 requires that the Agency provides accommodations to ensure all inmates have access to the sexual safety program, including ensuring inmates can effectively communicate with staff. The Complex Warden stated by memorandum that all inmates are provided the opportunity to benefit from all aspects of the PREA provisions at the facility. Inmates receive written and oral in-person education. The PCM confirmed that translation services are available on-site.

Psychology Services meets individually with inmates during the screening process and sexual abuse prevention information is reviewed during this interview to ensure the inmate understands and can utilize the information. Written materials can be reviewed during this interview, the orientation class, or during meetings with the inmate counselors to ensure that all inmates understand the information. The audit team interviewed inmates with limited English proficiency and inmates who are D/deaf or hard of hearing, and every inmate recalled PREA education and stated it was provided in a way that they understood the material provided. The audit team also spoke with several inmates who had been identified as having a cognitive, intellectual, or developmental disability. Every inmate understood the facility's zero tolerance policy, how to report an incident, and how to use various methods to contact staff for any needs.

115.16(c): PS 5324.12C prohibits the use of inmate interpreters except where a delay would compromise safety or the investigation (p. 20). Interviewed staff stated that inmates are never used to translate sensitive information for their peers. None identified any instance where an inmate interpreter had been used.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have

in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. BOP Recruitment Flyer
2. Pre-Employment Guide
3. Policy P3000.03, Human Resources Management Manual
4. P3420.11
5. Questionnaire for Public Trust Positions; Standard Form 85P
6. Memorandum from Assistant Director of Human Resource Management Division to Human Resource Managers (dated 2/28/14)
7. Email from Chief, Office of Internal Affairs to OIA All Staff (dated 2/19/14)
8. "PREA-reference check background materials" (Notes on 115.17(h) provided by BOP)
9. Employee files

Interviews:

1. Human Resources Assistant Manager
2. PCM

Findings

115.17(a): The Human Resources Assistant Manager confirmed that the Agency prohibits hiring or promoting anyone—or enlisting the services of any contractor—who has engaged in sexual abuse or has been convicted or adjudicated of sexual abuse. Applicants are made aware of these requirements in the Pre-Employment Guide (page 2) and the recruiting flyer. The assistant manager described the thorough preemployment screening that every employee goes through before hiring, which includes criminal background checks and self-disclosure questionnaires. Policy 3420.09 states that employees may not engage in sexual activity of any kind with inmates. It provides the penalties include federal criminal penalties, administrative action up to and including removal. Background checks are documented either in a memorandum from the background investigator or in an electronic notation in BOP's JSTARS system that contains staff data.

Policy 3000.03, section 731.2, Contract Security, covers contract workers. Program managers are responsible for security review of contractors. The security review includes a background check (NCIC), and any criminal behavior would bar entry to the facility. If "derogatory" or "disqualifying" information arises during contractual work (including "criminal, dishonest, infamous or notoriously disgraceful conduct"), institution security personnel, in consultation with the Warden, will determine if access will be disallowed.

115.17(b): The HR Assistant Manager confirmed the Agency considers sexual harassment incidents in the preemployment screening. She stated that the preemployment background screening would evaluate any allegations that were known via reference checks. PS 5324.12 indicates that sexual harassment incidents are considered "in accordance with disciplinary/adverse action process and collective bargaining agreement" (as well as all applicable laws and rules). As stated above, contractors also go through a background screening, and sexual harassment incidents would be evaluated as part of that process. Contractors also provide a sworn questionnaire which asks about any harassment or abuse perpetration.

115.17(c): The Agency completes criminal background checks before hiring new employees, as stated in policy P3000.03. New employees are notified of this, and the information is included in the recruitment flyer, the pre-employment guide, and the Questionnaire for Public Trust Positions. The assistant manager confirmed this and that the investigators contact prior institutional employers as part of the screening process. The auditor reviewed hiring records of staff in the electronic HR record system and each record reflected a background investigation. The system documents that background checks are completed on every employee.

115.17(d): Policy 3003.03 section 731.2 provides that criminal background checks are performed on contractors who will enter the facility. The auditor viewed contractor records from the audit period which showed documents confirming the check was completed.

115.17(e): Policy 3003.03 also provides that all positions are subject to five-year reinvestigations. The assistant manager confirmed that every employee goes through a criminal background check every five years. Employees renew fingerprints, and the centralized Background Investigation Section completes the check. Employee files reflected the checks in every case. Interviewed staff were aware these checks were completed.

115.17(f): The assistant manager described the SF85 P form by which all applicants fill out a sworn questionnaire which asks about prior misconduct. Employees do not undergo self-evaluations or interviews during reviews, so the questions are not asked during annual reviews, but all employees are subject to a continuing affirmative duty to disclose misconduct. This is under 3003.03 and 3420.11.

115.17(g): The employment screening process involves sworn statements, and provision of false information would be grounds to not hire the applicant, as stated on the questionnaire. The HR assistant manager confirmed the questionnaire process and consequences.

115.17(h): By memo from the Agency's Assistant Director of HR, staff are directed to provide information on staff allegations to other institutional employers when requested. The Office of Internal Affairs also provides information, without a release, if necessary, after review. A memorandum on PREA Reference Check Background Materials confirms this process. The HR assistant manager also confirmed these provisions during an interview, indicating that she would refer any inquiries to OIA, who would provide information subject to applicable law.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents

1. Salary/Workforce Committee quarterly meeting minutes from 2020.

Interviews

1. Warden
2. PCM
3. Agency Head
4. PREA Coordinator

Findings

115.18(a): The facility undertook no substantial modification, expansion, or new construction during the audit period. The Warden and PCMs confirmed this in interviews.

115.18(b): The facility has not substantially modified monitoring technology during the audit period. To the extent the Agency has updated monitoring technology, they discuss PREA considerations, per Agency head and PREA Coordinator. The auditor notes that staffing plan documents suggest all updates are discussed with PREA considerations in mind. The Salary/Workforce Committee meeting minutes show that the PCMs attend and discuss sexual safety issues at these facility leadership meetings.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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Evidence

Documents:

1. HAX 5324.12A including attachments:
 - a. Sexual Assault Intervention Protocol—Coordinated Response Team
 - b. PREA Report Inmate-on-Inmate Checklist—Lieutenants
 - c. Sexual Assault Allegation Checklist
2. ONESource Investigation Guide
3. Course training records for: *Forensic Medical Exams: An Overview for Victim Advocates*
4. Memorandum from Complex Warden re: Standard 115.21 (c)-2 (dated 3/8/21)
5. Memorandum from Complex Warden re: Standard 115.21(e)-1 (dated 3/9/21)
6. Memorandum from Acting Warden re: Standard 115.21(d)-3 (dated 9/2/20) with psychologist licensure attached
7. Memorandum from Chief Psychologist re: victim support (3/8/21)
8. Investigation files
9. *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* U.S. Department of Justice Office of Violence Against Women (dated 04/13)
10. OIG PREA training materials
11. 4/2/14 letter from the FBI Principal Deputy General Counsel to the BOP Assistant Director

Interviews:

1. Random sample of staff
2. SANE/SAFE staff
3. PREA compliance manager (PCM)
4. Inmates who reported sexual abuse

Findings:

115.21(a): PS 5324.12 provides that staff will follow the Response Protocol when responding to an incident of sexual abuse. HAX 5324.12A(10) provides that first responders take steps to preserve evidence, and the ONESource response protocol and checklists provide detailed guidance about evidence collection. SIS staff are to follow the standardized evidence protocol

Crime Scene Management and Evidence Control, which covers all possible crimes at the facility. The Acting Warden stated by memorandum that the facility adheres to these guidelines, and that a specially trained Evidence Recovery Team (ERT) gathers evidence in allegations of sexual abuse. SIS investigative staff confirmed that the ERT handles evidence collection and any arrangements for the inmate to be transported for forensic examination, in consultation with medical services.

115.21(b). The auditor confirmed on-site that no youth are incarcerated at the facility. Because the evidence protocol would not be used on youth, it satisfies the first portion of the provision.

The evidence protocol is in line with the most recent edition of the U.S. Department of Justice's Office on Violence Against Women (OVW) publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" (national protocol), or similarly comprehensive and authoritative protocols developed after 2011. The most recent version of the document is from 2013. Under the BOP guidelines, victims are sent to medical services for any triage/initial examination and treatment. Staff take steps to preserve evidence on the victim and perpetrator, as well as at the scene of the incident. Investigative staff stated the ERT consists of a small number of highly trained staff that ensure evidence is obtained and preserved to the maximum extent possible in the circumstances, providing the evidence to SIS staff, or to outside investigators (OIA, OIG) if they conduct the investigation. If OIG/FBI are conducting the investigation, they follow the same evidence standards as in any federal criminal investigation.

115.21(c): HAX 5324.12A(10)(e) provides that forensic examinations will be made available to inmate victims, without cost. The victim will be offered a forensic medical examination, which should take place "as soon as practicable but within 72 hours of the BOP becoming aware the inmate reported involvement in a sexually abusive assault." (ONESource protocol, p. 3). Exams will be conducted by a specially trained medical professional (Sexual Assault Nurse Examiner or equivalent) at the local medical center. The facility supplement states the inmate will be transported to Mon Health Medical Center for the exam, testing for sexually transmitted infections, and any requested prophylactic treatment. The auditor confirmed with the medical center that such services are always available and a SANE or trained medical professional would provide the same treatment and examination to anyone who came to the ER seeking treatment following a sexual assault. Medical staff and investigative staff, including ERT, are prepared to triage and transport an inmate following any incident that gives rise to a need for a forensic examination. The Complex Warden states by memorandum that the examinations are without cost to the victim.

No forensic examinations had taken place in the audit period. Abuse cases in the audit period were not cases where an exam was appropriate (inmate no longer at institution, victim had already taken actions that would destroy evidence before case known, type of abuse would not lead to physical evidence). SIS staff and the PCM stated that forensic examinations, though they had not occurred, are anticipated by the evidence protocol, and would be offered promptly when appropriate. Medical staff were similarly aware of the protocol and ready to treat an inmate victim whenever an allegation did arise. The investigation files reflected that follow-up medical treatment had been provided in several cases where touching had occurred.

115.21(d)-(e): FCC Hazelton has made many attempts to secure a memorandum of understanding with the local rape crisis center to provide advocacy services to inmates. The facility provided emails showing quarterly attempts at communication, and in an interview, the

chief psychologist detailed other efforts including calls which go unreturned. She also stated that her predecessor made similar attempts. The auditor finds that the facility has made sufficient efforts to secure these services. The Complex Warden states by memorandum that all psychologists at the complex, including those that are not licensed, have completed victim advocate training that qualifies them to provide advocacy services in the event of an abuse incident. The facility provided the training records. Interviewed psychology staff stated they would provide emotional support, crisis intervention, information and referrals following an incident, if the inmate requested such services. They would also accompany the inmate through the exam and investigation process as requested. Although the facility has not yet been able to secure a relationship with the community advocate group, staff are able to fill this role and the facility is in compliance with this provision.

115.21(f): The BOP cooperates with the OIG, FBI, and OIA when those agencies are investigating a sexual abuse case at the facility. PS 5324.12 states that the BOP requests any investigating agency follow these protocols.

115.21(h): The staff members trained for victim advocacy purposes are in psychology services and has ample professional skills in this arena, and is also, like all BOP staff, fully trained as a correctional worker. Training materials indicate the OIG investigators receive substantial training on sexual assault and forensic examination in the PREA context. The Federal Bureau of Investigation also receives training on sexual assault and forensic examination, as indicated in the 4/2/14 letter from the FBI Principal Deputy General Counsel to the BOP Assistant Director.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.12
2. HAX 5324.12A
3. PS 5508.02 Hostage Situations or Criminal Actions Requiring FBI Presence
4. Email Memorandum re: DOJ/OIG Authority dated 3/12/14
5. Memorandum of Understanding between the Federal Bureau of Investigations and The Federal Bureau of Prisons on Violations of Federal Criminal Statutes (signed 8/1996)

Interviews:

1. Agency Head

2. PCM

Findings

115.22(a): PS 5324.12 provides that every allegation of abuse or harassment is investigated. The facility supplement policy provides that the PCM is notified of every allegation, and each PCM monitors the cases, ensuring investigation is completed on every one. The SIS investigators are centralized for the facility. The PCMs maintain contact with SIS or the outside investigators to receive updates about the cases. The auditor interviewed a large number of inmates; inmates who had reported sexual abuse or harassment stated their allegations were investigated by staff. There is no evidence that any allegation went unexamined.

115.22(b): PS 5324.12 provides all allegations are referred to the OIG for review. If the information suggests criminal behavior, the FBI will be involved in the investigation. OIA will handle administrative cases involving staff. The facility SIS lieutenants conduct administrative investigations involving inmate perpetrators. The Agency Head confirmed these responsibilities in an interview.

The PCM and SIS both monitor abuse or harassment cases. The facility supplement Attachments include the PREA Compliance Manager Information Tracking log, which is a standardized document for monitoring case completion and ensuring every necessary process takes place. The PCMs stated that referrals to other agencies would also be documented via emails, which are retained in the investigation folder. The investigation files reviewed by the auditor contained these referral communications.

115.22(c): Federal regulations (including DOJ rule codified at 28 CFR Parts 0 and 45) document the various agencies' jurisdiction, as stated in the email memorandum provided by the facility dated 3/12/14. PS 5508.02 (7) provides that the FBI has investigative responsibility for crimes committed at Bureau facilities. A Memorandum of Understanding re: Hostage or Crisis Incidents at Bureau of Prison Facilities from 1996 is included as Attachment A, which covers the cooperative work and provides operational and command guidance. The MOU regarding violations of federal crime was also signed the same year, and that document provides similar guidance.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.12
2. Annual Training FY 2020 Schedule
3. Annual Training FY 2020 attendance logs
4. Sexually Abusive Behavior Prevention and Intervention Program; Annual Training 2020 PowerPoint slides
5. Sexually Abusive Behavior Prevention and Intervention Program; Annual Training 2014 PowerPoint slides
6. Email re: OIG PREA training 1/14/14
7. Contractor Training logs
8. Volunteer Training logs, Level 1 and Level 2
9. BP-5324.009 PREA Acknowledgement CDFRM

Interviews:

1. Random sample of staff

2. Employee Development Manager

Findings

115.31(a): Agency program statement 5324.12 provides that all staff, new and current, receive training on the components of the prevention and intervention of sexually abusive behaviors as outlined in the policy. The policy states that training will occur in Introduction to Correctional Techniques (ICT) Phase 1 and in Annual Training. The policy further states that training will cover crime scene preservation for first responders and ensuring coordinated response to reports. Staff also receive the ONESource guide for incidents of sexual abuse.

The auditor reviewed the Agency training materials, and the training covers zero tolerance, how to fulfill duties under the PREA policy, inmate rights re: abuse and harassment, inmate and staff rights re: retaliation, dynamics of sexual abuse, common reactions of victims, how to detect and respond to signs of threatened and actual abuse, how to avoid inappropriate relationships, effective communication, and mandatory reporting. Every staff interviewed recalled the PREA training and was able to provide specific topics covered. Because the training is reviewed during each annual training period, staff had strong recall of the information. The Employee Development Staff described the record-keeping for training attendance, which is electronically stored in the Bureau Learning University (BLU) system and easily searchable. The system will trigger an alert if an employee has not completed necessary training.

The Annual Training curriculum for 2020 covers the zero-tolerance policy, how to fulfill one's responsibilities, inmates' right to be free from sexual abuse and harassment, inmate and employee rights to be free from retaliation for reporting, the dynamics of sexual abuse in confinement, common reactions of victims, how to detect signs of threatened and actual sexual abuse, effective communication with LGBTQI inmates, mandatory reporting.

115.31(b): The training does covers male and female responses to sexual abuse and is tailored to the gender of the inmates at this facility. Slides 9-10 of the annual training cover gender-specific responses to sexual victimization. All staff receive this training regardless of the gender of inmate at the facility where they work, so all staff are prepared to supervise any inmate. Staff at each institution in this facility were able to describe, for example, how to pat search a female and female responses to victimization.

115.31(c): The Employee Development office is tasked with monitoring training completion. A review of employee files indicates that all current employees who may have contact with inmates have received this training. The auditor viewed the initial training records of interviewed staff and confirmed initial training completion. The auditor also reviewed a full roster of the 2020 Annual Training, which covered all staff. The employees receive the training annually, which provides refresher training and information each year, thus meeting the requirements of this standard. Annual Training agenda reflects the training included 30 minutes of diversity training covering cultural diversity and "social/cultural lifestyles of the inmate population." Another hour is dedicated to communication skills and interpersonal relations. Interviewed staff all remembered details from the annual training, including the required topics.

115.31(d): The Agency documents that employees understand the training they have receive; employees sign a log sheet with this affirmation during the annual training. Employee

responses to interview questions clearly demonstrated that they are understanding and retaining the training information.

115.31(d): The Employee Development Manager stated in interview that all training is logged in the electronic training system (BLU), and attendance records are retained. The facility provided the auditor with copies of the signed attendance logs for all facility employees for the 2020 Annual Training, and the log includes an affirmation that the staff member understands the training.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

Evidence

Documents:

1. PS 5324.12 (p.26)
2. Contractor/Volunteer/Intern Training Curriculum
3. Contractor/Volunteer/Intern Orientation Training Agenda and Certification forms, *signed* (4/2020-3/2021)
4. Certification of Contractor Training forms (4/2020-3/2021)
5. Volunteer Training Acknowledgement signature pages (1/2019-1/2020)
6. BP-5324.009 PREA Acknowledgement CDFRM

Interviews:

1. Contractor
2. PCM

Findings

PS 5324.12 states the Reentry Affairs Coordinator and Human Resources Manager will coordinate training for all volunteers and contractors about what constitutes sexual abuse or sexual harassment of an inmate. Under the policy the PCM or PREA Point of Contact will provide PREA training specifying the Agency's zero tolerance policy and potential consequences for engaging in sexual abuse and/or sexual harassment, and how to report such incidents. HAX 5324.12A(6)(b)(6) states Volunteers and Contractors receive this training during New Volunteer and Contractor Training, and during Annual Training. They must complete the training before they interact with inmates. The Agency has volunteers and contractors sign a PREA Acknowledgement that confirms they understand the training they have received.

The Warden and PCM confirmed that no volunteers had entered the facility in the audit period due to COVID-19 protective measures. Typically, the facility has a larger pool of volunteers, and this auditor reviewed sample volunteer training records for volunteers who were most recently in the facility (2019-early 2020 timeframe). Each one had received training and signed an acknowledgement.

The facility also uses the services of contractors. Each contractor receives training on the zero-tolerance policy, reporting mechanisms, and their responsibilities. The facility provided training records for all contractors who currently have access to the facility. Each contractor attends a training session, is provided educational materials, and signs an acknowledgement that the training is understood; the auditor reviewed these signature logs. The auditor interviewed one contract employee who works as a medical provider. He remembered the zero-tolerance training, provided at the time he was assigned to the facility, and also recalled specifics of the annual training. He was aware of his responsibilities to report sexual abuse/harassment, and he knew how to do so.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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Evidence

Documents:

1. HAX 5324.12A(6)(c)
2. Policy 5290.14 Admissions and Orientation Program, page 10
3. Inmate Admission & Orientation Handbook FCI Hazelton (4/13/2015 update)
4. Sexually Abusive Behavior Prevention and Intervention; An Overview for Offenders (7/2018 version); in English and Spanish
5. PS5324.12 re: 115.33
6. Institution Admission and Orientation Program Checklists
7. Psychology Services FCI Admission and Orientation Lesson Plan (11/2019 update)

Interviews:

1. Random Sample of Inmates

Findings

115.33(a): Inmates receive information regarding the zero-tolerance policy at intake per PS 5324.12 (and HAX 5324.12A(6)(c)). The Admission and Orientation Handbook for inmates contains the Sexually Abusive Behavior and Intervention materials. The information also covers how to report incidents, both internally and to the OIG. Interviewed inmates all stated they received the handbook information at intake. The auditor viewed the intake area where the information is provided.

115.33(b): The Agency provides comprehensive information in person during Admissions and Orientation (A&O) Program. The PCM described the A&O process during the interview. A staff member designated by the Warden presents the Sexually Abusive Behavior Prevention and Intervention Program. The A&O program checklists show the topics to be covered during education. The presentation includes: definitions of sexually abusive behavior and sexual harassment; prevention strategies the inmate can use to minimize inmate risk of sexual victimization in custody; methods of reporting sexual abuse and/or harassment against oneself and other inmates, including internal and external reporting; treatment options and programs available to inmate victims of sexually abusive behavior and sexual harassment; monitoring, discipline and prosecution of sexual perpetrators (covering how the Agency responds to abuse incidents); and notice that male and female staff routinely work and visit inmate housing areas. The inmate participation is documented. Inmates who are not able to attend the A&O (those in Special Housing Unit) receive individual education with the Chief Psychologist or designee.

With a few exceptions, interviewed inmates remembered their A&O program and the sexual safety presentation. This was true for inmates with physical and cognitive disabilities and language barriers as well.

115.33(c): All interviewed inmates had received the education. The A&O attendance was reflected in the inmate files, as viewed by the auditor at the facility. During interviews, inmates were able to recall topics and information from the program. Inmates receive information upon transfer to a different facility. The A&O program is specific to the facility and would be given at any new facility should a transfer occur. Many interviewed inmates had arrived at the facility from another BOP institution, and they reported receiving the in-person education (as well as the inmate handbook) at each facility.

115.33(d): The admission and orientation handbook is available in both English and Spanish. A bilingual staff member will attend the A&O program and translate if Spanish-speaking inmates are present. The facility provides translation services as necessary.

The facility states by memorandum that “for inmates with limited reading capabilities or visual impairments, the information will be read to the inmate by his Unit Team; and for inmates with hearing impairments, the information is available in written form.” This information was confirmed with the PCM. The facility provides accessibility support on an as-needed basis. The facility has anticipated providing one-on-one support should the need arise. The auditor

interviewed several inmates that were identified as having physical and cognitive disabilities. Each inmate recalled understanding the PREA education materials and knew how to access support if necessary.

115.33(e): The Agency maintains documentation of the Admission and Orientation programming with the Institution Admission and Orientation Program Checklist and the Unit A&O Checklist. Policy 5290.14 states that staff must document that the inmate has received a copy of the inmate handouts and completed the A&O program. Staff have the inmate sign and date a copy of the document and it is placed in the Central File. Under the policy the Intake Screening Form documents receipt of orientation information as well. The auditor reviewed the paper files of interviewed inmates. Each contained a notation that the inmate had received the handbook at intake, and each contained an attendance record from A&O.

115.33(f): As viewed on-site, the Agency ensures that key information is continuously and readily available via the inmate handbook, posters which are available in every housing unit and major area of the facility, and phone numbers painted on every phone stand and around each housing unit. Interviewed inmates were all aware how to access information about reporting sexual safety issues.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)

☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Evidence

Documents:

1. HAX 5324.12A
2. PREA National Video Conference schedule 10/29/2012
3. Curriculum for Course CSV-0601-BXX
4. Lesson Plan for SIS/SIA training
5. Training slides and Lesson Plan for DOJ/OIA training Conducting Interviews & Union Issues
6. Course Completion records for Investigative Intelligence-BOP (CSV-0600-Bxx)HAX
7. Course Completion records for Investigating Sexual Abuse in a Confinement Setting (NIC)
8. Memorandum from BOP re: 115.34
9. Memorandum from Warden Re; 115.34(c)-1 (9/2/20)
10. Form BP_AO194 Garrity Warning

11. FBI Domestic Investigations and Operations Guide (online at <https://vault.fbi.gov/FBI%20Domestic%20Investigations%20and%20Operations%20Guide%20%28DIOG%29>)
12. Letter from FBI Principal Deputy General Counsel to BOP Assistant Director re: FBI training on PREA and investigations
13. Email from OIG official to BOP re: PREA training for OIG officials (1/24/2014)
14. Employee training records

Interviews:

1. Investigative staff
2. Employee Development Manager

Findings

115.34(a): The Chief of Correctional Services ensures the Special Investigative Supervisor (SIS)/Special Investigative Agents are appropriately trained. The Institution supplement 5324.12 (5)(A) provides the Captain will ensure investigative staff are appropriately trained. The Chief of the Office of Internal Affairs ensures OIA staff are appropriately trained. The Employee Development office monitors training compliance and uses the electronic training system (Bureau Learning University BLU) which maintains class completion reports and attendance records. Investigative staff complete the National Institute of Corrections (NIC) online course PREA Investigating Sexual Abuse in a Confinement Setting. Investigators also complete a BOP specific course, Investigative Intelligence. The training records indicate that investigative staff at the institution have received the training—each investigative lieutenant's name was reflected on the training log. Both interviewed SIS lieutenants had completed PREA investigations training, and both were able to recall specifics topics covered in the training. Further, both were specially assigned to investigative lieutenant duties based on their experience and suitability to complete investigations, including sexual abuse cases.

115.34(b): This auditor reviewed the specialized training materials. The specialized investigator training covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigative staff recalled the training. Information on proper investigation process remains constantly and readily available via the ONESource checklist.

115.34(c): All employee training, including PREA specialized training, is retained electronically. The auditor reviewed electronic training records showing course completion. This information is centrally available to the Employee Development Office and is also reflected in individual staff personnel files, confirmed by the auditor with the on-site review.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. PS5324.12 re: 115.35
3. BOP e-Training offerings: PREA Video Selection, Correctional Programs Division. PREA
4. Course Completion records for PREA for Medical and Mental Health Care 0BOP (CPG-0233-BXX)
5. Employee files

Interviews:

1. Medical Staff
2. Mental Health Staff
3. Employee Development Manager

Findings

115.35(a): The institution supplement HAX 5324.12(6)(b)(5) provides that specialized training for Health Services and Psychology services will occur via Sallyport, which provides a one-time specialty training consisting of six videos. Under PS 5324.12 the Health Services Division ensures medical staff are appropriately trained under this section, and the Reentry Services Division ensures mental health staff are appropriately trained under this section, the Employee Development Manager's office monitors training completion with electronic records. The auditor

reviewed the training materials. The training consists of video presentations which cover how to detect and assess signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, reporting, trauma-informed approach to PREA, and understanding sexual trauma.

The facility provided attendance log data for health services and psychology services staff; a check of interviewed medical and mental health staff records showed they had completed the training. The Employee Development Manager's office monitors compliance with necessary training.

115.35(b): Medical staff do not complete forensic examinations.

115.35(c): This auditor reviewed training records for Medical and Mental Health Care PREA training, which are electronically retained and available. Training records are also included in individual personnel files. Log documents for the training entitled "PREA Videos for Lieutenants, Medical and Mental Health Care" also reflect attendance and signatures of attendees certifying they understood the training.

115.35(d): All staff receive the general PREA training, as confirmed on-site. All interviewed staff completed the annual training each year which provides all PREA information required in 115.31. Annual Training attendance logs confirms that medical/mental health staff attended the training in the audit period. Contract staff, including medical/mental health staff, receive the contractor training as discussed above, which includes necessary information on zero tolerance and responsibilities under PREA. The contractor interviewed recalled the training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. HAX 5324.12A
2. PS 5324.12 re: 115.41 (p. 29-32)
3. Memorandum for Wardens from Assistant Director, Reentry Services (9/11/14)
4. Memorandum from Complex Warden re: Standard 115.41(c)-1 (9/2/20)
5. Attachment A. PREA Intake Objective Screening Instrument
6. Federal Bureau of Prisons Intake Screening Form
7. Bureau of Prisons, Psychology Services, Risk of Sexual Abusiveness
8. Individual Needs Plan—initial Classification
9. Inmate screening forms

Interviews:

1. Screening staff—Unit Team
2. Screening staff—psychologist
3. Random Sample of Inmates

Findings:

115.41(a): All inmates are screened upon arrival at each institution at FCC Hazelton per HAX 5324.12A(6)(a). The Complex Warden outlined the screening process via memo: Unit Team staff screen for risk of victimization and abusiveness, utilizing the objective screening instrument; all inmates are also screened by Clinical Psychologists during the Psychology Intake Screening. Staff complete the screening in closed door offices in receiving area. There are four interview rooms that provide for complete privacy during the process. Unit Team staff and the Psychologist confirmed this process during interviews. Inmates recalled being interviewed upon entry.

115.41(b): During the site review, the auditor viewed the receiving area of each institution and discussed the process with the screening staff and PCM at each location. USP, FCI and SFF each have a receiving area that is nearly identical in design; each includes an entry from the bus parking area. Each has a hall with a “clean” and “dirty” holding areas for pre- and post- search holding. The holding rooms have bathroom facilities with appropriate privacy screens. The area also includes a staff desk with a closed office behind it and property rooms. Several individual screening rooms line one wall, one of which contains medical screening equipment. The back of each area has a search area behind a corner, and each has a privacy screen that is used when inmates disrobe for search. Screening happens immediately upon arrival and thus inmates are all screened within 72 hours. Interviewed inmates recalled the intake process happening immediately upon arrival.

115.41(c): Screening staff confirmed that all inmates are screened with the uniform BOP process. The questionnaire is a standardized form, and all inmates are asked the same questions.

115.41(d): The screening form ensures that each of the ten factors indicating potential victimization under this provision is considered. The auditor reviewed screening records for numerous inmates who had arrived during the audit period. Each record demonstrated these factors were considered. Screening staff at each location were well versed in the PREA screening factors and stated that they are considered for each inmate.

115.41(e): The screening form also ensures that the three identified factors regarding risk of sexual abusiveness are considered. The screening forms reviewed by the auditor reflected that these factors were considered. Screening staff stated that these factors are considered for each inmate.

115.41(f): The Complex Warden stated by memo that inmates are reassessed by Unit Team staff during the Initial Team meeting and by Psychologists any time warranted through discovery of additional relevant information. The auditor reviewed initial team meeting records for interviewed inmates and saw that the record notes that PREA screening factors were considered. Several inmates did not recall a rescreening process. After speaking with the PCM and screening staff, the auditor understands that the rescreening occurs during a larger conversation with the Unit Team regarding the inmate’s status, classification, programming, etc. Inmates may not recall the specific PREA questions as they are part of a larger discussion. If additional information is received or made known to the institution, reassessment will take place with the unit staff or the psychologist, depending on the circumstances. Again, records showed that they had occurred. The facility is compliant with this provision.

115.41(g): The facility reassesses the inmate’s risk level whenever warranted including due to a referral, request, incident, or receipt of information. Unit Team staff described monitoring of inmates which includes following up on any learned information. Risk levels are adjusted as appropriate. The counselors/unit staff also make referrals to mental health staff whenever appropriate.

115.41(h): PS 5324.12 provides that inmates are never disciplined for failing to answer or failing to disclose information requested during screening for victimization/abusiveness (p.32). This was confirmed with screening staff during interviews. The auditor spoke with several inmates who had

recently entered the facility. None recalled facing any negative consequences for not answering questions or failing to disclose information. All stated they felt comfortable during the screening process.

115.41(i): PS 5324.12 (p.32) provides that “any information related to sexual victimization or abusiveness, including the information entered in the comment section of the Inmate Screening Form, is limited to a need-to-know basis for staff only for the purpose of treatment and security and management decisions such as housing and cell assignments as well as work education and programming assignments.” The auditor viewed inmate files in person, which were security kept in an administrative office. Much of the sensitive information is reflected in the psychologist screening, which is retained in the Bureau Electronic Medical Records (BEMR) system and only accessible by psychology/medical staff. Psychologist staff and the PCM confirmed in interviews that the information is shared where necessary for the above reasons but is not widely accessible.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. PS 5324.12 re: 115.42
3. Two Memoranda from Complex Warden re: Standard 115.42(a)-1 (both dated 3/9/21)
4. Printouts from BOP electronic inmate management system; Clearance and Separatee Data, Population Monitoring Census/Roster Generalized Retrieval; Inmate Profile
5. Sample notification to Unit Team and PCM re: transgender inmate/victimization screening (11/3/2020)

Interviews:

1. Screening staff—Unit Team
2. Screening staff—psychologist
3. Random Sample of Inmates
4. LGBTQI inmates

Findings

115.42(a): Screening is completed by Unit Team staff, psychology staff, and investigative staff as discussed above; the information is entered in the inmate's records. HAX 5324.12A(6) lays out the use of screening information practice, and the Complex Warden described the process by memorandum. If inmates are assessed as being at or risk of sexual abusiveness or sexual victimization, the inmate is referred to psychology services; an inmate who is at risk of sexual victimization will be seen by psychology services within 14 days. Those at risk of perpetrating sexual violence are referred to the Chief of Correctional Services, who will be responsible for "ensuring that appropriate steps have been taken (e.g., investigation, documentation, CIMS assignment, etc., and that all appropriate documentation including a SENTRY STG assignment, has been completed" (HAX 5324.12A(6)(a)(3)-(4)).

The facility supplement states those at risk for victimization or perpetration of sexual abuse will be reviewed by Unit Team for classification options and changes in housing units, cell assignments, work, education, and program assignments" (HAX 5324.12A(6)(a)(5)). The Wardens stated by memorandum that the information is documented in TRUSCOPE electronic inmate records so unit staff can have access to the information. Unit Team staff are responsible for making housing, bed, work, education, and programming decisions, and the utilize the information from screening to do so. PS 5324.12 provides that once an inmate has been identified as a potential victim or abuser, Unit Management will consider classification options including transfer to special treatment programs, transfer to a greater or lesser security facility, or changes in housing, cell, work, and/or education. The auditor interviewed Unit Managers and inmate counselors responsible for these assessments and decisions, and the process works as the rule intends.

The Policy states that the information is kept on a need-to-know basis for staff, only for the purposes of treatment and security and management decisions such as housing and bed assignments, as well as work, education, and programming assignments.

115.42(b): As stated above, the screening information is reviewed on each inmate, ensuring that the determinations about how to ensure safety are individualized. Unit Team staff confirmed the process in interviews.

115.42(c): PS 5324.12 states the BOP has a Transgender Executive Council (TEC) which reviews inmate information of identified transgender/intersex inmates for the purposes of assigning housing and programming. The BOP's Transgender Inmate Manual can be found in Policy Statement 5200.07, Female Offender Manual. This assignment occurs at the Designations and Computation Center (DSCC). The Agency considers the inmate's health and safety and whether placements present management or security problems and the decision is not based on anatomy alone. The TEC individually reviews inmates on a case-by-case basis, and the evaluation is documented in the electronic records of the inmate, viewable on the CIM Clearance and Separatee Data screen. The auditor reviewed sample electronic records reflecting this review.

Psychology staff makes recommendations to the Unit Team when screening a vulnerable transgender inmate, as evidenced by the sample email notification and interview statements of psychology staff. Unit Team staff stated the facility considers the inmate's health and safety and

whether placements present management or security problems. These reviews are reflected in the inmate's file by memorandum from the case manager. The auditor reviewed memoranda documenting the review and viewed electronic records demonstrating the markers for transgender inmates. Transgender inmates who were interviewed recalled the meetings with staff and indicated they answered questions regarding housing and safety. The auditor spoke with staff who worked with the inmate and reviewed file records, and it appears housing, programming, and work assignments are appropriately assigned.

115.42(d): HAX 5324.12A(6)(a)(5)(a) provides "placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate." These are reflected in the inmate's records by memorandum from the case manager. The auditor confirmed this process with case management staff and by reviewing inmate files. Transgender inmates recalled these meetings with unit staff.

115.42(e): Transgender or intersex inmates' own views with respect to his/her own safety are given serious consideration. Screening occurs with one-on-one interviews with case management and psychology staff, both of which discuss safety considerations with the inmate. A staff psychologist stated in an interview that the inmate's views are given serious consideration. Transgender inmates recalled conversations with unit staff regarding safety when interviewed.

115.42(f): Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facility provides private shower stalls in every unit, as described in the facility characteristics. The showers had separating walls and doors or curtains that covered from neck/shoulder to ankle height, thus providing a good level of privacy in every unit. Unit management staff confirmed that if a transgender or intersex inmate had a safety concern with showering at the same time as other inmates could be present in the bathroom, they would make accommodations as necessary. No such issue has arisen at the facility.

115.42(g): The Agency does not house LGBTQI inmates in dedicated facilities, units, or wings solely on such identification or status. The process outlined above is a case-by-case determination resulting in individualized, varying decisions. The auditor reviewed housing records and inmate files and did not see such a unit on-site. Transgender, lesbian, and bisexual inmates stated no such housing existed when interviewed.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. PS 5324.12
3. PS 3420.09
4. PS 5270.11, Special Housing Units
5. Memorandum from Complex Warden re: Standard 115.43(e)-1 Protective Custody (3/9/21)

Interviews:

1. Screening staff—Unit Team
2. Screening staff—psychologist
3. Random Sample of Inmates
4. Inmates with high risk of vulnerability
5. LGBTQI inmates

Findings

115.43(a): The facility always refrains from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. HAX 5324.12C provides inmates at risk for high risk of victimization due to special factors and/or situations are referred to Psychology Services for assessment of treatment/management needs. The psychologist services follow-up occurs within 14 days of screening.

The auditor interviewed several inmates who were identified as being at high risk for victimization, and none had been placed in SHU for protective purposes.

PS 5324.12 provides that following an allegation of sexual abuse, facility leadership ensures all options are considered when determining the appropriate method of safeguarding an inmate who is at high risk for victimization, and this is documented with form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation. This is retained in the investigative case. Under the program statement, the form is also labeled as FOI EXEMPT and “placed in the Privacy Section of the Inmate Central File to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.” The Warden and investigative staff confirmed this process in interviews.

115.43(b): The BOP states by memo that “the Agency places inmates in administrative detention in accordance with the Program Statement Special Housing Units. “When an inmate is placed in special housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the Chief of Correctional Services ensures that documentation exists reflecting the limitation, duration, and rationale.” As stated above, the facility does not make involuntary SHU placements solely based on high risk for victimization. PS 5270.11 Special Housing Units, Section 12, covers conditions of confinement in the SHU. Access to programming is only limited to the extent necessary for safety, security, and orderly operation of the facility. Inmates continue to have access to recreation, reading material, correspondence, and medical/mental health care.

115.43 (c)-(e): PS 5270.11(8) provides inmates can be placed in Administrative Detention Status for their protection including if they were a victim of inmate assault or threats. Protective custody is only employed when other means of separation from abusers are not possible. Every inmate in SHU gets frequent, regular reviews of status by the Segregation Review Officer under Section 7 of the statement. Inmates in SHU for protective purposes get a review within seven days to establish the protective needs of the placement, and they receive period reviews including a hearing every 30 days. The Complex Warden states by memorandum that inmates who are in SHU for high risk of victimization are reviewed weekly during the weekly SHU meeting. SHU staff described the process on-site. The inmate will meet with psychology staff to discuss protection needs, the need for protective custody must be verified in the hearing, and the review is documented in the inmate’s file. This process complies with the requirements of the standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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Evidence

Documents:

1. HAX 5324.12C
2. Zero Tolerance Policy posters in English and Spanish
3. Sexually Abusive Behavior Prevention and Intervention: An overview for Offenders in English and Spanish (2/2014)
4. Inmate Admission and Orientation Handbook in English and Spanish (4/13/21)
5. Memorandum from BOPS 5324.12 P re: 115.51
6. PS 3420.11(12/6/13)
7. Memorandum from Complex Warden re: Standard 115.51(b)-1 (3/10/21)
8. Inmate Information Handbook in English and Spanish

Interviews:

1. PCM
2. Random Sample of Inmates
3. Random Sample of Staff

Site Review observations:

1. Housing unit telephones and kiosks
2. Grievance request and submission process
3. Inmate reporting and zero tolerance posters in housing units, inmate areas, visiting area

Findings

115.51(a): HAX 5324.12A provides the numerous internal ways inmates may privately report sexual abuse and sexual harassment, and the methods are outlined in detail in the PREA Pamphlet. Reporting methods contact information also appears on brightly colored inmate posters posted throughout the facility. Inmates can report directly to any staff member, they can report telephonically to staff via the DOJ Sexual Abuse Reporting Mailbox (TRULINCS) or by writing, including filing an administrative remedy or sending an anonymous “drop note.” Reports can also be made by email with the TRULINCS system. Inmates may also report retaliation, staff neglect, or violation of responsibilities that may have contributed to abuse/harassment incidents. The auditor spoke informally to several inmates around the facility phones and computer kiosks and had inmates demonstrate reporting mechanisms. During formal interviews, inmates were each able to provide multiple methods of reporting, commonly citing email or phone call and direct report to staff including psychology staff and command staff.

During the site visit, the auditor had inmates test and demonstrate the telephone, internal PREA hotline, and TRULINC computer system. The computer systems appear to be heavily used, with inmates taking advantage of email communication options both for internal and external communication. An inmate showed the auditor how to initiate an email to the OIG, facility leadership, and outside contacts. Each computer was on a desk with privacy screens to either side, and inmates had access to the computers in their housing buildings. The phones are located in banks in outdoor cabanas, but on every day of the site visit it appeared they were not crowded so as to create privacy issues—an inmate would be able to use a phone without being overheard. Every phone area had the number of the internal reporting hotline painted in multiple places in the inside of the roofline/rafters—it could be easily and discreetly seen/used.

The auditor reviewed all records that would reflect reporting by inmates at this facility. Cases reviewed by the audit team had been reported in a variety of ways: via email to staff, direct verbal report to staff, in the course of a mental health issue (report to psychologist), staff discovering an incident during routine phone call monitoring (third party inmate discussing incident), incident caught visually by staff during round. In each instance, staff took immediate action to respond to the incident. Inmates who stated in interviews that they had reported cases to staff indicated that follow-up occurred. In one pending case, the SIS lieutenant stated that the case became known because inmates (not the victim) reported the activity to SIS and participated in the investigation.

115.51(b): Inmates can report externally to the Office of the Inspector General, US DOJ Investigations Division. The address is provided in the inmate handbook and on the posters. Instructions for using the hotline are posted on the Electronic Bulletin Board. The inmate handbook instructs the inmates that the DOJ Sexual Abuse Reporting e-mail is untraceable at the local institution, will not be saved in the email sent list, and the inmate can request he/she remain anonymous. When an inmate opens an email to the OIG, red text on the email screen also notifies the inmate of these protections. The auditor confirmed this information while examining the computer system. The OIG also has a paper mail address reflected on inmate education materials. Inmates were aware of this reporting mechanism and knew that communicating with OIG was confidential. The PCM confirmed that the OIG will immediately forward reports to the facility. No inmates are held solely for immigration detainees.

115.51(c): Staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Interviewed staff were aware of these provisions. Per HAX 5324.12 and PS 5324.12, reports should be passed on to the operations lieutenant

who will forward to the PCM and then SIS or the OIA or OIG. These reports are documented immediately, no later than 24 hours. P3420.11 gives notice to staff of this requirement and provides that failure to pass on a report could result in disciplinary action up to and including removal.

Staff interviewed were aware of these responsibilities. No staff members interviewed had received a reported allegation of sexual abuse. Every staff interviewed stated they would immediately pass on a report to the Operations Lieutenant and document it.

115.51(d): Staff may also privately report directly to the PCM, other facility management, or the OIG, as confirmed by the Warden and PCM in interviews. Staff were aware that they could pass on reports in a private manner and knew how to do so. Most staff stated that they would feel comfortable talking to their immediate supervisor and would do so immediately should a report arise.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes
☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. P1330.18 Administrative Remedy Program (1/6/2014)

2. HAX 1330.18D (5/12/20)
3. PS 5324.12 re: 115.52(f)
4. Memorandum from Complex Warden re: 115.52(d)-4 (3-10-21)
5. Memorandum from Complex Warden re: 115.52(d)-6 (3-9-21)
6. Inmate Handbook in English and Spanish (SABPI)
7. List of Administrative Remedy Requests filed 4/14/20 to 4/13/21, with brief summary of claim

Interviews:

1. Inmates who reported sexual abuse
2. Executive Assistant (Administrative Remedy Coordinator)

Findings

115.52(a): The Agency has administrative procedures to address inmate grievance related to sexual abuse and thus is not exempt from this standard.

115.52(b): These procedures are outlined in HAX 1330.18D. P1330.18(16) provides specific rules for requests related to sexual abuse allegations. The Executive Assistant (reporting to Complex Warden) is the facility administrative remedy coordinator, who reviews the remedy and determines if it will be forwarded to the regional/central offices. The administrative remedy rule clearly distinguishes allegations of sexual abuse from other administrative remedy requests. HAX 1330.18C (7) provides “administrative remedy requests regarding allegations of sexual abuse may be filed at any time and therefore shall not be rejected as untimely.” The Agency does not require the inmate to use an informal grievance process in allegations of sexual abuse. HAX1330.18D(7)(B). The Executive Assistant stated he will accept a grievance related to sexual abuse at any time, regardless of the incident date.

Inmates are told they can file a BP-9 administrative remedy request with the Warden (Inmate Handbook, page 3). The handbook also states that inmates can file a BP-10 (second level grievance) directly with the Regional Director if they feel the complaint is too sensitive to file with the Warden. They are told to get the forms from the counselor or any unit staff. In this manner, inmates can privately file a request without disclosing the content of the complaint at the institution. It is also clear from the direction that the ordinary administrative remedy rules do not apply to a sexual abuse allegation. The Complex Warden and Executive Assistant confirmed the process during the site visit. The auditor requested all grievances filed during the audit period that referenced sexual safety issues; the facility located five—four of which were forwarded to SIS and received a response; one was rejected but was nevertheless referred to SIS for review. The auditor requested a list of every grievance within the 12-month period preceding the audit, and a search produced hundreds of results. The auditor randomly selected a large number of grievances and reviewed the summaries, none of the additional grievances referenced sexual safety issues and the Auditor finds that the facility is appropriately flagging and responding to grievances attempting to report abuse or harassment. Interviewed inmates were aware that they could allege sexual abuse in an administrative remedy request.

115.52(c): P1330.18 provides the Warden can exempt any remedy request from the ordinary process of informal resolution or timeliness. HAX 1330.18D provides the Agency shall ensure that grievances regarding sexual abuse by a staff member do not have to be submitted to the subject staff member, and the grievance will not be referred to that staff member. By bypassing

the ordinary informal grievance confirmation and institution level remedy request, an inmate thus does not have to address the issue with the staff member who is subject to the complaint. The Executive Assistant indicated that he would not forward a sexual abuse allegation to the staff member who is the subject of the complaint, and further, the regional administrative remedy process (BP-10 form) would be handled outside of the facility. Any remedy can also be labeled as "sensitive" if the inmate "reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the Request became known at the institution," and the inmate can be sent directly outside the institution. P1330.18(8)(d). These protections ensure the rules comply with the standard.

115.52(d): Under the Agency rule P1330.18 (9) and (12), response to the request must be made by the Warden within 20 days. The inmate may appeal within 20 days to the Regional Director, who must respond within 30 days. If the inmate is not satisfied, he/she may appeal to the General Counsel within 30 days. The General Counsel must respond within 40 days. The inmate may request extensions for valid reasons. Thus, subtracting the time given to the inmate to prepare the appeals, the Agency provides a final response within 90 days (20+30+40), complying with this portion of the standard. The rule section 12 further states: "if the time period is insufficient to make an appropriate decision, the time for response may be extended once by 20 days at the institutional level, 30 days at the regional level, or 20 days at the central office level. Staff shall inform the inmate of this extension in writing." This provision complies with the standard. P1330.18 (12) provides that if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence to be a denial. The Executive Assistant confirmed these timeframes and process.

115.52(e): Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing for administrative remedy related to sexual abuse. (P1330.18(10)). Third parties can also file such requests on behalf of inmates. (P1330.18 (16)). If the inmate declines to have the request processed on his behalf, the Agency documents the decision. The Agency is in compliance with this provision.

115.52(f): The Agency has procedures for the filing of emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse, which are contained in section 12 of P1330.18. An inmate can file a BP-9/BP-229 form labeled with "emergency" and explain the reason for filing as such. The Executive Assistant will make a determination as to whether the remedy alleges a substantial risk of imminent sexual abuse. If it is rejected, the notice will be provided, and it will be process with usual time frames. If it is accepted, the Agency will immediately forward the grievance to a level of review at which immediate corrective action may be taken. An initial response will be provided within 48 hours with a final Agency decision within 5 calendar days. The responses will document the Agency's determination whether the inmate is in substantial risk of imminent sexual abuse and what action was taken in response. The Agency's policy is in line with the PREA requirement.

The executive assistant (in his role as the administrative remedy coordinator) confirmed the process. He stated that no emergency administrative remedy requests related to sexual abuse have been filed at the facility in the past 12 months, which the auditor confirmed by review of the sample of the filed remedy requests. Inmates were aware that they could allege sexual abuse in an administrative remedy request.

115.52(g): P1330.18(16) provides inmates may be disciplined if the administrative remedy request related to sexual assault is filed in bad faith. Staff will consider false allegations and manipulative behavior in accordance with the Inmate Discipline Program policy. No such discipline action has been taken by the facility in the audit period. The facility is compliant with this provision.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. HAX 5324.12A
2. Sexually Abusive Behavior Prevention and Intervention (SABPI) pamphlet in English and Spanish
3. Emails between Chief Psychologists and community organizations (2/2018, 9/2018, 10/2018, 12/2018(multiple), 7/2020, 8/2020 (multiple), 9/2020, 1/2021)
4. Notes for file re: verbal communication with rape crisis center in 1/2019, 11/2019,

Interviews:

1. Chief Psychologist

Findings

PS 5324.12 states that facilities shall attempt to make outside support services available and that the communications shall be confidential. The facility has attempted to procure such services. HAX 5324.12A10(d) states that Psychology Services staff has attempted to provide access to outside confidential support services for inmates. The Auditor reviewed numerous emails between the Chief Psychologist and the local rape crisis center and interviewed her regarding her and her predecessor's efforts to secure an MOU. She states she has emailed them (as the Auditor reviewed) but also calls at least every few months to attempt to complete the discussion. The facility has been discussing these services with the rape crisis center for years, and it appears that in the fall of 2020 they got close to an agreement, even exchanging a draft agreement. The community group has not responded to the chief psychologist's efforts, but it does appear that they are getting closer to an agreement and the facility continues to try to get this done. The facility provides psychology services for inmates who require support including information about national rape crisis hotlines or other outside organizations, and inmates are educated about these services with the SABPI handbook. The facility also has chaplain services and inmate counselors that can provide additional support.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

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Evidence

Documents:

1. Poster: Zero Tolerance Policy in English and Spanish
2. Inmate Handbook in English and Spanish (SABPI)

Interviews:

1. PCM
2. Random Sample of Inmates

Other:

1. BOP public website:
https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Findings

The Zero Tolerance Policy clearly states that an inmate can report if he or someone he knows has been a victim of sexual abuse/assault. The inmate education materials state that reports of any sexual abuse/harassment can be made. Due to COVID protocols, the auditor was not able to view

normal visiting procedures. The auditor did examine the visiting rooms, however, and noted that PREA information was posted and readily available in each area.

This auditor reviewed the public website which tells people to provide information about the allegation including dates, times, names, and any information that might help the investigation. The site provides the address of the National PREA Coordinator for inmate complaints and the Office of Internal Affairs for staff complaints. The page also provides a contact for public concerns about an inmate. This form can be filed anonymously. The inmate handbook also states that “anyone can report such abuse on your behalf by accessing the BOP’s public website.” Interviewed inmates were aware that anyone could make a sexual safety report.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. PS 5324.11 re: 115.61
2. HAX 5324.12A
3. Program Statement: Standards of Employee Conduct

Interviews:

1. PCM
2. Random sample of staff
3. Medical and MH staff

Findings

115.61(a): PS 5324.12 states that staff are required to report information concerning incidents of sexual abuse, in accordance with the Standards of Employee Conduct. The PCM confirmed this included reporting information about retaliation and harassment as well. PS 5324.12 guides that staff should make the report to the Operations Lieutenant and provide a written follow-up memorandum (to the Operations Lieutenant) to document such a report. Allegations are

entered in TRUIINTEL via the Report of Incident form (BP-A0583). Reports indicate the type of allegation. Every staff interviewed was aware of this duty to report and aware that the report should be made to the Operations Lieutenant. HAX 5324.12A provides more detailed obligations for first responders to an abuse allegation.

115.61(b): PS 5324.12 and HAX 5324.12A both indicate that all information related to allegations should be kept as confidential as possible, Information concerning the allegation and the identity of the alleged victim is only shared on a need-to-know basis. The Program Statement states that the information is limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important not only to preserve the victim's privacy but to preserve maximum flexibility to investigate the allegations." PS 5324.12 p. 38. All staff members interviewed stated that they understood these allegations to be confidential in nature.

115.61(c) Under PS 5324.12, every staff member is required to report information about abuse, including medical and mental health practitioners. The auditor confirmed through interviews that psychologists and medical providers are aware of the limitations of confidentiality in this setting, and inmates are told that they may disclose information regarding abuse during screening and orientation to health services.

115.61(d): The facility does not house youthful inmates, discussed above. West Virginia has a vulnerable adult abuse reporting statute, but correctional employees are not mandatory reporters (WV Code § 9-6-9). Regardless, the PREA Coordinator stated that the investigative staff would make any necessary reports. Criminal investigators with OIG would handle reporting on their end. If the case was administrative in nature, investigative staff with SIS stated they would make notifications as necessary following a finding that abuse has occurred.

115.61(e): The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The PCM refers the incident for investigation to the appropriate office and reviews the incident for any further response. When interviewed, he stated that he would refer any allegation to the Office of the Inspector General (OIG). They would investigate the case or send it back to the institution for administrative investigation, which would be completed by SIS. All staff cases are referred to the Office of Internal Affairs. Documents on the two allegations reviewed demonstrated referrals took place immediately, and documentation was retained.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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Evidence

Documents:

1. HAX 5324.12A
2. Form BP-A1002 *Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation*
3. Memorandum from Complex Warden re: 115.62(a)-2, -3, -4 (3/9/21)

Interviews

1. Warden
2. PCM
3. Random Sample of Staff
4. Mental Health Staff

Findings

The institution supplement policy provides that the First Responder must take immediate action to safeguard the victim. HAX 5324.12A(10). If the allegation leads to the full activation of the response protocol, the operations lieutenant and PCM consult with other staff to determine action needed to prevent further sexually abusive behavior both to the alleged victim and by the alleged perpetrator. When interviewed, the Warden and PCMs each stated that any allegation would result in immediate protection for the inmate. All staff interviewed stated that their first responsibility is always to maintain the inmate's safety. Health Services and Psychology Services staff provide for the inmate's medical and mental health needs following an incident. The Psychologist stated that if an incident occurred, safety issues related to mental health needs would receive immediate attention. BP-A1002 is attached to the Institution Supplement. This form is used to document actions taken to safeguard the victim following an incident, in addition to the documentation of actions in the ONESource protocol. Inmates who had reported sexual assault indicated in interviews that they were separated from the abuser. This provision is clearly fully implemented at the facility.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. PS 5324.12 re: 115.63
2. HAX 5324.12A
3. Memorandum from Complex Warden re: 115.63(a)-2 (3/9/21)
4. Memorandum from Complex Warden re: 115.63(c)-1 (3/9/21)

Interviews:

1. Warden or Designee

Findings

115.63(a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden notifies the appropriate person at the facility. HAX 5324.12A (9)(a)(3). If the allegation is said to have taken place at a BOP facility by another inmate, the Warden forwards the complaint to the other facility's Warden. If the allegation is said to have taken place at a BOP facility by a staff member, the Warden sends the complaint to the Office of the Internal Affairs. For non-bureau facilities, the Warden contacts the appropriate person. The Warden confirmed this process when interviewed. The facility has not received or forwarded such an allegation in the audit period.

115.63(b)-(c): PS 5324.12 provides the Warden forwards the allegation within 72 hours and documents the notification. The Warden confirmed this in person. No such allegations were raised in the audit period, so documents did not exist.

115.63(d): If such a notification is received by the facility, the allegation is investigated as with other allegations. The Warden confirmed he would immediately pass the allegation on to SIS or OIA for investigation. This had not occurred in the audit period. The Agency Head confirmed that should the agency receive an allegation, the national PREA Coordinator would immediately forward it to the appropriate facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents

1. HAX 5324.12A
2. Guide for First Responders/ Operations Lieutenant When Approached with an Inmate Allegation of Sexual Abuse or Harassment
3. Checklist for Lieutenants regarding PS 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*

Interviews:

1. Random sample of staff

Findings

115.64(a): HAX 5324.12A(10) provides that first responders, upon learning of an allegation that an inmate was sexually abused, are required to immediately safeguard the victim, separate the alleged victim and perpetrators, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and notify the Operations Lieutenant. The Guide for First Responders covers these steps. The checklist covers the immediate actions the lieutenant will then take and provides a uniform manner of documenting such actions. Every staff member interviewed was aware of his/her duties in responding to an abuse allegation.

115.64(b): The facility supplement and program statement provide that any first responder must take the steps above. Because all BOP staff are considered correctional workers, all have the same responsibilities in responding. Staff in every area were aware of the protocol.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. HAX 5324.12A
2. Checklist for Lieutenants regarding PS 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program*
3. Documents related to sexual abuse allegation/investigation

Interviews:

1. Random Sample of Staff
2. Higher Level Staff
3. PCM

Findings:

The institution supplement HAX 5324.12A(10) provides a written policy for the coordinated actions to take in response to an incident of sexual abuse. The section states that the PREA Compliance Manager will monitor the components of the response protocol, including first response, protection, psychological support, access to support services, and physical health services, as well as security needs and referral needs for any inmate perpetrator. The section also gives direction to Health Services staff re: examining the inmate and coordinating a Sexual Assault Forensic Exam as applicable; to Psychology Services to coordinate victim advocate services through the community organization; to health, psychology, and religious services to provide support if requested through the investigatory process, and to custody staff to coordinate retaliation and safety monitoring, as well as notification. The policy satisfies the requirement for a written response protocol. Interviewed staff were all aware of their role and responsibilities in response.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. Master Agreement: Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees
2. Memorandum from Complex Warden re: Standard 115.66(a)-1 (3/10/21)

Interviews:

1. Agency Head

Findings

The collective bargaining agreement Article 30(g) provides: "the Employer may elect to reassign the 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." The Agency Head confirmed this agreement language. The Complex Warden confirmed by memorandum that the facility is in compliance with the National Master Agreement. The Agency is in compliance with this provision.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.12
2. HAX 5324.12C
3. Retaliation monitoring log
4. Investigation files

Interviews:

1. PCM
2. Agency Head
3. Warden
4. Inmates who had reported abuse

Findings

115.67(a): PS 5324.12 provides that the Agency will protect all inmates and staff from retaliation for reporting or cooperating with sexual abuse or harassment investigations. The PCM at each facility is responsible for such monitoring. Psychology services may also be brought in as necessary for follow-up. The PCM was aware of his duty to monitor and had done for the report at the facility during the audit period. The auditor viewed a memorandum prepared by the PCM to document the monitoring of the victim in that case. The facility supplement also indicates retaliation will be documented with a Retaliation Monitoring Log, which is attached as an exhibit

to the document. That log details the many ways the monitoring will occur and provides a standard form for reporting on it. This document appears to have been recently added to the protocol and was not reflected in every investigation file. A memorandum email was noted in the files regarding retaliation, and 90-day monitoring had taken place. Several inmates who had reported abuse recalled follow-up visits after the case was closed.

115.67(b): Following an abuse investigation, the Agency can take many actions to protect the inmate victim, as detailed on the Safeguarding of Inmate Alleging Sexual Abuse/Assault Allegation form (BP A1002), attached to HAX 5324.12A. The form has checkboxes for different actions that can be taken, including housing changes for inmate perpetrator or victim, administrative leave for staff, other alternatives (with room to specify), transfer, and protective custody. If actions are not taken the Warden must provide a justification. This form is to be filed with the investigation.

115.67(c)-(d): The PCM described what would be his process for monitoring retaliation. For any substantiated or unsubstantiated case of abuse, the PCM would monitor inmate victims and/or anyone who reported the incident (if different). This monitoring includes review of conduct, housing changes, and program changes for inmates and includes in-person visits to check on status. For staff, the PCM would monitor any performance reviews and reassignments. This monitoring will last at least 90 days, and the report viewed by the auditor was prepared 90 days from the incident. The inmate in that case was no longer housed at the facility, so continued monitoring was not employed, but the PCM confirmed that, if necessary, it would continue. Psychology staff also provide monitoring and follow-up.

115.67(e): The PCM confirmed that any individual that cooperates with a case would be protected if they expressed a fear of retaliation. The facility or Agency would take appropriate action if necessary.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. PS 5324.12
2. HAX 5324.12A
3. PS 5270.11
4. Memorandum from Complex Warden re: 115.68(a)-1 (3/9/21)
5. Form BP-A1002

Interviews:

1. Warden or Designee
2. Staff who supervise segregated housing

Findings

PS 5324.12 and HAX 5324.12A provide if involuntary segregation is used, the facility should provide access to programs privileges education or work opportunities to the extent possible. Such housing should only be used if and until an alternative means of separation can be arranged and shall ordinarily not exceed 30 days. The facility shall document any limitations, durations, and reasons thereto, and also the basis for the segregation and why alternative means cannot be arranged. These factors are supported by PS 5270.11, Special Housing Units, discussed above in 115.43. BP-A1002 documents actions taken to safeguard the victim. The facility has not used involuntary segregated housing to protect an inmate who is alleged to have suffered sexual abuse. The Institution supplement policy (10)(b) states that the Warden is responsible for evaluating options and ensuring that all options have been considered before possible placement in the SHU for the inmate's protection. Staff who supervise segregated housing indicated that no inmate in the unit was there for protection following a case of sexual abuse. One inmate stated he was in the SHU after a sexual assault incident, but that inmate was already housed in the SHU at the time. Every inmate in SHU gets periodic reviews including an initial review within a week. The facility is compliant with this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. PS 5324.12 re: 115.71
1. ONESource Investigations Guide
2. Checklist for Lieutenants regarding PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Sexual Assault Intervention Protocol
4. Sexual Assault Allegation Checklist
5. PREA Compliance Manager Information Tracking Log
6. FBI Domestic Investigations and Operations Guide
3. Investigation reports

Interviews

1. Investigative staff
2. Evidence Recovery Team staff
3. Inmates who had reported abuse

Findings

115.71(a): BOP conducts a thorough, prompt, and objective investigation into every allegation whether it is reported internally, externally, by third party, or anonymously. This auditor reviewed the protocol for investigations contained in the facility policy and the ONESource investigation guide checklist. The process is thorough, and the checklist provides a uniform mechanism for recording actions taken.

The PCMs described how investigations are initiated. The PCM and Special Investigation team (SIS) are notified immediately when an allegation arises. When an inmate makes an allegation of abuse against another inmate, the SIS lieutenant gathers initial information and opens a case file. The lieutenant sends the allegation to the Inspector General (OIG) to determine if they want to take the case for criminal process. If they do, they (and the FBI when appropriate) will handle the criminal investigation and any referral for prosecution. The OIG will then notify the institution of the outcome and provide information so the institution can review the case administratively and conduct a sexual abuse incident review. If an inmate makes an allegation against a staff member, the SIS will send the allegation to Internal Affairs (OIA). Any issues not handled by OIG or OIA will be investigated administratively by the facility SIS.

This auditor reviewed seven investigation reports and publicly available information regarding a pending investigation that had gained media attention. An SIS lieutenant walked the auditor through several investigations during his interview, explaining his process and the paperwork created. In each case, the file included witness statements, documentation of other evidence (e.g., camera footage, medical chart notes, physical layout descriptions), and a report with findings. Files reflected that investigators kept the PCM and Warden informed of the case and medical and psychology staff provided additional facts/input where appropriate as well. The files were thorough and demonstrated that investigators were impartial throughout the process, basing findings on facts. Inmates who reported abuse stated they were interviewed in an investigation process and notified of outcomes.

115.71(b): Sexual abuse investigations are completed by specially trained investigators, see section 115.34, above. Investigations are completed by SIS, OIG, OIA, or FBI depending on the circumstances, as discussed in (a).

115.71(c): Investigators collect evidence per the protocol outlined in policy and the ONESource guide and checklists. This provides for collection and preservation of physical evidence, DNA evidence where possible, and electronic monitoring data. SIS uses specially trained staff (evidence review team—ERT) to handle evidence collection where necessary. The auditor interviewed an ERT staff, who described intensive training on evidence collection methods and protocol. The SIS lieutenant assigned to the case will conduct interviews with any witnesses, staff and/or inmate, and will review prior cases involving the parties, though PS 5324.12 (p.44) states that prior unsubstantiated and unfounded cases will not be used as evidence to support a finding. They will also review video evidence if available, logbook information, and any other institutional document that may be relevant to substantiate the allegation. If OIG takes the case, the OIG and FBI use highly trained staff to conduct the investigation including evidence recovery, witness examinations, and review of institutional information. Investigators also interview witnesses, including the alleged victim and perpetrator.

115.71(d): The OIG will take cases that appear to be criminal in nature and will handle all interviews in the case, following federal criminal procedure. The PCM confirmed that the internal administrative investigations do not conduct such interviews. None of the files reviewed by the auditor involved compelled interviews.

115.71(e): An SIS investigator confirmed in an interview that credibility decisions are made individually and not based on the individual's status as inmate or staff. The ONESource guide provides that interviews shall be undertaken. Investigative staff stated that witness statements are given the weight appropriate and not pre-judged based on position. Staff confirmed inmates would not be required to pass a polygraph test before proceeding with an administrative investigation. The documentation supports that inmate testimony is given appropriate weight and not discounted due to the witness's status as an inmate, and records further show that polygraphs have not been used.

115.71(f): Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse, as required by PS 5324.12 p. 45. The written reports are detailed and include descriptions of evidence, reasonings behind evidentiary weight decisions, and facts and findings. The Agency's program statement also requires that administrative investigations should consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc. contributed to the abuse. The SIS investigator stated when interviewed that this information is reviewed and collected as part of

the factual evidentiary evaluation, and it is also documented for the purpose of the Institution Executive Staff Review (IESR), which is the process used to conduct the sexual abuse incident review required by PREA standard 115.86.

115.71(g): Criminal Investigations are undertaken by the OIG and the FBI. The FBI's process follows the same evidentiary guidelines as any federal criminal investigation, which includes a thorough written report.

115.71(h): All substantiated allegations of conduct that appear to be criminal are referred for prosecution, as required by PS 5324.12. The PCM stated that the OIG is involved in the case from the outset to determine if criminal investigation/process is appropriate. The facility policy requires such referral. Several abuse cases had been referred to OIG and returned to the facility for administrative investigation; those referrals were documented in the investigation files. Staff cases were referred to OIA, who took the case for investigation when appropriate. In one pending case, the investigators referred the case for prosecution and a staff member was facing criminal conviction and penalties for inmate sexual abuse. Referral is clearly an institutionalized practice at the facility.

115.71(i): PS 5324.12 provides, and the PCM confirmed, that all documents are retained in accordance with BOP record retention policies, which meets this requirement.

115.71(j): PS 5324.12 provides, and the PCM confirmed, that the departure of a party to the investigation from the institution does not terminate the investigation. The investigation will be completed whenever an allegation is made, and an IESR will be conducted whenever the finding requires it. In an investigation that occurred in the audit period, the inmate victim left the facility during the investigation, but all following process continued (retaliation monitoring documentation, incident review documentation), suggesting that the case itself continued regardless of the inmate's custody at the facility.

115.71(l): When the OIG, FBI, or SIA is involved in a case, the facility cooperates fully with the investigation. The PCM stated when interviewed that the Warden would delegate case monitoring to SIS, who would maintain contact with the outside investigators and keep the facility leadership informed. For a staff case, the Warden would be kept informed by OIA directly. Investigation files reflected communication between SIS and these agencies regarding case status.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. PS5324.12 re: 115.72
3. Documents related to sexual abuse investigation during audit period

Interviews

1. Investigative staff

Findings

The BOP program statement clearly states the standard of proof for sexual abuse and harassment allegations is a preponderance of evidence, and this is echoed in the facility supplement. Investigative staff knew the appropriate standard to apply, stating that all credibility decisions and the final case finding are based on the "greater weight of the evidence." The report for the sexual abuse investigation during the audit period used the preponderance standard in making its finding. The facility is in compliance with this provision.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. PS 5324.12
2. Memorandum from Complex Warden re: Standard 115.73 (3/11/21)
3. Sexual Assault Allegation Checklist
4. PREA Compliance Manager Investigation Tracking Log
5. Sample Notification to Inmate forms
6. Investigation files

Interviews:

1. Investigative staff
2. PCM

Findings

PS 5324.12 (p. 45-46) provides that an inmate will be notified of the outcome of a sexual abuse investigation. This notification will be completed by the SIS lieutenant and documented on the Investigation Tracking Log. The Sexual Assault Allegation Checklist and Investigation Tracking Log demonstrate the process requires this component. The auditor reviewed each abuse investigation from the time period, and notification was timely made and documented in each investigation file. No cases were completed by external agencies, but the tracking form and process outlined indicates notification would occur in such a case. Investigative staff and the PCM confirmed the process in interviews.

The policy indicates that in substantiated or unsubstantiated cases, the notification would be made in any of the necessary circumstances outlined in this rule and documented on the Investigation Tracking Log. The Warden, PCM and SIS staff confirmed that the notifications would be made and documented. The auditor reviewed all investigation files from the audit period. None required further documentation beyond the case outcome.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. P3420.11 (12/6/2013)
2. Memorandum from Complex Warden Re; Standard 115.76(b)-1 (3/11/21)

Interviews:

1. HR staff

Findings

115.76(a): Policy 3420.11(5) Employee Personal Conduct provides that employees may not "show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates" except for psychologists, psychiatrists, and chaplains in therapeutic roles that were previously established, in accordance with codes of professional conduct). The policy further states that any allegation of sexual activity will be "investigated and where appropriate, referred for prosecution." It states employees "are subject to administrative action up to and including removal for any inappropriate contact, sexual behavior or relationship with inmates regardless of whether such contact constitutes a prosecutable crime" and clarifies that physical contact is not required to subject an employee to sanctions.

The Complex Warden stated by memorandum that in the audit period, one staff member from the facility resigned pending investigation for violating Agency sexual abuse or sexual harassment policies. The criminal case is ongoing. The auditor reviewed several news articles regarding criminal prosecution of a unit secretary for sexual misconduct at FCC Hazelton. The former employee pled guilty to abusive sexual contact, which court documents define as "knowingly engaging in sexual contact with an inmate, namely, intentionally touching his genitalia with the intent to arouse him or gratify his sexual desires."

115.76(b): Human Resources staff confirmed that staff engaging in sexual abuse would violate the law and thus termination would be the presumptive sanction. The Complex Warden provided a brief description of the case that was continuing in criminal court. Because the case was not concluded, details were not available, and the facility had not completed its administrative process. Regardless, the staff member no longer worked at the facility, and the

Warden confirmed that no staff member would have contact with inmates while such a process was ongoing.

115.76(c): The policy stated in (a) confirms that sanctions are commensurate with the nature and circumstances of the acts committed, the staff member's history, and the sanctions imposed on other staff members. PS 5324.12 provides that the Office of Internal Affairs will be involved with any staff abuse or harassment allegation, and this centralized administration of staff employment issues supports consistent application of sanctions. Again, since no staff have been sanctioned under this section in the audit period, the facility does not have further documents.

116.76(d): The policy stated in (a) provides that reporting to the relevant authorities will take place if a staff member engages in sexual activity with an inmate. Under PS 5324.12 OIA will handle such notification and process.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. P3420.11 (12/6/2013)

Interviews:

1. HR
2. PCM

Findings

Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates under PS 5324.12. Contractors and volunteers are informed of these requirements in the training they receive before working at the facility. The Warden confirmed that the OIG would be involved in abuse cases and would pursue full investigation and criminal charges if warranted, as with any staff case. The case information would be forwarded to all relevant authorities. Regarding other violations including harassment, the Warden confirmed the administrative investigation process in a contractor/volunteer case would be the same as with staff. The case would be fully examined, and if misconduct was substantiated, the facility would take remedial measures including the possibility of prohibiting all further contact with inmates. No such activity has been found at the facility in the audit period.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. Inmate Disciplinary Codes (28 C.F.R. §541.3 et. seq.)
2. HAX 5324.12A
3. PS 5324.12

Interviews:

1. Warden
2. PCM

Findings

115.78(a): Under the BOP Inmate Disciplinary Codes and PS 5324.12, inmates are subject to a disciplinary process following a substantiated case of sexual abuse. HAX 5324.12A(13) states that perpetrators of sexually abusive behavior “will be disciplined and/or referred for prosecution.” The SIS lieutenant is responsible under that section and section 11 (Monitoring the inmate perpetrator) for entering appropriate markers for the inmate perpetrator and pursuing discipline. When a case is handled at the facility level because the OIG has determined criminal charges are not appropriate, disciplinary sanctions will be evaluated along with the administrative finding on the abuse investigation. When a case is pursued criminally, the facility will receive the investigation report and will determine whether administrative charges are also applicable. All disciplinary charges are handled by a BOP Discipline Hearings Officer (DHO) that is outside the facility. The disciplinary hearing officer follows formal process requirements outlined in the federal regulations.

115.78(b)-(c): The disciplinary codes in 28 CFR §541.3 outline prohibited acts by severity level of behavior; each level of behavior has a correlative list of available sanctions, with guidance on repeat behavior included in Table 2 of the rule. The PCM reviewed the rules with the auditor. Sexual abuse involving force or threat of force is the greatest level severity. Other sexual abuse is high level severity. Harassment would be considered a moderate or low-level severity act, depending on the circumstances. The DHO determines what sanction will be applied following this detailed guidance. An inmate’s mental disabilities or mental illness is taken into account under §541.6 of the rule, which provides “if it appears you are mentally ill at any stage of the discipline process, you will be examined by mental health staff.” The DHO considers evidence that the inmate cannot understand the nature of the proceedings and evidence regarding the inmate’s ability to “appreciate the nature and quality, or wrongfulness of the act.”

115.78(d): HAX 5324.12A(11)(c) states that inmate perpetrators are referred to psychology services for assessment of treatment needs, which are to be documented in BEMR and shared with Unit Team and Correctional Services “on a need-to-know basis, for management purposes.”

115.78(e): PS 5324.12 provides sexual abuse and sexual harassment of staff members will be addressed with the inmate discipline system and referral to criminal prosecutions as appropriate (p.48). The PCM confirmed that an inmate would not be disciplined if he was the victim of a

sexual abuse case involving a staff member. No instances of sexual conduct between an inmate and a staff member have been found in the audit period.

115.78(f): PS 5324.12 explains that inmates will be held responsible for manipulative behavior and intentionally making false accusation (p.48). These instances will be dealt with in accordance with the Inmate Discipline Program. The SIS lieutenants stated that reports made in good faith would not be considered manipulative or intentionally false and would not be cause for discipline.

115.78(g): The inmate disciplinary rules define sexual activity separately from sexual abuse. Non-coercive sexual activity would be considered sexual activity, which is a lower-level prohibited act than coercive sexual assault. 28 CFR §541.3, Table 1.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.12 re: 115.81
2. HAX 5324.12A
3. Memorandum from Complex Warden Re; Standard 115.81 (a)(c)-4 (3/9/21)
4. Memorandum from Complex Warden Re: Standard 115.81 (b)-4 (3/9/21)
5. Memorandum from Complex Warden Re: Standard 115.81 (d)-1 (3/9/21)
6. Memorandum from Complex Warden Re: Standard 115.81 (a)(c)-4 (3/9/21)
7. Memorandum from Complex Warden Re; Standard 115.81 (e)-1 (3/9/21)
8. Informed Consent form BP-A0621
9. Medical records of inmates who reported sexual victimization

Interviews:

1. Screening staff
2. Psychology Staff
3. Inmates who reported victimization

Findings

115.81(a): HAX 5324.12 provides If the inmate screening indicates that an inmate has experienced prior sexual victimization, staff refer the inmate to Psychology Services. The screening with psychology staff occurs during the initial screening process. Inmates are interviewed by Unit Team staff, psychology, and medical in sequential interviews. Inmates are offered mental health follow-up services, and the Chief Psychologist stated that those services are provided quickly when requested, usually within days. Inmates who reported victimization confirmed they were offered mental health services, and their screening records documented the offer.

115.81(b): Inmates identified as having sexually abusive behavior will be documented with a SENTRY STG assignment and will be included in the Posted Picture File (an electronic database of inmates that are monitored), pursuant to policy. Sex offender treatment is offered during the psychologist screening, and a notation about whether it was accepted or declined is noted in the record, as viewed by this auditor on screening documents.

115.81(d) Screening staff indicated that the screening forms are securely retained in the inmate files. Information related to sexual victimization or abusiveness is only accessible by medical and psychology staff. Medical and psychology records are retained in the BEMR system which is restricted to employees in those areas. Other staff may gain access on a need-to-know basis for the purposes of treatment, security, and management decisions, such as housing, work, and programming decisions.

115.81(e): Medical and psychology staff indicated they seek informed consent from inmates before providing services. Inmates are told that information regarding sexual abuse at the facility must be reported. Inmates were aware that information they shared with facility services was shared in such circumstances.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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Evidence

Documents:

1. Memorandum from Complex Warden Re: Standard 115.82 (a)-3 (3/9/21)
2. HAX 5324.12A including attachments
 - a. First Responder Reference Guide
 - b. Sexual Assault Allegation Checklist
 - c. Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation-SIS
 - d. Sexual Assault Intervention Protocol—Coordinated Response Team
3. Medical records of inmates who reported sexual victimization

Interviews:

1. Screening staff
2. Psychology Staff
3. Inmates who reported victimization

Findings

115.82(a): The facility supplement policy HAX 5324.12A(10) and (12) outlines the staff response to an allegation of sexual abuse and provides for immediate emergency medical treatment and crisis intervention services, both at the facility by health and psychology services and emergency hospital medical treatment if necessary (at a local medical center, Mon Health Medical Center). These services are also outlined in the protocols attached to the policy. Treatment decisions are made by medical and mental health personnel according to their professional judgment. Local emergency services are provided by Health Services and the local hospital, where forensic evaluation would also take place. HAX 5324.12A(10)(e). All services provided at the hospital are in line with ordinary community standards of care. Documentation will remain in the inmate's file. Medical and psychology staff confirmed that services would be immediately available and treatment decisions would be based on their professional judgment.

115.82(b): First responders take the steps to protect the victim outlined in HAX 5324.12A(10) and the First Responder Reference Guide. The staff member is to immediately safeguard the victim and separate the victim from the alleged perpetrator. PS 5324.12 states that the Operations Lieutenant also takes immediate preliminary steps to protect the victim and ensure notification is made. During interviews, every staff member stated that their first action would be protection of the victim. The PCM will evaluate initial case information and will determine whether to activate the full response protocol. Both medical staff and the PCM stated in interviews that this evaluation would not delay necessary emergency care, which would occur immediately regardless of facility evaluation. Medical and mental health practitioners are immediately notified under the checklist. Facility leadership stated that appropriate medical and psychology staff are on call, and medical and mental health services would not be delayed.

115.82(c): HAX 5324.12A (10)(e) provides, and medical staff confirmed in interviews, that victims first receive care on-site to triage any injuries. Inmates would then receive care at the local medical center, if necessary (or if forensic evaluation is appropriate), and all appropriate care is provided in the medical professionals' judgement. The policy explicitly states that appropriate care includes STI treatment, prophylactic treatment, and all other medically appropriate treatment. Inmate records in investigation files demonstrated such follow-ups took place when the inmate accepted the offer.

115.82(d): The Complex Warden stated by memorandum that treatment services are provided without cost and regardless of the victim's actions. PS 5324.12 (p. 51) provides that "inmate co-pays for medical treatment shall not be applied to victims of sexual abuse." The PCM and medical staff confirmed this during interviews.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12A
2. Medical records of inmates who reported abuse
3. Psychology services records of inmates who reported abuse

Interviews:

1. Medical staff
2. Psychology Staff
3. PCM

Findings

115.83(a)-(e): HAX 5324.12A(10) provides that any inmate who alleges they are the victim of sexually abusive behavior will receive medical and mental health evaluation and appropriate treatment. The PCM and medical and psychology staff confirmed that any necessary follow-ups would be provided to inmates alleging victimization, and that such services are provided at a level consistent with the community standard of care. Inmate screening records demonstrate that inmates who identified sexual victimization of any kind were offered follow-up services with psychology. Inmates who had reported abuse stated in interviews that they received a referral to psychology following an incident and received care. One inmate stated he declined treatment. One inmate stated he was engaging in ongoing treatment from psychology. Psychology services stated the treatment could continue as needed.

115.83(f): Pursuant to HAX 5324.12A (10) health services staff will coordinate with Mon Health Medical Center to offer sexually transmitted infection testing, if necessary, as part of the incident response. Medical staff confirmed this in interviews. Follow-up care including testing and

prophylaxis would be provided by institutional medical staff as appropriate. Investigation files demonstrated medical follow-up took place following abuse.

115.82(g): Services are provided without cost, as discussed in 115.82(d).

115.83(h): HAX 5324.12A(11) provides for monitoring of the inmate perpetrator. Inmate perpetrators will be flagged with STG SENTRY assignments and will be verified if the allegation is founded. The code is a way to monitor the perpetrator, and the inmate will also be included in the Posted Picture file. Perpetrators are also referred for Psychology Services. A management plan “will be created and designed to minimize the risk of future sexual predation.” All contacts are documented in the Psychology Data System. Psychology staff confirmed this process during an interview.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:

1. HAX 5324.12C
2. Memorandum from Complex Warden Re: Standard 116.86(d)-1 (3/9/21)
3. Memorandum from Complex Warden Re: Standard 116.86(e)-1 (3/9/21)
4. Institution Executive Staff Review form
5. Investigation files
6. PS 5324.12 re: 115.86

Interviews:

1. PCM
2. Warden

Findings

HAX 5324.12A(12)(g) provides that a review team consisting of the Warden, Institution PREA compliance Managers, Chief of Correctional Services, Health Services Administrator, Chief Psychologist, and SIS lieutenant review every unsubstantiated or substantiated abuse incident to assess the facility's response. PS 5324.12 also requires the review, stating that all factors in the rule must be considered, and that the Regional Director shall receive a copy of the report via the Regional PREA Coordinator. The Warden and PCM confirmed the IESR process in interviews.

The auditor noted reviews in investigation files for every substantiated or unsubstantiated case of abuse. The team reviews information from the investigation, documented by SIS, and discusses facility factors and staff response as well as factors that led to the case. The IESR is documented with a standardized form memorandum to the PCM. The form document provides the guidelines for the review, ensuring that every factor in the rule is considered and stating that the review should ordinarily occur within 30 days of the conclusion of investigation.

The review team consists of upper-level management officials as noted above. Under BOP policy, the local Union President may also take part in the discussion and may make recommendations, which will be considered by the team. Recommendations for improvement are implemented, and if they are not implemented the reasons are documented. All documentation is completed in the standardized form, which is then shared with regional BOP leadership.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.11
2. BOP Annual PREA Reports 2014-2019
3. Institution Executive Staff Review (IESR) template document
4. Survey of Sexual Victimization, 2019 (available online https://www.bjs.gov/content/pub/pdf/ssv1_2019.pdf)

Interviews:

1. PREA coordinator

2. Agency Head
3. PCM

Findings

PS 5324.12 lists the manner by which the BOP collects data. Inmate data is provided by the Information, Policy, and Public Affairs Division. Uniform data for every allegation of sexual abuse and harassment is maintained by SIS using the standard incident report and the IESR. HAX 5324.12A(13)(a) provides that the SIS lieutenants are responsible for maintaining investigation files and using the checklist to collect the necessary information for the PREA Annual Institutional Report. HAX 5324.12A(12)(d) provides the Lieutenant documents all allegations of abuse in a TRUIINTEL report 583 process (also referred to as a Report of Incident form BP-A0583).

This incident report is forwarded to the regional PREA Coordinator, who will forward to the National PREA Coordinator. The Office of Internal Affairs reports data on inmate victims of staff/inmate abuse cases. The PREA Coordinator states that the data is aggregated annually and compiled into a report that is issued to the director. The data is collected at least annually, and the data is sufficient to respond to the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Bureau of Justice Statistics. The Agency would respond to any request by DOJ to provide the data. The annual reports show annual data collection—incidents are detailed, and the information is sufficient to respond to the SSV request. The reports demonstrate the data collection is completed annually from all facilities.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.11
2. BOP Annual PREA Reports 2014-2019
3. [BOP: Inmate Sexual Abuse Prevention](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp) website at https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Interviews:

1. PREA coordinator
2. Agency Head

Findings

The PREA Annual reports contain aggregate and delineated data for each facility on allegations of sexual abuse and harassment. The report includes information on specific cases including corrective action taken. The PREA Coordinator states that corrective action is taken on problem areas on an ongoing basis, as needed. The report assesses the data, compares it with previous year data, discusses the effectiveness of the PREA program, and identifies trends, issues, and problem areas. The report is signed by the Agency head. The document is publicly available on the BOP website. No material was redacted; the reports do not include personally identifying information.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:

1. PS 5324.12
2. BOP website at https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Interviews:

1. PREA Coordinator

Findings

PS 5324.12 states that the Agency maintains data collected in a secure manner, making data available but removing personal identifiers, and retains the data for at least 10 years. The PREA coordinator confirmed that the bureau complies with FOIA and all other applicable laws, rules, and regulations regarding data retention and publication. The BOP website publishes the annual data report, and this auditor was able to independently access the CY2019 report on 3/18/2021. The data is publicly available and does not contain personal identifying information.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The Federal Bureau of Prisons has a robust internal system for organizing audits, ensuring they occur every three years and that an appropriate number of facilities are audited each year. As described in the Audit Narrative portion, above, the auditor had no issues with any procedural requirement as outlined by the Auditor Handbook, version 2, published March 2021.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has published the 2018 audit report on its website. This auditor accessed the document independently.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Kristin Winges-Yanez

6/25/2021

Auditor Signature

Date

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

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