

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

Interim       Final

Date of Report 2/19/2018

## Auditor Information

Name: David Andraska      Email: david.andraska@nakamotogroup.com

Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Dr., Suite 240      City, State, Zip: Rockville, MD 20852

Telephone: 301-468-6535      Date of Facility Visit: 1/30/2018 – 2/1/2018

## Agency Information

Name of Agency: Federal Bureau of Prisons      Governing Authority or Parent Agency (If Applicable): U. S. Department of Justice

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

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

Telephone: 202-616-2112      Is Agency accredited by any organization?  Yes     No

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

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

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

## Agency Chief Executive Officer

Name: Mark S. Inch      Title: Director

Email: BOP-CPD/PREA  
COORDINATOR@BOP.GOV      Telephone: 202-616-2112

## Agency-Wide PREA Coordinator

Name: Jill Roth      Title: National PREA Coordinator

<b>Email:</b> BOP-CPD/PREA COORDINATOR@BOP.GOV	<b>Telephone:</b> 202-616-2112
<b>PREA Coordinator Reports to:</b> Hugh Hurwitz, Assistant Director, Reentry Services Division	<b>Number of Compliance Managers who report to the PREA Coordinator</b> None

**Facility Information**

<b>Name of Facility:</b>	Federal Correctional Institution (FCI) Herlong		
<b>Physical Address:</b>	741-925 Herlong Access Rd A-25, Herlong, CA 96113		
<b>Mailing Address (if different than above):</b>	PO Box 900, Herlong, CA 96113		
<b>Telephone Number:</b>	530-827-8000		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> It is the mission of FCI Herlong to house Federal inmates in a safe, humane, cost-efficient and appropriately secure institution, to provide necessary and appropriate medical, dental and mental health services to inmates by professional staff and to provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.			
<b>Facility Website with PREA Information:</b> <a href="https://www.bop.gov/locations/institutions/her/">https://www.bop.gov/locations/institutions/her/</a>			

**Warden/Superintendent**

<b>Name:</b> Josias Salazar	<b>Title:</b> Warden
<b>Email:</b> HER/PREACOMPLIANCEMGR@bop.gov	<b>Telephone:</b> 530-827-8000

**Facility PREA Compliance Manager**

<b>Name:</b> Jessica Sage, PSY.D.	<b>Title:</b> Associate Warden
<b>Email:</b> HER/PREACOMPLIANCEMGR@bop.gov	<b>Telephone:</b> 530-827-8000

**Facility Health Service Administrator**

<b>Name:</b> Jarrett Tuttle	<b>Title:</b> Health Services Administrator
<b>Email:</b> HER/PREACOMPLIANCEMGR@bop.gov	<b>Telephone:</b> 530-827-8000

**Facility Characteristics**

<b>Designated Facility Capacity:</b> 1280	<b>Current Population of Facility:</b> 1005
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Number of inmates admitted to facility during the past 12 months		1902	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1890	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1902	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		17	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 22-69	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		60-119 months	
Facility security level/inmate custody levels:		FCI: MEDIUM/IN; CAMP: MINIMUM/OUT/ COMMUNITY	
Number of staff currently employed by the facility who may have contact with inmates:		268	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		5	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2	
<b>Physical Plant</b>			
Number of Buildings: 22		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		96	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): FCI Herlong utilizes VICON digital video recorders, networked together through the BOPNET system. The facility has cameras strategically located throughout the facility to enhance safety and security for both staff and inmates.			
<b>Medical</b>			
Type of Medical Facility:		BOP Care Level 1	
Forensic sexual assault medical exams are conducted at:		Banner Lassen Medical Center Susanville, CA 96130	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		27	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		253	

# Audit Findings

## Audit Narrative

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

The on-site Prison Rape Elimination Act (PREA) audit of the Federal Correctional Institution Herlong (FCI), located in Herlong, CA was conducted on January 30, 2018 through February 1, 2018. The audit was completed by David Andraska, a certified PREA auditor with The Nakamoto Group, Inc. This is the second PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire (PAQ) to the auditor and provided a comprehensive set of documents to support the responses to the questionnaire. The documentation was in the form of Program Statements (PS), Institution Supplements (IS) and other forms/memos, etc. Program Statements are agency-wide governing policies developed by the Federal Bureau of Prisons (BOP) and Institution Supplements stipulate institution specific policies, when there is no agency-wide policy or when site specific policy is required to expand on agency Program Statements.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: the Warden, Associate Warden—Programs/PREA Compliance Manager (PCM), Associate Warden—Operations, Captain, one Management Analyst from the BOP Program Review Division, one American Correctional Association auditor on-site to conduct an ACA Intensive Reaccreditation Process (IRP), five BOP staff on-site to conduct a Correctional Services Program Review and several facility support staff. FCI Herlong is a medium security all-male facility with an adjacent Satellite Prison Camp (SPC).

After the meeting, a comprehensive tour of FCI Herlong was completed. The tour of the SPC and outside buildings was completed in the morning on the second day. The FCI Herlong tour included; the intake processing area, all housing units, including the Special Housing Unit (SHU), the Health Services Department, the Psychology Services Department, the Chapel, Vocational Training, the Education Department, Maintenance Services, Recreation, the Reentry Program area, Food Service, Commissary, Laundry, Control Room and facility support areas. The tour of the SPC included the Administration/Program building and the open bay housing unit, as well as the outside food service and commissary warehouse, garage and powerhouse. Inmates from the SPC provide labor to support the operation of the FCI in such areas as grounds keeping, the garage, outside warehouse and powerhouse. During the tour, it was noted that there was sufficient staffing, security mirrors and surveillance cameras to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to staff of

the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. PREA posters regarding reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all housing units and common areas throughout the facility. Audit notice postings with the PREA auditors' contact information were also located in the same areas. There was one letter mailed to the auditor as a result of the audit postings (the inmate who sent the letter was interviewed by the auditor). FCI Herlong has been accredited by the American Correctional Association.

A total of thirteen randomly selected correctional staff members were interviewed, to include employees from the FCI and the SPC. All BOP employees at the institution are considered correctional officers. Correctional officers and lieutenants from all three shifts were included in the interview process. All were aware of the agency's zero tolerance policy, of their responsibilities to protect inmates from sexual abuse/sexual harassment and of their duties as first responders as part of a coordinated response. The agency Director, agency PREA Coordinator and agency Contract Administrator had been previously interviewed. Specialized staff members were also interviewed and included the Warden, the PCM, the Chief Psychologist, the Investigator, the Human Resource Manager, Intake and Screening Staff, the SHU Lieutenant and the Health Services Administrator. One contractor, one volunteer, a Sexual Abuse Nurse Examiner (SANE) from a local hospital and a community victim advocate were also interviewed. All interviewed staff, contractors and volunteers demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in or with the organization and employment status.

On the first day of the audit there were 905 inmates at the FCI and 100 at the SCP, for a total of 1005 inmates. Forty inmates were selected to be interviewed. All interviewed inmates were of various ages, nationalities and ethnic backgrounds. Twenty-two inmates were randomly selected, and eighteen inmates were in a targeted group. These included six inmates who were Limited English Proficient (LEP) and required a translator, two inmates who were physically disabled, two inmates who self-identified as being members of the LGBTI community, six inmates who reported sexual victimization and two inmates who reported sexual abuse. No inmates self-identified as being transgender or intersex. There were no inmates in protective custody for any PREA related issue. All inmates interviewed stated they felt generally safe, demonstrated a good understanding of PREA and reporting mechanisms. No inmates refused to be interviewed.

During the past twelve months, there were a total of two allegations of sexual abuse and sexual harassment and a review of the investigative files was conducted. One of the allegations reported by inmates involved inmate-on-inmate sexual abuse. The second alleged incident involved staff-on-inmate sexual abuse. None of the cases required forensic evidence collection by a SANE service provider in the community. The two investigations were completed promptly and thoroughly and were well documented. Both allegations were determined to be unsubstantiated.

## 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.*

FCI Herlong is a medium security all-male facility with an adjacent Satellite Prison Camp (SPC). There are three separate housing units inside the fence. Each housing unit is two stories high and is divided into four pods. Currently only two of the housing units are being used (Sierra and Tahoe) and the third unit (Reno) is vacant. The compound institution sits on approximately 600 acres with 26 acres inside the fence and the elevation ranges between 4,025 and 4,105 feet. Prior to the 1990's, the land was part of the Sierra Army Depot. Under the provisions of the Defense Base Closure and Realignment Act of 1990, over 591 acres were transferred to the Federal Bureau of Prisons. Construction of FCI Herlong began in April of 2001 and was completed in October of 2003. FCI Herlong was activated in July of 2005. FCI Herlong was granted funding in 2013 to build a staff training center. Construction of the training center was completed in December of 2014, at a total cost of \$4.9 million.

There are two exit and entrance points, the front entrance (primary entrance) and the rear gate. The perimeter is secured by two chain link fences with rolls of razor wire between and at the top of the fences. The perimeter is patrolled by two roving patrol vehicles.

When entering FCI Herlong, you enter through the front lobby of the administrative building. The Administration Building houses the Executive Offices, Control Center, Human Resource Management, Financial Management, Computer Services, Special Investigative Services (SIS) and other support areas.

Through Unit Management each inmate's programming needs are determined. Through the use of the Inmate Skills Development System (ISDS), Unit Management Staff assess the skills and needs of each inmate in an effort to utilize specific programs to enhance the 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 Department offers: General Educational Development (GED), English as a Second Language, a 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 electrician training, 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 the Employee Assistance Program. They also operate several drug abuse programs. The 500-hour Residential Drug Abuse Program (RDAP) involves inmates residing in the same housing unit and programming daily from nine to twelve months. 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 a number of community-based organizations, to enhance re-entry efforts. Personnel from FCI Herlong provide all services to the SPC.

The SPC is an all-male, minimum-security facility with inmates providing labor to support the operation of the FCI in such areas as grounds keeping, the garage, outside warehouse and the training center. Additionally, inmates from the SPC provide labor for community projects. The SPC is comprised of two structures: administration/programs building and inmate housing. The main structure serves as the primary facility for programs and administration by housing the Visiting Room, Education, Recreation, Food Service, Laundry/Commissary, Religious Services, Unit Management and administrative offices. The second building serves as the inmate open-bay housing unit.

The institution and prison camp are located 55 miles north of Reno, Nevada and 35 miles south of Susanville, California.

## Summary of Audit Findings

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

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

When the on-site audit was completed, another meeting was held with the Warden, Associate Warden—Programs/PCM, Associate Warden—Operations, Captain, Human Resource Manager, Health Services Administrator and numerous facility management and support staff, as well as the Management Analyst from the BOP Program Review Division, the American Correctional Association auditor and the BOP Correctional Services Program Review Team to discuss the audit findings.

The facility was found to be fully compliant with the PREA standards and no corrective action plan was required. Forty-three standards met the mandates of the Prison Rape Elimination Act and two standards exceeded the PREA requirements (115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator and 115.31 Employee Training). The

auditor had been provided with extensive files prior to and during the audit for review to support a conclusion of compliance. All interviews and observations also supported compliance. The facility staff were found to be cooperative and professional. Staff morale appeared to be very good and the observed staff/inmate relationships were determined to be good. All areas of the facility were observed to be clean and well maintained. The auditor shared with the Warden and facility staff the positive feedback received from the inmate population regarding the facility's operations and safety. The auditor thanked the Warden and the facility staff for their hard work and commitment to the Prison Rape Elimination Act.

**Number of Standards Exceeded:** 2

Standards 115.11 and 115.31 exceeded standards

**Number of Standards Met:** 43

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**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

During the review of the investigation case files, the auditor identified a concern with the facilities practice of reporting the results of alleged sexual abuse investigations to inmates (Standard 115.73). As documented on the PAQ and investigation file, inmates were not notified of the investigation results of staff-on-inmate allegations. After discussion with the Warden, PCM and Management Analyst, it was determined that this was a local issue and was corrected. On the last day of the audit, the facility provided a copy of the PREA Notification to Inmate memo. The memo was signed by the inmate confirming he was notified of the result of the investigation.

## 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.*

BOP Program Statements (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program; PS 3420.11, Standards of Employee Conduct; PS 5270.09, Inmate Discipline Program (PS 5270.09) and Institution Supplement (IS) 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program, were reviewed and determined address the requirements of this standard. These directives outline a zero-tolerance policy for all forms of

sexual abuse and sexual harassment and the agency and facility's approach to preventing, detecting and responding to sexual abuse and harassment.

The agency has appointed a National PREA Coordinator assigned to the BOP Reentry Services Division. There are 122 PREA Compliance Managers (PCM) throughout the BOP, one per institution. The National PREA Coordinator provides training to all new Associate Wardens; Associate Wardens are typically assigned as PREA Compliance Managers. The National PREA Coordinator also responds to the PREA Compliance Managers' questions telephonically, via email and in person, when making on-site visits. At FCI Herlong, the Warden has appointed the Associate Warden of Programs as the PREA Compliance Manager. The PCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency PREA Coordinator and PCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards.

Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing procedures, by viewing a video and during additional admission and orientation presentations. The video is offered in English and in Spanish. Inmates are also informed about the PREA program and zero-tolerance in the Admission and Orientation (A&O) Handbook, a pamphlet and through postings throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English.

All BOP employees, contractors and volunteers attend new employees training which includes PREA training and all are provided PREA refresher training annually. Employees have PREA information noted on their desk computers and carry a PREA reference card. All interviews with staff, volunteers, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment.

Based on the review of established policies, procedures, the inmate handbook, the education and orientation process, training curriculums and interviews with staff and inmates, observation of bulletin boards, posters and PREA material during the tour of the facility, it was apparent that the Bureau of Prisons and FCI Herlong are committed to zero tolerance of sexual abuse and sexual harassment and their efforts to comply exceed the requirements for Standard 115.11.

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

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

### **115.12 (a)**

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

## 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency meets the requirements of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted with for the confinement of inmates (privatized prisons and residential re-entry centers) to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. All contracts are monitored for compliance and contracted facilities are required to be audited by certified PREA auditors. FCI Herlong does not individually contract for the confinement of inmates.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

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

**115.13 (b)**

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 3000.03, Human Resource Management Manual; PS 5324.12; the Facility Staffing Report and the Workforce Utilization Committee Meeting Minutes were reviewed and address the

requirements of this standard. A review of the Facility Staffing Plan and the Quarterly Salary and Workforce Utilization Committee Meeting Minutes for the previous 12 months confirmed that PREA issues were considered when filling positions and developing work rosters/assignments. Interviews with the Warden, Human Resource Manager and PCM confirmed that the facility considers the items detailed in the standard, when developing the staffing plan. The facility and the agency review the staffing plan at least quarterly. The PCM is a member of the Salary and Workforce Utilization Committee and may provide input as to whether adjustments to the staffing plan may be required to meet PREA requirements. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift. Each time the staffing plan is not complied with, the facility documents and justifies the deviation.

The unannounced PREA rounds logs and unit logs confirmed that intermediate-level or higher-level supervisors conduct and document such visits throughout the institution. Employees are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Lieutenants and/or Institution Duty Officers daily on all shifts.

The review of policies, logs and supporting documentation, as well as staff interviews, confirm the facility's compliance with this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. FCI Herlong does not house youthful offenders.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

PS 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas and PS 5324.12 were reviewed and address the requirements of this standard. The facility's rated capacity exceeds 50 inmates and does not house female inmates. FCI Herlong does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted in the facility during the audit period. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex, except in exigent circumstances. Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Inmate interviews also confirmed that inmates are not delayed or prohibited from attending regularly available programming or other opportunities in order to comply with this standard.

As confirmed by observations during the tour of all housing units, inmates are permitted to shower, perform bodily functions and change clothing without being seen by staff of the opposite gender. The agency and facility have a "knock and announce" policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates, when entering an inmate housing unit. Inmate interviews confirmed that female staff members announce their presence when entering an inmate housing unit. The practice was observed during the tour of the facility. An announcement is also made over a loud speaker, at the beginning of each shift, notifying inmates that both male and female employees are on duty in their units. Staff members do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with inmates confirmed that they had been pat-searched by officers properly and professionally.

The review of policies and support documentation, personal observations and interviews with staff and inmates confirm the facility's compliance with this standard.

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

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

#### 115.16 (a)

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

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

### 115.16 (b)

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and the Admission and Orientation (A&O) Handbook address the requirements of the standard. Through policy and practice, the facility ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information, including postings; brochures and handouts are available in English and in Spanish. Telephonic languages translation services are contracted and available for inmates who are not English proficient. The facility also employs staff members who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA related incidents. Interviews with six non-English proficient inmates confirmed the availability and use of the staff interpreters.

The review of policies, the A&O Handbook and supporting documentation, as well as staff and inmate interviews, confirm the facility's compliance with this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PS 3420.11, PS 3000.03, the Pre-Employment Guide, SF85P, Questionnaire for Public Trust Positions, and a BOP recruitment document were reviewed and address the requirements of this standard. All employees who have contact with inmates have had a full field background investigation, in addition to finger printing and inquiry into the FBI's National Crime Information Center (NCIC). Employee backgrounds are re-checked every five years. Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly.

The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse/harassment. Employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the agency provides 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. The agency notifies appropriate licensing/certifying agencies, when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment.

A review of policies and relevant supporting documentation and an interview with the Human Resource Manager confirms the facility's compliance with this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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FCI Herlong has had no substantial upgrades in technology since the last PREA audit in April 2015.

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

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

**115.21 (a)**

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

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 6031.03, Patient Care; PS 5324.12; Health Services Procedural Manual and OneSource First Responder Reference Guide were reviewed and address the requirements of this standard. Interviews with correctional and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff members were aware that the Special Investigative Service Lieutenants (SIS), the Office of Internal Affairs (OIA), the Office of the Inspector General (OIG) or the Federal Bureau of Investigation (FBI) conducted investigations relative to sexual abuse/harassment allegations.

The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a community hospital for examination, treatment and forensic evidence gathering by a Sexual Assault Nurse Examiner. All sexual abuse victim advocacy, examinations, treatment, testing and follow-up care are provided without cost to the victim.

Administrative investigations are conducted by trained investigators who are full-time employees of the facility. The Warden generates the referral to the outside agency. The review of training records confirmed that investigators have received investigator training offered by the BOP on the investigation of sexual abuse and harassment in confinement settings.

The review of policies, procedures and training documents, as well as interviews with staff, a Sexual Abuse Nurse Examiner and a local victim advocate confirm the facility's compliance with this standard.

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

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

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

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

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

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

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

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

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

- Auditor is not required to audit this provision.

#### **115.22 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PS 5508.02, Hostage Situations or Criminal Actions Requiring FBI Presence; PS 5324.12; AG order # 2835-2006 and Memorandum of Understanding (MOU) to establish interagency operational procedures and guidelines for the Federal Bureau of Investigation and the BOP with regard to violations of federal criminal statutes occurring in BOP facilities, on BOP property or which involve BOP staff were reviewed and addresses the requirements of this standard. Policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/sexual harassment. Administrative investigations are routinely assigned for completion by the Special Investigative Services Lieutenants. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the case would be initially referred to the FBI for criminal investigation. The facility Special Investigative Services Lieutenant was interviewed and was found to be aware of the responsibilities in the investigative process. The FBI would conduct criminal investigations for the institution involving inmate-on-inmate sexual abuse and the OIG would investigate staff-on-inmate criminal sexual abuse. An investigation would never be terminated due to an inmate being transferred or released or an employee leaving the agency. The facility has an Evidence Recovery Team (ERT), a group of specially trained staff who would be called to a potential crime scene to preserve the evidence. In the past twelve months, there were two (2) allegations of sexual abuse/sexual harassment received. Both allegations resulted in an administrative investigation.

A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with an ERT team member, the Warden, PCM and investigator, as well as an examination of policy, training curriculum, investigation files and other supporting documentation, confirm the facility's compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 was reviewed and addresses the requirements of this standard. All BOP employees are considered correctional workers and all new employees attend training locally and at the Federal Law Enforcement Training Center. This training addresses all of the topics identified in the standard. Related education is provided annually during refresher training. The review of lesson plans, training logs and PREA Power Point Presentations confirmed that the provided training also addressed all elements identified in the standard. Staff must acknowledge in writing their understanding of the PREA. Employees have PREA information noted on their desk computers and carry a PREA reference card. Staff annual training files were reviewed and found to contain documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. The Warden has periodically issued memos (e-mails) to remind staff of and clarify various PREA issues. General staff meetings are also held to addressing PREA issues. Officers receive additional PREA training/updates when needed via daily conference calls.

The extensive training provided and staff's knowledge of the PREA requirements confirm FCI Herlong exceeds the requirements for this standard.

#### Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. The review of volunteer and contractor PREA training sign-in forms and other documents by the auditor confirmed that all facility contractors and volunteers have received initial training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response and reporting requirements) and during annual refresher training. Contractor and volunteer interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and sexual harassment and their responsibilities under the PREA. A review of the PREA contractor and volunteer power point presentation confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies.

The review of policies, training curriculums and supporting documentation and interviews confirm the facility's compliance with this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

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

#### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 5209.14, Admission and Orientation Program; PS 5324.12 and IS 5324.12C were reviewed and address the requirements of the standard. During intake and the orientation process, each inmate receives an Inmate Handbook and a pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs inmates of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. The information also informs the inmates that both male and female staff members routinely work in and monitor the housing units. The information is available in English and Spanish. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation.

Inmates also have access to TRULINCS, a computer program which also provides PREA information and a reporting outlet. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Unit staff members routinely conduct "town hall" meetings (group meetings that provide information and a question/answer session)

in the housing units to address issues that may include PREA discussions. Inmate interviews confirmed they received PREA information and they were aware of numerous reporting methods to include anonymous and third-party reporting, the zero-tolerance policy and their right to be free from retaliation. The tour of the facility confirmed that PREA posters were prominently displayed in all housing units, the Visiting Rooms and common/program areas.

The review of policies and documentation and interviews with staff and inmates confirm that the facility is in compliance with this standard.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PS 5324.12; the SIS/SIA training lesson plan; the Sexual Violence Power Point and DOJ/OIG PREA Training were reviewed and address the requirements of this standard. The facility investigators, OIA, OIG and FBI investigators have received PREA specialized training through the Department of Justice. The auditor reviewed specialized training documentation to include the SIS/SIA Training Instructor Guide, the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting Training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by trained investigators who are full-time employees of the facility. When criminal investigations are indicated, they are conducted by the FBI or the Office of the Inspector General. Interviews with staff, the SIS investigator and an examination of policy and supporting documentation confirm the facility's compliance with this standard.

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

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

#### 115.35 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. All Bureau employees at FCI Herlong, who provide health care and/or psychological services, have participated in a specialized six (6) hour training session entitled PREA for Medical and Mental Health Care. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditor confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have

knowledge of sexual abuse. All cases requiring the processing of sexual assault evidence collection kits are transported to a community hospital where Sexual Assault Nurse Examiners are available at all times (a SANE was interviewed and confirmed inmate access to these services).

A review of policies, training lesson plans and records, as well as interviews with medical and mental health staff, confirm the facility's compliance with this standard.

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

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 was reviewed and addresses the requirements of this standard. All inmates are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during in-processing procedures performed in the receiving and discharge (R&D) area. Policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening. A member of the inmate's unit team (case manager or counselor) meets and screens all new arrivals within the first 72 hours of the inmate's arrival, but this activity ordinarily occurs within a few hours on the day of arrival. The facility utilizes a standardized PREA Intake Objective Screening Instrument and an Intake Screening Form. The review of the screening documents by the auditor confirmed that the facility considers all the criteria required by this standard to identify inmates at high risk for sexual victimization or at risk of sexually abusing other inmates. Once identified, these inmates are referred to a mental health professional and all receive further assessment. The screening also includes the review of records or other information from other facilities. Based on relevant information received since

the intake screening, an inmate will be reassessed within 30 days of their arrival. Information received during the screening process is confidential and only available to staff with a need-to-know and never to other inmates.

A review of policy, procedures and documentation, as well as staff and inmate interviews, confirm the facility's compliance with this standard.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. Risk screening information is used to determine housing, bed, work, education and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. The agency (through a committee) decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own views with respect to his own safety are given serious consideration, when making these assignments. Transgender and intersex inmates are given the opportunity to shower separately from other inmates and the inmate's own views with respect to their safety are given serious consideration. Interviews with the National PREA Coordinator confirmed that a transgender inmate's genital status is not the sole consideration for determining their placement in a specific facility.

The review of policies, procedures and supporting documentation and staff interviews confirm the facility's compliance with this standard.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

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

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

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PS 5324.12 and PS 3420.11 were reviewed and address the requirements of this standard. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing Unit (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates would be reassessed by a committee every 7-days after entering the SHU. Interviews with SHU staff confirmed, that to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a SHU for the purposes of protective custody, except when there are safety or security concerns. The facility would document the reasons for restricting access and the length of time the restriction would last. Mental health and unit staff meet with each inmate in SHU status at least once each week. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed, when considering all appropriate alternatives for safeguarding alleged inmate victims. In the past 12 months, the facility has not placed an inmate at risk of sexual victimization in involuntary segregated housing.

A review of policies and support documentation and interviews with staff confirm the facility's compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12; PS 3420.11; IS 5324.12C; the Admission and Orientation Handbook and PREA postings address the requirements of the standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party and anonymously) for inmates to report sexual abuse or sexual harassment. Inmates are informed about the reporting methods through the A&O Handbook, postings in the housing units and

common areas and as part of the orientation process. Inmates also have access to TRULINCS, a computer system which also provides PREA information and a reporting outlet which allows the inmate to contact the Office of the Inspector General anonymously and the email is untraceable at the institution level. The tour of the facility confirmed that there were numerous posters on display explaining the reporting procedures. Staff members accept reports made verbally, in writing, anonymously and from third parties, and promptly document any form of reporting. Staff members are required to immediately document any allegation. Family and friends of inmates may report sexual abuse/sexual harassment by using the BOP website, making a phone call to the OIG or by contacting facility staff. All inmates interviewed confirmed that they were aware of the multiple methods of reporting sexual abuse/sexual harassment allegations. Inmates at FCI Herlong are not detained solely for civil immigration purposes.

A review of policies and the A&O Handbook, observation during the tour of the institution and interviews with staff and inmates confirm the facility's compliance with this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 1330.18, Administrative Remedy, was reviewed and addresses the requirements of the standard. Grievances (administrative remedies) filed alleging sexual abuse/sexual harassment would result in the immediate opening of a formal investigation. Policy states that there is no time frame for filing a grievance relating to sexual abuse or sexual harassment. Additionally, policy does not require an inmate to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs (OIA), in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required to be

provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates, from assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were no grievances alleging sexual abuse/sexual harassment filed within the past twelve months.

A review of policy, interviews with staff and inmates and an examination of supporting documentation confirm the facility's compliance with this standard.

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

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

#### **115.53 (c)**

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

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. The facility does not house inmates detained solely for civil immigration purposes. The facility has entered into an agreement with a local victim advocacy organization to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a representative from that agency). Facility staff members, including mental health treatment providers, have also been trained as victim advocates. Inmates are informed, as part of their orientation process, that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail (except for legal mail) is subject to monitoring as well. Inmates are informed that emails to the Office of the Inspector General, through TRULINCS-Request to Staff tab and selecting the Department Mailbox titled DOJ Sexual Abuse, are not monitored by the facility or the BOP. Postings in the housing units and common areas, the PREA pamphlet issued upon the inmate’s arrival and the A&O Handbook provide the address to the OIG and explain that inmates may confidentially submit written allegations of sexual abuse/sexual harassment to this entity. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

The review of policies, the A&O handbook and PREA information postings, along with interviews with staff and inmates confirm the facility’s compliance with this standard.

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

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

**Auditor Overall Compliance Determination**

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

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

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

### Instructions for Overall Compliance Determination Narrative

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The BOP pamphlet "Sexually Abusive Behavior Prevention and Intervention"; the Admission and Orientation Handbook; PREA Posters throughout the facility; the posted Office of the Inspector General address and the BOP website address the requirements of the standard. The website and posted notices (inside the facility and in the Visiting Rooms, including restrooms in visiting rooms) assist third party reporters on how to report allegations of sexual abuse/sexual harassment. Interviews with staff and inmates also confirmed that they were aware that anonymous and third-party reporting procedures were available.

A review of PREA posters, support documentation and the BOP website and interviews with staff and inmates confirm the facility's compliance with this standard.

## 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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PS 5324.12 was reviewed and addresses the requirements of this standard. The facility does not house inmates under the age of 18. All staff, contractors and volunteers are required to report any information regarding sexual abuse or sexual harassment or any staff neglect or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the Shift Operations Lieutenant. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff who need-to-know, because of their involvement with the victim's welfare and/or the investigation of the incident. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties.

A review of policy and interviews with staff confirm the facility's compliance with this standard.

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. Staff interviews confirmed they were knowledgeable of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and calling the Shift Operations Lieutenant for assistance. When notified, the interviewed Shift Operations Lieutenants stated they would further protect the victim, notify medical and mental health staff and advise the Institution Duty Officer. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse.

A review of policy and the training curriculum and interviews with staff confirm the facility's compliance with this standard.

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden (or designee) of the facility where the incident is alleged to have occurred. When the inmate reports sexual abuse/sexual harassment from state, non-Bureau privatized facilities, jails, juvenile facilities and Residential Reentry Centers; the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP, if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the audit period, there were no inmates who alleged that they were sexually abused or sexually harassed at another facility.

The review of policy and interviews with the Agency Director and Warden confirm the facility's compliance with this standard.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. All employees interviewed were knowledgeable concerning their first responder required actions, when learning of an allegation of sexual abuse/sexual harassment (all BOP staff are considered correctional officers and are trained as such. All staff indicated they would separate the inmates, secure the area as a crime scene, not allow inmates to destroy any evidence and contact the Shift Lieutenant. The Shift Lieutenant would continue to protect the inmate and notify medical and mental health staff, the ERT and administrative staff. Within the past twelve months, there were two instances requiring a security staff member to act as a first responder to an allegation of sexual abuse/harassment.

A review of policies and reports and interviews with staff confirm the facility's compliance with this standard.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. FCI Herlong coordinates actions, taken in response to an incident of sexual abuse among first responders, medical and mental health professionals, investigators, local victim advocates, One Source First Responders guide. Following the initial response, continued coordination between departments is achieved through PREA after-action meetings and the use of the One Source First Responders Guide. Staff and community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

A review of policies and support documentation and interviews with staff confirm the facility's compliance with this standard.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Master Agreement between the BOP and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, and the Local Supplement Agreement were reviewed and complies with this standard. The agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The CBA is currently being renegotiated and will contain the required language in its final form.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PS 5324.12 was reviewed and addresses the requirements of this standard. Policy prohibits any type of retaliation against any staff member or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The PCM is the designated Retaliation Monitor. The PCM stated in the interview that she would document and follow up on all potential cases to ensure policy is being enforced and conduct periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. Retaliation monitoring would continue for at least 90 days and be continue beyond, if needed. Monitoring forms were reviewed by the auditor. There have been no suspected or actual incidents of retaliation in the past 12 months.

A review of policy and monitoring forms and interviews with the PCM and random staff confirm the facility's compliance with this standard.

## 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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PS 5324.12 was reviewed and addresses the requirements of this standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. Staff must first consider other alternatives based on the circumstances of the allegation, before considering the placement of an inmate in protective custody, placing the inmate in another housing unit or transferring the inmate to another facility. To aid in that decision, policy requires the facility to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form. The form serves to document consideration of all options. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in involuntary segregated housing. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a SHU for the purpose of protective custody. The reasons would be documented for restricting access and the length of time the restrictions would last. There were no inmates placed in post-allegation protective custody status within the past 12 twelve months.

A review of policy and forms, staff interviews and the auditor's observations during the tour confirm the facility's compliance with this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12; Training Lesson Plans and Protocols were reviewed and address the requirements of this standard. The institution's investigators (SIS) may conduct administrative investigations within the facility and were interviewed by the auditor. When an allegation appears to be criminal in nature, the SIS, in conjunction with the BOP's Office of Internal Affairs and the facility Warden, will refer the incident to the FBI for a criminal investigation, if the investigation involves an inmate-on-inmate allegation. Staff-on-inmate criminal investigations are conducted by the Office of the Inspector General. The FBI or the OIG investigator consults with the Assistant U.S. Attorney, when necessary. If the FBI or the OIG substantiates the allegation, the case is referred to the local United States Attorney for possible prosecution. There were no sustained allegations of misconduct that appeared to be criminal that were referred for prosecution since the last PREA audit. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. The review of two case files of inmates alleging sexual abuse/sexual harassment revealed that both investigations were completed promptly and thoroughly, and in compliance with established policy. The allegations in both cases were found to be unsubstantiated.

A review of policy, case files and supporting documentation, as well as interviews with the Warden and Investigator, confirm the facility is in compliance with this standard.

### Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. The evidence standard is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigator was aware of the evidence standard. The evidence standard was utilized in the cases reviewed by the auditor and the facility is compliant with this standard.

### Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. The facility conducts administrative investigations. There were two allegations and two investigations of

sexual abuse/sexual harassment that were completed during the past 12 months. Both allegations were found to be unsubstantiated. A review of documentation revealed that when there is a staff-on-inmate allegation, the inmate was not being informed of the results of the investigation. This was brought to the attention of the Administration and the facility corrected its practice. Now in all instances, the inmates are informed in writing regarding the results of each investigation and the inmate signs that he received the notice. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within his housing unit, if the staff member is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or if the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

A review of policy and PREA notifications to inmates, as well as interviews with the Warden and PCM, confirm the facility's compliance with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

PS 3420.11 and PS 5324.12 were reviewed and address the requirements of this standard. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past twelve months, no staff members were alleged to have violated the agency's sexual abuse or sexual harassment policies. The Master Collective Bargaining Agreement (examined by auditor) between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, allows for disciplinary sanctions against staff for the sexual abuse or sexual harassment of an inmate. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal.

A review of policies and the Master Agreement and staff interviews confirm the facility's compliance with this agreement.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the past twelve months there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment.

A review of policy and interviews with the Warden, contractors and volunteers confirm the facility's compliance with this standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5270.09 and PS 5324.12 were reviewed and address the requirements of this standard. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. In the past 12 months, there was one administrative investigation of inmate-on-inmate sexual abuse that was found to be unsubstantiated. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The facility does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there have been no instances of disciplinary action against inmates for sexual conduct with staff. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior, when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness are a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

A review of policies and documentation and staff interviews confirm the facility's compliance with this standard.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. As confirmed by a review of intake screening documents, screening for prior sexual victimization in any setting is conducted by unit staff during the intake process. Inmates are also screened for previous sexually assaultive behavior in an institutional setting or in the community. When indicated, staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within fourteen days of the intake screening.

Interviews with medical and mental health staff confirm the facility has a comprehensive system for collecting medical and mental health information relevant to the PREA and has the

capacity to provide continued reassessment and follow-up services. The review of Psychology Services' "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" Forms confirmed that inmates who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health staff on the same day or within three days. Treatment services are offered without financial cost to the inmate. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for the purpose treatment plans, security, housing, work and program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18 or females.

A review of policy and screening documents and interviews with Case Managers and medical and mental health staff confirms the facility's compliance with this standard.

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

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

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

### **115.82 (d)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and IS 5324.12C were reviewed and address the requirements of this standard. The policies are in place and enforced to ensure 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. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health care staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. The facility does not house inmates under the age of 18 or females. Emergency medical and mental health services are provided to every victim of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

A review of policies and interviews with medical and mental health staff confirm the facility's compliance with this standard.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of this standard. The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The evaluation and treatment of such victims includes follow-up services. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/sexual harassment victims with medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. The facility does not house female inmates. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Mental health evaluations are conducted on all known inmate-on-inmate abusers within 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners.

A review of the policy and interviews with medical and mental health staff confirm the facility's compliance with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The facility SIS investigator and/or the FBI/OIG/OIA conduct all investigations. Interviews with the SIS investigator confirmed that they were knowledgeable of the requirements of the program and that they provided information to the Incident Review Team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The Incident Review Team consists of the PCM, the Chief Psychologist, the Captain and other administrative staff. Based on interviews with members of the Incident Review Team, the reviews are conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, and status or gang affiliation. The team also makes a determination as to whether additional monitoring technology or staffing should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. All required reviews by the team were completed within 30 days of the conclusion of all investigations. An annual review of all incidents is also completed.

A review of policy and sexual abuse incident review reports, as well as interviews with the Warden, PCM and SIS investigator, confirm the facility's compliance with this standard.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12 and the Annual PREA Report were reviewed and address the requirements of the standard. As confirmed by a review of support documentation, the facility collects accurate, uniform data for every allegation of sexual abuse/harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the SIS department, the agency’s Office of Internal Affairs and the BOP’s computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Compliance with this standard was also determined by a review of policy and documentation and staff interviews.

**Standard 115.88: Data review for corrective action**

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

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes    No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes    No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 and the Annual PREA Report were reviewed and address the requirements of the standard. The Agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The PCM forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website. The report can be found at the following website address: [www.bop.gov](http://www.bop.gov).

A review of the policy and the Annual PREA Report (Calendar Year 2016) and an interview with the National PREA Coordinator confirms the facility's compliance with this standard.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 was reviewed and addresses the requirements of the standard. The National PREA Coordinator reviews data compiled by each BOP facility, from SENTRY, from each

Regional PREA Coordinator and from the Office of Internal Affairs and issues a report to the Director on an annual basis. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The agency maintains 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.

Review of the policy, procedures, agency website, the Annual Report and interview with the National PREA Coordinator confirm compliance with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

All BOP facilities have received at least one PREA audit since August 20, 2012. At least one-third of all BOP facilities were audited during the one-year period after August 20, 2012. The auditor had access and was able to observe all areas of the facility. The auditor was also able to request, receive and review all relevant documents, to include electronically stored documents. The auditor was permitted to conduct private interviews with staff and inmates. Notifications of the audit posted throughout the facility allowed inmates to send confidential letters to the auditor prior to the audit (one letter was received and the inmate was interviewed). Additionally, the facility provided the auditor with a dated, stamped picture of the PREA audit notice.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

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

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

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

The Agency places completed audit reports on the Agency website within ninety days of completion as required by the standard. A review of the website confirmed the Agency's compliance with this standard.

## AUDITOR CERTIFICATION

I certify that:

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

David Andraska

February 19, 2018

**Auditor Signature**

**Date**