

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>	Federal Correctional Institution, Herlong		
<b>Physical address:</b>	741-925 Herlong Access Road, A-2, Herlong, California		
<b>Date report submitted:</b>	4/18/15		
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<b>Date of facility visit:</b>	March 30-April 2, 2015		
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>	P.O. Box 900, Herlong, CA 96113		
<b>Telephone number:</b>	530-827-8000		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>	Federal Bureau of Prisons		
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>	U. S. Department of Justice		
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## AUDIT FINDINGS

### NARRATIVE:

The on-site visit for Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution, Herlong was conducted on May 30-April 2, 2015 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The Director of the Federal Bureau of Prisons and the National PREA Coordinator were previously interviewed by PREA auditor Bill Willingham. The facility is accredited by the American Correctional Association (ACA). When the auditor arrived at the facility, an "in-briefing" meeting was held with Acting Warden, PREA Compliance Manager, Associate Wardens, ACA Auditor, several support staff and representatives from the Bureau of Prison (BOP) Program Review Division. The introductions and the audit process were discussed during the briefing.

During the on-site audit, the auditor toured the facility and conducted formal staff and inmate interviews. The auditor interviewed 11 inmates (random inmates from all of the housing units; including one limited English speaking, one inmate identified as being high risk for victimization, and one inmate from the segregation unit.) At least 12 other inmates were informally interviewed by this auditor during the tour. In addition, the auditor questioned 21 staff (11 specialized staff and 10 random Correctional Officers from each shift), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Acting Warden/ PREA compliance manager, Acting Human Resource Manager, Unit Manager, Chief Psychologist, Camp Administrator, Evidence Recovery Team Leader, Acting Health Services Manager, Investigator, Religious Services Assistant and Supervisor Inmate Systems Specialist. In this first PREA report period from March 2014 to March 2015, there were three sexual assault/harassment allegation cases of which all three were determined to be unsubstantiated.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The Federal Correctional Institution/Federal Prison Camp in Herlong, California (FCI Herlong) is a medium security all-male facility with an adjacent minimum security satellite camp. It is located approximately 50 miles north of Reno, Nevada. The facility was built on approximately 600 acres transferred to the Federal Bureau of Prisons from the Sierra Army Depot, under the provisions of the Defense Base Closure and Realignment Act of 1990. Construction of the institution began in 2001 and was completed in 2003. FCI Herlong was dedicated on July 12, 2005. It was granted funding to build a new training center which was dedicated on December 19, 2014. The elevation ranges between 4,025 and 4,105 feet.

In the main facility there are three separate housing units inside the fence. Each housing unit is two stories high and is divided into four pods. The special housing unit is self-contained with a capacity of 180 inmates. The unit has both indoor and outdoor recreation capabilities. The unit also has a medical exam room, program room, and a small library. It has an adjacent minimum security male camp comprised of dormitory style housing. The camp was activated in 2006 and

is located approximately ½ mile from the main facility. The housing unit is dormitory style, with double bunking. Due to the security level of the camp, there is no perimeter fence. It is work and program oriented and many of the inmates are utilized to serve the labor needs of the larger facility. The rated capacity is 1,152 for the main institution and 137 for the camp.

The mission of the Federal Bureau of prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. Through Unit Management each inmate's programming needs are determined. Through the use of Inmate Skills Development System (ISDS) they assess the skills and needs of each inmate in an effort to utilize specific programs to enhance their skills and abilities which they can use to reintegrate back into their communities. Inmates are encouraged to participate in a wide variety of educational, recreational, and spiritual programs. The Education and recreation Departments offer: General Educational Development (GED), English as a Second Language, Parenting Program, Post-Secondary Education, Vocational Trades and Adult Continuing Education Special Interest Courses. Vocational training programs offered are welding, carpentry and computers. They can also participate in apprenticeship programs in partnership with the U. S. Department of Labor in dental assistant, electric, heating and air conditioning, plumbing and welding. The Recreation Department offers wellness, leisure and hobby craft programs. The Psychology Department provides a range of services including: group counseling, suicide prevention, and Employee Assistance Program. They also operate several drug abuse programs. The 500 hour Residential Drug Abuse Program (RDAP) involves inmates programming daily from nine to twelve months and residing in the same housing unit. RDAP is a certified Modified Therapeutic Community, using only the evidence-based Cognitive-Behavioral Treatment modality. The Non-Residential Drug Abuse Program is a weekly 12 to 24 week Cognitive-Behavioral Program offered at both the main facility and the camp. In addition, Drug Education classes are offered. Religious Services provides opportunities for inmates to pursue individual religious beliefs and practices. A variety of re-entry Programs are offered by a combination of staff and volunteers to provide the offenders with the necessary skills needed to obtain viable employment and to become productive citizens upon release. Partnerships have been developed with local county social services, other federal and state agencies, as well as community based organizations to deliver re-entry efforts.

The auditor concluded, through interviews and review of policy and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates stated that staff was respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder" if an incident occurred or allegation of sexual abuse/harassment was made. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

## **SUMMARY OF AUDIT FINDINGS:**

When the on-site audit was completed, an "out brief" meeting was held with Acting Warden, Associate Wardens, numerous administrative staff and representatives from the PREA Central Office of the Bureau of Prisons. The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. The staff was found to be courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit the auditors thanked the FCI Herlong staff for their hard work and dedication to the PREA process

Number of standards exceeded: 6

Number of standards met: 36

Number of standards not met: 0

Not Applicable: 1

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

The agency and the facility exceed the standard with policies and practice. National Policy or Program Statement (PS) 5324.11 and local policy clearly exceed addressing this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to PREA. The facility PREA Compliance Manager reports to the Warden (although at this time the PREA Compliance Manager is the Acting Warden). The facility has zero tolerance posting in all areas of the facility. All staff is issued pocket size PREA Standards Guideline to carry at all times for reference. Staff receives initial training and annual training, as well as, updates throughout the year

### **§115.12 - Contracting with other entities for the confinement of inmates**

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

The agency and facility complies with this standard. This was confirmed by a review of documentation submitted requiring other entities contracted with for the confinement of inmates to comply with the PREA standards. The Agency Contract Administrator was interviewed previously by PREA auditor Bill Willingham concerning this standard. There are 185 Residential Re-entry Centers and 14 private facilities that are contracted. All contract facilities are audited annually or have on-site contract compliance monitor on-site.

### **§115.13 – Supervision and Monitoring**

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

PS 3000.03 addresses this standard. Policy requires the facility to review the staffing plans on an annual basis. Interviewing the Acting Warden indicated compliance with the PREA and other safety and security issues are always a primary focus when they consider and review their respective staffing plans. FCI-Herlong has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and Tru Links e-mail system review of documentation, staff interviews and rosters. Documentation of unannounced rounds by administrative staff and duty officers that cover all shifts was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the facility are on a weekly basis and conducted with no warning to staff. Video cameras (203) are placed throughout the complex with monitoring capabilities. The camera monitoring system is monitored in the main control centers, Warden's office and Special Investigative Supervisor (SIS) office area. The cameras have recording capabilities.

### **§115.14 – Youthful Inmates**

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

Not Applicable- They do not house youthful inmates.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

PS 5324.11 addresses this standard. Cross-gender strip or body cavity searches are prohibited, except in emergency situations. Searches are to be performed by medical staff and documented. Staff indicated they received cross-gender pat search training during initial and annual training sessions. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announces their presence before entering a housing unit and beginning of the shift. The facility also utilizes an intercom speaker system announcing at the beginning of the shift and several times during the shift, stating the possibility of opposite gender staff may be entering the housing unit. There are notices posted in the housing units indicating opposite gender presence. These posting and announcements were observed by the auditor. The posting are written in both English and Spanish Staff were aware of the policy prohibiting the search of transgender or intersex inmates to determine their genital status. The interviewed inmates confirmed they were afforded significant privacy when using the toilet, changing clothes, or when showering.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

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

PS 5324.11 addresses the requirements of this standard. FCI-Herlong takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, posting and inmate handbooks are in English and Spanish. The auditor reviewed all mentioned documents. Staff interviewed were aware that under no circumstance are inmate interpreters or assistants are to be used when dealing with PREA issues. An inmate who is limited English proficient was interviewed and confirmed compliance to this standard. There are no inmates at FCI-Herlong with disabilities at this time.

### **§115.17 – Hiring and Promotion Decisions**

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

PS 3000.03, PS 3420.09, P3420.11, Pre-Employment Guide and BOP Recruitment Flyer addresses this standard. The Acting Human Resource Manager was interviewed, and stated that all components of this standard have been met. All employees, contractors, volunteers have had their background checks completed. BOP Regional Office staff conduct background checks before approving a promotion. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy states false information submitted by applicants is grounds for termination. Auditor reviewed employment documentation supporting compliance to this standard.

### **§115.18 – Upgrades to Facilities and Technology**

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

FCI-Herlong has an extensive video and visual monitoring system in place and has continued upgrading the system. All upgrades are reviewed and discussed during quarterly administrative meetings to ensure the safety of staff, visitors and inmates. The most recent additions of cameras are in the holding cells and hallways in the segregation unit.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

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

PS 5324.11 , PS 6031.04 and Health Services Procedural Manual addresses compliance of this standard. Custody and medical staff were interviewed concerning this standard and all were knowledgeable of procedures to secure and obtain usable physical evidence when sexual abuse is alleged.

The facility has implemented a specially trained Evidence Recovery Team to gather evidence in any PREA related incident. A Team Leader of the ERT was interviewed and described in detail the duties and responsibilities of ERT team members. The establishment and implementation of the Evidence Recovery Team, supporting procedures, and staff knowledge exceeds the requirements of the standard. Staff were aware of the Special Investigative Supervisor Team (SIS) conducted investigations. Inmates are transported to local Banner Lassen Medical Center in Susanville, California for SAFE/SANE exams. The facility has a Memorandum of Understanding/Gratuitous Services Agreement with Lassen County Family Services for outside confidential support services . There was one SAFE/SANE exam conducted during the past 12 months.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

PS 5324.11 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. (SIS) Lieutenant was interviewed and found to be very knowledgeable concerning his responsibilities There are 253 agency investigators and 6 facility investigators (in addition, all Lieutenants have received the specialized training in conducting sexual abuse investigations). If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the FBI. There were three allegations of sexual abuse or harassment during the audited period. They were all determined to be unsubstantiated. All three allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; incident report, inmate interviews, medical reviews, intervention,

monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports. All allegations were reported and thoroughly investigated within 7 days after the incident. Review of documents and interview with staff and inmates confirmed excellent rating of compliance with the standard.

### **§115.31 – Employee Training**

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

PS 5324.11 and the Annual Training Plan addresses all training required by this standard. The Bureau of Prisons (BOP) provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Much of this training is provided through an on-line course on PREA provided by BOP. Annual refresher training including PREA topics is provided to all staff. Staff acknowledge in writing their understanding of PREA. Staff training files and facility training curriculum was reviewed and contained documentation supporting compliance to this standard. All staff interviewed indicated they had received PREA training.

### **§115.32– Volunteer and Contractor Training**

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

PS 5324.11 and Annual Training Plan addresses the requirements of this standard. There are 251 contractors and volunteers who have received PREA training that covered zero-tolerance, reporting and responding requirements. All training is documented. Auditor examined training files that confirmed standard compliance.

### **§115.33 – Inmate Education**

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

5324.11 addresses the requirements of this standard. The facility does an exceptional job in educating the inmates in PREA. Inmates receive information during the intake process that includes a PREA video, pamphlet and handbook printed in English and Spanish. The inmates have available TRU Links computer program providing them with PREA information. Unit staff meet periodically with inmates concerning PREA standards giving the inmates an opportunity to ask questions and present any concerns. There are posters throughout the facility and in each housing unit and a "hotline" telephone number to call to report abuse or harassment. The Office of Inspector General address is posted in each housing unit for inmates to write concerning any sexual abuse or harassment. There is a language line available to limited English speaking inmates. Interviews with staff and inmates, as well as documentation review, support the facility exceeds compliance of the standard.

### **§115.34 – Specialized Training: Investigations**

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

PS 5324.11 addresses this standard. The SIS staff, facility Lieutenant's and FBI criminal investigators have received PREA specialized training. Training records were reviewed confirming the completion of the required training. The investigator was interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation.

### **§115.35 – Specialized training: Medical and mental health care**

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

The PREA training lesson plan and PS5324.11 addresses this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive annual refresher training and all training is documented. The auditor reviewed training records and training lesson plan. Interviews with the medical and mental health staff confirmed the training was received.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

PS 5324.11 addresses the requirements of this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Careful housing assignment (placement in a housing unit with additional supervision) or other appropriate action would then be considered to address the inmate's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Staff and inmate interviews, review of documentation and observation of intake process confirmed this information.

### **§115.42 – Use of Screening Information**

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

PS 5324.11 addresses compliance of this standard. Policy requires the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused / harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all inmates with continued follow-up and monitoring when needed. Staff and inmate interviews confirm compliance of the standard. PREA issues are addressed weekly by management staff following the Special Housing Unit review meeting.

### **§115.43 – Protective Custody**

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

PS 5324.11 and PS 3420.09 address this standard. The FCI-Herlong Special Housing Unit (SHU) is a separate unit in the facility. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reviewed every 30 days after entering the SHU. There were three inmates at risk of sexual victimization held in the SHU in the past 12 months for longer than 30 days while awaiting alternative placement.

### **§115.51 – Inmate Reporting**

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

PS 5324.11, PS 3420.11, PREA pamphlet, and inmate handbook in English and Spanish addresses compliance of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (including verbally, in writing, anonymously, privately and from a third party for inmates to report sexual abuse/harassment). Staff document all allegations. There are posters and other documents on display throughout the complex also explain reporting methods.

### **§115.52 – Exhaustion of Administrative Remedies**

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

PS 1330.18 addresses this standard. Inmates may file a grievance; however, all allegations of abuse/harassment when received by staff, would immediately result in an administrative or criminal investigation. The process does not include staff who may be subject of the complaint by the inmate. There were no grievances filed involving PREA related issues during the past 12 months.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

PS 5324.11 and inmate handbook addresses this standard. The facility has a Memoranda of Understanding/Gratuitous Services Agreement with Lassen County Family Services for outside confidential support services relevant to this standard.

### **§115.54 – Third-Party Reporting**

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

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", inmate handbook, posters, posted address of Office of Inspector General, and website www.bop.gov address the requirements of this standard. The website and facility posters assist third party reporters on how to report allegations. Staff and inmate interviews confirm compliance to this standard.

### **§115.61 – Staff and Agency Reporting Duties**

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

PS 5324.11 addresses this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse and harassment and retaliation relevant to PREA standards. This standard of compliance was verified through staff interviews and review of policies.

### **§115.62 – Agency Protection Duties**

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

PS 5324.11 addresses this standard. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure scene and protect possible evidence, not allow inmates to destroy possible evidence and contact supervisor and medical staff. In the past 12 months there were no inmates determined that they were subject to substantial risk of imminent sexual abuse.

### **§115.63 – Reporting to Other Confinement Facilities**

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

PS 5324.11 addresses this standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. There was one allegation received the past 12 months stating that sexual abuse occurred while confined at another facility. Policy requires the Warden where the inmate is currently being housed notify the Warden where the inmate was previously housed within 72 hours after being notified. The policy requires an investigation be immediately initiated. This standard was verified by reviewing

policy and interviewing Warden and Investigator. There was one allegation of sexual abuse that FCI-Herlong received from other facilities. This was investigated in accordance with PREA standards.

### **§115.64 – Staff First Responder Duties**

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

PS 5324.11 addresses this standard. The facility has implemented a specially trained Evidence Recovery Team to gather evidence in any PREA related incident. A Team Leader of the ERT was interviewed and described in detail the duties and responsibilities of ERT team members. The establishment and implementation of the Evidence Recovery Team, supporting procedures, and staff knowledge exceeds the requirements of the standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of a sexual abuse or harassment allegation. The staff stated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact supervisor and medical staff. All staff are issued and carry a pocket size PREA guideline booklet for reference. There were three allegations made by inmates in the past 12 months. One of these incidents required first responder actions.

### **§115.65 – Coordinated Response**

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

FCI Policy 5324.11 and Emergency Plan addresses this standard. The documentation was reviewed by the auditor. The policy and plan describes first responders, medical / mental health staff, investigators and facility administration coordination to resolve sexual abuse / harassment incidents. This was discussed in interviews with the Acting Warden/ PREA Compliance Manager and the Investigator.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

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

The FCI-Herlong collective bargaining agreement between Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees dated July 21, 2014-

July 20, 2017 complies with this standard. IAW Article 30 –Discipline and Adverse Actions, states 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 agreement was examined by the auditor.

### **§115.67 – Agency protection against retaliation**

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

PS 5324.11 addresses this standard. The policy prohibits any type of retaliation to any staff person or inmate who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. The PREA Compliance Manager is designated the retaliation monitor. In the interview, he stated he would conduct checks with the inmate weekly or as needed up to 90 days or as long as needed to make sure the inmate is safe from retaliation or inmate is transferred. There have been no cases of retaliation the past 12 months.

### **§115.68 – Post-Allegation Protective Custody**

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

PS 5324.11 addresses this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to placement in involuntary segregated housing (SHU). The staff consider separate housing of victim and predator and transfer of inmates. There have been three inmates placed in involuntary segregated housing (post-allegation protective custody) within the past 12 months.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

PS 5324.11 addresses this standard. The SIS staff conducts administrative investigations within the complex and refers criminal investigations to the FBI who consults with the Assistant Attorney General to determine if prosecution will be pursued. There were no criminal prosecutions during this audit period. Per the Acting Warden, the facility cooperates fully with any outside agency who initiates an investigation.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

PS 5324.11 addresses this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is covered in the Investigator PREA training curriculum.

### **§115.73 – Reporting to Inmate**

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

PS 5324.11 addresses this standard. There were three investigations during the past year and all three inmates were notified in writing of the results (reviewed by the auditor). This documentation confirms compliance of this standard.

### **§115.76 – Disciplinary sanctions for staff**

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

PS 3420.11 addresses this standard. FCI-Herlong has not issued any disciplinary sanctions to staff as a result of sexual conduct with other inmates or staff in the past year.

### **§115.77 – Corrective action for contractors and volunteers**

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

PS 3420.11 addresses this standard. During the past 12 months there have not been any contractors or volunteers accused of sexual abuse/harassment of an inmate.

### **§115.78 – Disciplinary sanctions for inmates**

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

PS 5324.11 addresses this standard. Policy does not allow consensual sex of any nature. Inmates that sexually abuse or harass staff will be disciplined if not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with SIS investigator confirm compliance to this standard.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

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

PS 5324.11 addresses this standard. Interviews with medical and specialized staff indicated the complex has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. There have been 38 inmates received at the complex that disclosed prior sexual victimization and were offered a follow-up meeting with medical or mental health staff. Treatment services are offered without inmate financial costs. The psychology services tracking form was reviewed that tracks inmates who received services. All information is handled confidentially, and interviews with staff confirmed compliance with this standard.

### **§115.82 – Access to emergency medical and mental health services**

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

PS 5324.11, IS 5324.11 and BOP Clinical Practice Guidelines addresses this standard. The facility has a memoranda of understanding with the local Banner Lassen Medical Center in Susanville, California for emergency medical and mental health treatments. The treatment is offered at no financial cost to the inmates. Interviews with staff confirmed compliance with this standard.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

PS5324.11 and IS 5324.11 addresses this standard. Services are consistent with community level of care without financial cost to the inmate. The facility has a memoranda of understanding with the local Banner Lassen Medical Center in Susanville, California to assist with on-going emergency medical and mental health treatments. This standard compliance was determined by documentation review and medical / mental health staff interviews.

### **§115.86 – Sexual abuse incident reviews**

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

PS 5324.11 addresses this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. Special Investigative Supervisor (SIS) and FBI conducts all investigations and (SIS) Lieutenant was interviewed and found to be very knowledgeable concerning his responsibilities. There were three allegations of sexual abuse or harassment during audited period and they were found to be unsubstantiated. The incident review team was held for each investigation completed. The team consists of Warden, Associate Warden, PREA Manager, Captain, Medical/Mental Health staff and Unit Manager.

### **§115.87 – Data Collection**

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

PS 5324.11 addresses this standard. FCI-Herlong collects accurate uniform data for every allegation of sexual abuse/harassment by using a standardized instrument. The incident-based data collected includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates all data annually and reviews it annually. There have been no incidents to report during the previous year, and no corrective action recommended.

### §115.88 – Data Review for Corrective Action

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

The Bureau of Prisons reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action if needed. The facility PREA Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor.

### §§115.89 – Data Storage, Publication, and Destruction

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

PS 5324.11 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is securely retained and published on the BOP website. The reports cover all data noted in this standard, and is retained in a secured file. That which is disclosable is published on the BOP website. The required reports cover all data noted in this standard, and is retained in a file.

#### AUDITOR CERTIFICATION:

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

\_\_\_\_\_*Diane Lee*\_\_\_\_\_

\_\_\_\_April 19, 2015\_\_\_\_\_

Auditor Signature

Date