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

**Adult Prisons & Jails**

- ☑ Interim
- ☒ Final

**Date of Interim Audit Report:** ☒ N/A

**Date of Final Audit Report:** 5/16/2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name: Noelda Martinez</th>
<th>Email: <a href="mailto:noelda@preaauditor.com">noelda@preaauditor.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: PREA AUDITORS OF AMERICA, LLC</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: P.O. Box 1071</td>
<td>City, State, Zip: Cypress, Texas 77410</td>
</tr>
<tr>
<td>Telephone: (713) 818-9098</td>
<td>Date of Facility Visit: March 30-April 1, 2021</td>
</tr>
</tbody>
</table>

### 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 |
| The Agency Is: | |
| ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☐ Country | ☐ State | ☒ Federal |

**Agency Website with PREA Information:**

www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

### Agency Chief Executive Officer

| Name: M. D. Carvajal, Director | |
| Email: BOP-RSD-PREACoordinator@bop.gov | Telephone: (202) 616-2112 |

### Agency-Wide PREA Coordinator

| Name: Jill Roth, National PREA Coordinator | |
| Email: BOP-RSD-PREACoordinator@bop.gov | Telephone: (202) 616-2112 |

**PREA Coordinator Reports to:**

Sonya D. Thompson, Assistant Director, Reentry Services Division

**Number of Compliance Managers who report to the PREA Coordinator:**

0
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>FCI La Tuna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>8500 Doniphan Road</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Anthony, TX 79821</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>P.O. Box 1000</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Anthony, NM 88021</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ Federal</td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
</tbody>
</table>

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ☒ ACA
- ☐ NCCHC
- ☐ CALEA
- ☒ Other (please name or describe: AAAHC-August 21, 2018)
- ☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
There were a total of ten (10) Department Program Reviews conducted since October 2017.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Sandra Hijar, Warden

**Email:** LAT-PREAComplianceMgr@bop.gov  
**Telephone:** (915) 791-9000

### Facility PREA Compliance Manager

**Name:** Denny J. Whitmore, Associate Warden

**Email:** LAT-PREAComplianceMgr@bop.gov  
**Telephone:** (915) 791-9000

### Facility Health Service Administrator

- ☐ N/A

**Name:** Jennifer Jensen, Acting Assistant Health Service Administrator

**Email:** LAT-PREAComplianceMgr@bop.gov  
**Telephone:** (915) 791-9000
## Facility Characteristics

<table>
<thead>
<tr>
<th>Property</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity:</td>
<td>FCI: 762; FSL: 0; Camp: 243</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>FCI: 772; FSL: 0; Camp: 125</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>FCI: 605; FSL: 0; Camp: 174</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☐ Females ☒ Males ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-82</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>FCI: 495.2; Camp: 615.8</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Low, Minimum/Community, In, Out</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>724</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>695</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>614</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</td>
<td>☒ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>298</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>40</td>
</tr>
<tr>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>5</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>7</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>0-Due to the COVID-19 modified operations</td>
</tr>
</tbody>
</table>

### Physical Plant

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of buildings:</td>
<td>FCI: 22 Camp: 13 FSL: 25</td>
</tr>
<tr>
<td>Number of inmate housing units:</td>
<td></td>
</tr>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
<tr>
<td>Number of single cell housing units:</td>
<td>FCI: 0, FSL: 0, Camp: 0</td>
</tr>
<tr>
<td>Number of multiple occupancy cell housing units:</td>
<td>FCI: 4, FSL: 2, Camp: 2</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td>FCI: 2, FSL: 1, Camp: 0</td>
</tr>
<tr>
<td>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</td>
<td>SHU: 39</td>
</tr>
<tr>
<td>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</td>
<td>□ Yes □ No ☒ N/A</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
<td>☒ Yes □ No</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
<td>□ Yes ☒ No</td>
</tr>
</tbody>
</table>
### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local hospital/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape Crisis Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td></td>
</tr>
<tr>
<td>Facility investigators</td>
<td></td>
</tr>
<tr>
<td>Agency investigators</td>
<td></td>
</tr>
<tr>
<td>An external investigative entity</td>
<td></td>
</tr>
</tbody>
</table>

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

| Local police department                                 |    |
| Local sheriff's department                              |    |
| State police                                           |    |
| A U.S. Department of Justice component                  |    |
| Other (please name or describe:                        |    |
| N/A                                                     |    |

#### Administrative Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</th>
<th>Agency: 253 Facility: 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td></td>
</tr>
<tr>
<td>Facility investigators</td>
<td></td>
</tr>
<tr>
<td>Agency investigators</td>
<td></td>
</tr>
<tr>
<td>An external investigative entity</td>
<td></td>
</tr>
</tbody>
</table>

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

| Local police department                                 |    |
| Local sheriff's department                              |    |
| State police                                           |    |
| A U.S. Department of Justice component                  |    |
| Other (please name or describe:                        |    |
| N/A                                                     |    |
Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Bureau of Prisons U.S Department of Justice-FCI La Tuna in Anthony, Texas 79821 was conducted on March 30-April 1, 2021, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, (single auditor) Prison Rape Elimination Act Certified Auditor. The facility contract was secured through a third-party (PREA Auditors of America, LLC) and the contract describes the specific work requirements according to the Department of Justice (DOJ) standards and PREA auditor handbook. The agency provided the auditor with the facility files and information through a secure website. The agency provided the auditor with the following:

1. Agency Information
2. Facility Information
3. Prevention Planning
4. Responsive Planning
5. Training and Education
6. Screening for Risk of Sexual Victimization and Abusiveness
7. Reporting
8. Official Response Following an Inmate Report
9. Investigations
10. Discipline
11. Medical and Mental Care
12. Data Collection and Review
13. Auditing and Corrective Action
14. Supplemental Files
15. Pre-Audit Questionnaire
16. Notice of Audit
17. Additional Information

The PAQ and additional information were expedited promptly through a secure website allowing follow-up questions & additional documentation. Audit Methodology (Pre-Onsite Audit Phase): The auditor utilized the Paper Audit Instrument (PAI) which included the pre-audit questionnaire, and auditor compliance tool. The auditor utilized the instructions for the PREA audit tour, and interview protocols which included: 1. Agency Head or Designee, 2. Warden or Designee, 3. PREA Compliance Manager, 4. Specialized Staff, 5. Random Staff 6. Inmates.

CDC COVID-19 Procedures:

The FCI La Tuna facility was under COVID-19 restrictions following all protocols to minimize and reduce the spread and exposure of Coronavirus. The World Health Organization declared the virus a global health emergency and rated COVID-19’s global risk of spread and impact as “very high”. March 13, 2020 the president declared a national state of emergency. The facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the inmates and employees.
The auditor was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19 during the onsite portion of the audit. The auditor was required to stop at the COVID-19 checkpoint for clearance prior to driving up to the main facility. The auditor’s temperature was taken by a correctional officer utilizing all COVID-19 PPE and COVID-19 questions were asked. The auditor drove up to the main building after clearing the COVID-19 checkpoint. The auditor parked in the bottom section of the facility and walked up to the main building. The auditor was required to present identification, place all items through the large machine which scanned for contraband, and walked through the metal detector as part of the security protocol. The auditor was greeted by the PREA Compliance Manager and escorted to the conference room to meet the Warden, La Tuna administration and the Management Analyst, External Auditing Branch, Program Review Division, Federal Bureau of Prisons on the first day of the audit.

The facility site review followed the department head initial meeting. Each department head and their staff provided information about the department. The auditor was given a pamphlet about the department to include an introduction. The facility was required to follow all CDC COVID-19 protocols as due to COVID-19. FCI La Tuna’s main facility held over 772; FSL: 0; and Camp: 125 for an overall total of 897 inmates.

**Notice of Audit:**
The facility posted the notice of audit dated 2/9/2021 with the following information: Date posted: 2/9/2021 - Notice - ‘The agency is undergoing a Prison Rape Elimination Act (PREA) Compliance Audit. The Notice of audit displayed the audit information, date of audit and auditor’s full name and address in both English and Spanish. The information was posted and displayed in different locations throughout the facility on bulletin boards in both English and Spanish for the inmate population to send confidential information or correspondence to the auditor. Random informal inmate interviews were conducted during the onsite portion of the audit and inmates were provided with the opportunity to write the auditor in a confidential manner, if needed. The notices were posted throughout the facility to include all inmate housing areas, visitation, work areas, and offices.

The auditor observed the notice of audit posted in different areas of the facility dated 2/9/2021 during the site review. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administrator during the site review. The FCI La Tuna administration was transparent, knowledgeable, and professional during the audit process and provided the auditor with additional information as needed with no hesitation. Excellent communication was established and maintained throughout the duration of the audit.

**Correspondence:**
The auditor received correspondence from inmates at the FCI La Tuna facility prior to the audit. The inmates at the facility were given the opportunity to write the auditor in a confidential, if needed. During the site review, random informal interviews were conducted with inmates during the site review regarding the Notice of Audit and availability to write to the auditor. The auditor randomly asked inmates if they could point out the auditors posted information to ensure it was made available. The information was posted for the inmate population in the housing areas in both English and Spanish. The auditor did not encounter any difficulties while completing any portion of the audit. The auditor conducted interview with inmates who wrote to the auditor during the onsite portion of the audit.

**Audit Methodology (Pre-Onsite Audit Phase):**
The auditor utilized the U.S Department of Justice’s PREA Standards for Prisons and Jails (Paper Audit Instruments) which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Warden or...
Designee, PREA Compliance Manager/Coordinator, Specialized staff, Random staff, and Random Inmates/Target Inmates which include youthful inmates, inmates with a physical disability, inmates who are blind, deaf, or hard of hearing, inmates who are LEP, Inmates with a Cognitive disability, Inmates who identify as Lesbian, Gay, or Bisexual, Inmates who identify as Transgender/Intersex, Inmates in segregated housing for high risk of sexual victimization, inmates who reported sexual abuse, and inmates who reported sexual victimization during risk screening, the auditor report template, process map and checklist of documentation.

The auditor utilized the PREA auditor handbook for continued guidance and reference throughout the audit. The Auditor, Warden, and PREA Compliance Manager maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility warden and key facility staff engaging in a productive working atmosphere. The Warden was receptive and engaged in dialogue and discussions regarding the standards along with the team. It was explained to the Warden and staff about the importance of unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the facility administration the timeframe for the submission of the final PREA report. The auditor notified the Warden and staff of the responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor’s code of conduct to the PREA Resource Center. The Warden and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:
The Warden was interviewed and stated that the facility was not under any DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the FCI La Tuna Facility with the following website links and information:

Point of Contact:
The auditor established a point of contact (POC) with the Management Analyst-External Auditing Branch, Program Review Division, Federal Bureau of Prisons and the facility administration prior to the audit and maintained good communication. The staff and inmate interviews were conducted in the gym area with plenty of room and a divider shield placed in the middle of the table for one-on-one interviews following all CDC COVID-19 social distancing, facial coverings, and overall safety. During the audit planning and logistics phase, the auditor remained engaged with the facility administration and PREA Compliance Manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

Video Surveillance/Security Mirrors:
The FCI La Tuna facility had surveillance cameras and security mirrors throughout the facility. The facility surveillance cameras were observed during the onsite portion of the audit on several different locations for the overall safety of the inmates and staff. The auditor conducted a surveillance camera review with no cameras in direct view of the showers or restroom areas and no cross-gender viewing from the camera. The facility had surveillance cameras and security cameras for the prevention, detection and response to the overall safety of the inmates and employees at the facility.

Onsite Audit Phase:
On the first day of the audit 3/30/2021, an introductory meeting was held with the FCI La Tuna Administration, Warden, PREA Compliance Manager and key staff.
The auditor conducted the site review on March 30-April 1, 2021 to observe the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor was required to wear a face mask that covered the nose and mouth at all times due to the COVID-19 pandemic. All employees, visitors, and inmates were required to wear a mask and follow all “CDC COVID-19 rules and regulations.” The auditor’s temperature was checked at the entrance checkpoint and upon clearance was allowed access to the facility. The auditor was required to show identification prior to entering the facility and clear a metal detector. The auditor spent three days at the facility observing and assessing the day-to-day practices of staff interaction and promotion of overall safety. The auditor and warden discussed the logistics of a workspace to conduct staff, inmate interviews and file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting with the administration, the auditor was escorted by the Facility Warden, PREA Compliance Manager, and additional staff for the site review. The auditor observed the daily operations at the facility and was given unimpeded access to areas requested by the auditor.

The auditor observed the following areas during the site review: Administration building, Command Center, Control, Visitation, Offices, Case management offices, Receiving/Discharge, Search areas, Health Services, SHU, Safety Management offices, Supervisor’s hub, Unit 1, Unit 2, Unit 3, Unit 4, Unit 5, Gymnasium/Religious services, Recreation, Education, Commissary, Laundry, Hobby shop, UNICOR building, Food Service, Camp & housing units J-01, J-02, J-03, J-04, laundry, visitation, food service, and quarantined locations.

Staff was observed conducting security rounds and daily operations to include inmate activity during the site review. Employees informally interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. Correctional and non-uniform employees carry a first responder card describing the first responder duties and responsibilities. The auditor observed the areas for opposite-gender announcements in housing units, prevention of cross-gender viewing in housing areas, grievance boxes and mailboxes, PREA zero-tolerance posters, third party reporting, and notice of audit in both English and Spanish dated 2/9/2021, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, doors, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero-Tolerance Policy.

Site Review/Locations:
The FCI La Tuna facility count was 897 on the first day of the audit (3/30/2021). The auditor observed the following areas during the site review: Administration building, Command Center, Control, Visitation, Offices, Case management offices, Receiving/Discharge, Search areas, Health Services, SHU, Safety Management offices, Supervisor’s hub, Unit 1, Unit 2, Unit 3, Unit 4, Unit 5, Gymnasium/Religious services, Recreation, Education, Commissary, Laundry, Hobby shop, UNICOR building, Food Service, Camp & housing units J-01, J-02, J-03, J-04, laundry, visitation, food service, and quarantined locations.

Each department greeted the auditor with an introduction of their staff and a presentation of the department to include an information pamphlet of each department. The Financial Management Supervisor introduced herself as the business administrator and employees in the department. The department consist of a Business Administrator, Budget Analyst, Supervisory Contract Specialist, IMS, Financial Program Specialist, Accountant and Accounting Technician. The budget is used to pay for daily expenses and salaries required to maintain FCI, FSL, and Camp operating. The budget and planning committee meet annually and semi-annually to review budget requests, major equipment requests, and current status funds.
The Human Resource Management Department greeted the auditor with an introduction of their staff and a presentation of the department to include an informational pamphlet of the department. The Human Resources Manager and employees in the department introduced themselves to the auditor. The department consisted of the Human Resource Manager and (3) Human Resource Specialist. The mission statement: we are committed to providing quality services to every employee in a variety of Human Resource Management aspects, such as: staffing, employee benefits, labor, management relations, time and attendance, performance evaluations, incentive awards, contractors, and position management. The current staffing levels were 89.64%. The auditor observed two security mirrors in the location. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero-Tolerance Policy.

Central Control: Staff entering the compound must present identification in central control for accountability and as part of the security process. There were security mirrors in the control for clear view of any employee or visitor. The visitors are required to present identification, receive a stamp with a capacity of ten visitors during visitation. There were security mirrors and cameras in visitation. The restroom was labeled, the notice of audit dated 2/9/2021 was displayed, Zero-Tolerance signs in both English/Spanish, and multiple ways for reporting sexual abuse and sexual harassment. The visits were non-contact with nine individuals stalls with plexi-glass and privacy for the visits and prevention of COVID-19. The facility did not have outside visitation at the time of the audit. The auditor observed a designated strip search area in the back with the searches were conducted on at a time by same gender staff.

Receiving and Discharge department had an active bus during the onsite portion of the audit. The Case Manager introduced herself and provided information about department. The R & D had three inmates and nine correctional officers in the area. The R & D staff are responsible for the initial risk assessments upon the inmate’s arrival. The R & D had a designated strip search area in the back with curtains for full privacy and no cameras in the area by same gender staff. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero-Tolerance Policy. The auditor observed the PREA information displayed in both English and Spanish and the Notice of Audit dated 2/9/2021 in the hallway.

Health Services Department: The Health Services Department greeted the auditor with an introduction of their staff and a presentation of the department. The Health Services Department and employees in the department introduced themselves to the auditor including the Acting Assistant and a Clinical Manager. The inmate restroom was labeled and had a full door for privacy and prevention of cross-gender viewing. The auditor observed the nurse’s station, waiting area, examination rooms, front lobby, entrance to pharmacy, Chief Pharmacy, Contract Pharmacy, pill line, offices, and dental offices. The auditor observed cameras in the medical department.

The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero-Tolerance Policy. The Mechanical room had restricted access and was opened for observation during the onsite portion of the audit. The auditor opened and viewed the inmate utility closet and conducted informal interviews with the dental staff. FCI La Tuna is equipped to support medical needs of the inmate population, ranging from minor issues to chronic care conditions. Qualified professional staff consist of Nationally registered paramedic, registered nurses, advanced practice provider, medical doctor, administrative support team, pharmacist, medication technician, lab/x-ray services, and full dental clinic. The auditor observed staff working in the medical department, PREA signs displayed in the front lobby entrance, and janitor closet. There was one inmate assigned to the medical department working during the onsite portion of the audit. There was an urgent care room/medical emergency with large privacy screens and a full door for privacy and two mid-level/Clinical Directors. The auditor observed the mechanical room which was restricted. The suicide watch area/dry cell was observed with a urinal, sink and a bunk. The auditor observed medical staff and staff respond to a medical issue during the site review located in the south patio. Staff responded quickly and the auditor stood until the scene was clear to proceed with the audit.
Southside SHU: The auditor was required to wear goggles and gloves along with the face mask prior to entering the SHU. Two people at a time were allowed into the SHU and required to show identification before entering. The Zero-Tolerance signs were displayed in both English/Spanish and the notice of audit dated 2/9/2021. The SHU had a one row and two row upstairs. The auditor observed correctional officer’s conducting security rounds, a recreation yard outside, and no cross-gender viewing. There was staff offices, an examine room, officer station, and a property room. There were no inmates in SHU for reports of sexual abuse or sexual harassment during the site review. The auditor observed four separate recreation yards and inmates actively in recreation during the site review. The auditor observed female staff announce their presence prior to entering the inmate housing area.

The zero-tolerance signs in both English/Spanish were displayed on the wall and the notice of audit in both English/Spanish dated 2/9/2021 for the inmate population. The auditor walked upstairs to the second floor where female staff announced themselves prior entering the hallway. The second floor was observed to have housing cells with a full door and privacy when changing and using the urinal from the opposite gender staff. The shower area was facilitated with privacy and prevention from cross-gender viewing. The auditor requested to view an empty cell with no inmates. The SHU was clean and sanitized, inmates are allowed three calls per month on the mobile phone which is moved in front of each individual cell. The inmate strip searches are conducted in cell as needed in a closed area. The auditor informally interviewed the Safety Manager/Safety Specialist during the onsite portion of the audit. The Lieutenants Hub was observed to have a Captain onsite, 148 employees, 12 Lieutenants, 1 tool officer and the Ops oversee the Lieutenants. The shifts consist of 7:30am-4:00pm, 6:00am-2:00pm, 4:00pm-12:00am, and 12:00am-8:00am. The SIS consisted of two Lieutenants and three SIS techs in the department. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero-Tolerance Policy.

Psychology Services Department: Psychology staff routinely provide crisis intervention, individual and/or group therapy, assessment of self-harm risk, intake screenings, and consultations to other staff. The department was observed to have a Psych library, PREA Information displayed, mp3 playlist guided meditation, and a relaxation room with a TV/DVD/guided meditation (currently not in use due to covid-19). The PREA information was posted in both English/Spanish and the notice of audit dated 2/9/2021. The Federal Bureau of Prisons has a Zero-Tolerance Policy. The drug abuse program had a bulletin board with PREA information of Zero-Tolerance, notice of audit dated 2/9/2021. The program had a DAP Coordinator and the PREA referrals were reviewed in the department neatly organized in a red binder. The Unit team is responsible for the intake screening form, interview and referral process. The inmate referral is forwarded and within 14- days the inmate is assessed for treatment, follow, notification to the PCM with 72-hours.

Unit 2 BO1 and BO2 (Quarantined in/out) and Unit 5 (isolation). Housing Unit 4 did not have any surveillance cameras and a Unit Manager assigned to housing area. The female staff announced their presence prior to entering the inmate housing area. The bulletin board had the PREA information displayed to include the Sexual Assault Hotline phone number, PREA red sign, Rape Crisis Center, Zero-Tolerance (English/Spanish), and Notice of Audit dated 2/9/2021 in both English and Spanish. There were three sections, three case managers and two counselors, and one unit manager. The notice of audit was in the housing units in both English/Spanish for the inmate population. The west side (200 range) Unit 4 had an open bay, the opposite gender announcement sign was displayed, the inmate restrooms were observed to have urinals/doors, sinks, mirrors and showers with curtains and privacy. The auditor observed working phones and the Sexual Assault Hotline by the phones for the inmate population and accessibility. There was hot coffee and an ICE maker in the housing unit for the inmate population.

The auditor randomly selected a Spanish speaking inmate and asked the inmate to call and test the free Sexual Assault hotline provided for the inmate population. The Spanish speaking inmate agreed to call and tested the line, once the representative answered, the inmate handed the phone to the auditor.
The auditor explained the nature of the call to the Sexual Assault hotline representative and asked about the services provided. The representative stated the following services were provided for the inmate population as needed: therapy counseling, legal advice for sexual abuse and other services. The representative answered the line in Spanish for the Spanish speaking inmate on the line. The dayroom had two TV’s, and double-bunks. The inmate restroom area had doors and showers with privacy and no cross-gender viewing. The East side (100 range) was on Quarantine during the site review. The auditor observed the hallway storage closet and supply closet with limited access and good lighting. The auditor observed the mop closet, mechanical closet and staff restroom to be labeled and secured.

Housing Unit 3 had a unit manager assigned to the housing area. The female staff announced their presence prior to entering the inmate housing area. The bulletin board had the PREA information displayed to include the Sexual Assault Hotline phone number, PREA red sign, Rape Crisis Center, Zero-Tolerance (English/Spanish), and Notice of Audit dated 2/9/2021 in both English and Spanish. The notice of audit was in the housing units in both English/Spanish for the inmate population. Unit 3 had an open bay, the opposite gender announcement sign was displayed, the inmate restrooms were observed to have urinals/doors, sinks, mirrors and showers with curtains and privacy. The auditor observed working phones and the Sexual Assault Hotline by the phones for the inmate population and easy accessibility. Inmates had access to TRULINCS on the computer for inmates to report sexual abuse or sexual harassment to OIG and Anonymous as needed. D block was quarantined, and the auditor observed the housing unit through the window and viewed the open dorm with officers in the area, cells with doors and PREA information displayed for the inmate population. The mailbox was observe in the main hallway.

Housing Unit 6 did not have any surveillance cameras and a Unit Manager assigned to housing area. The female staff announced their presence prior to entering the inmate housing area. The bulletin board had the PREA information displayed to include the Sexual Assault Hotline phone number, PREA red sign, Rape Crisis Center, Zero-Tolerance (English/Spanish), and Notice of Audit dated 2/9/2021 in both English and Spanish. The dayroom had tables, seats, TV’s, a handicap ramp, large bulletin board with the PREA information displayed in both English/Spanish, PREA sexual assault phone number, and the notice of audit dated 2/9/2021 in both English and Spanish. The second dayroom was observed with six computers with access to TRULINCS for inmates to report to OIG, and Anonymous. The restrooms had four stalls, three urinals, and four sinks for inmates with privacy and prevention of cross-gender viewing. The dayroom had phones available for the inmate population, TV’s, tables, bunks on one row and two row. The facility had authorized shower times for inmates identifying as transgender/intersex for privacy. Unit 6 had an open bay, the opposite gender announcement sign was displayed, the inmate restrooms were observed to have urinals/doors, sinks, mirrors and showers with curtains and privacy. The auditor observed working phones and the Sexual Assault Hotline by the phones for the inmate population and accessibility.

Chaplaincy Services Department: The Chaplain greeted the auditor with an introduction of the staff and a presentation of the department. The FCI La Tuna’s Chaplaincy Services Department is comprised of positions: Chaplain, (1) Contractor, and (1) Reentry Coordinator. The religious services are held in the auditorium located upstairs. The auditor observed the chaplain offices, with a chapel capacity of 24 due to COVID-19.

Unit 1/3 is the Residential Drug Abuse Program (RDAP) with the bulletin board displaying the PREA information in both English and Spanish and the notice of audit dated 2/9/2021. The auditor observed the barber shop to the left upon entrance to Unit 1/3 hallway, security mirrors and cameras in the area. The auditor was greeted by the Unit Manager, Acting Executive Assistant/Employee Development Manager. Unit 1 RDAP had two Drug Treatment Specialist. The auditor observed the inmate activity during the site review in the area. Unit 3 GP had an open dorm concept, and the female staff announced their presence prior to entering the inmate housing area.
The bulletin board had the PREA information displayed to include the Sexual Assault Hotline phone number, PREA red sign, Rape Crisis Center, Zero-Tolerance (English/Spanish), and Notice of Audit dated 2/9/2021 in both English and Spanish. The dayroom had tables, seats, TV’s, a handicap ramp, large bulletin board with the PREA information displayed in both English/Spanish, PREA sexual assault phone number, and the notice of audit dated 2/9/2021 in both English and Spanish. The second dayroom was observed computers with access to TRULINCS for inmates to report to OIG, and Anonymous. The restrooms had four stalls, three urinals, and four sinks for inmates with privacy and prevention of cross-gender viewing. The dayroom had phones available for the inmate population, TV’s, tables, bunks on one row and two row. Unit 3 had an open bay, the opposite gender announcement sign wad displayed, the inmate restrooms were observed to have urinals/doors, sinks, mirrors and showers with curtains and privacy. The auditor observed working phones and the Sexual Assault Hotline by the phones for the inmate population and accessibility.

Unit 1 dayroom had the TV’s, tables, seats, TRULINCS station for reporting sexual abuse and sexual harassment, and no cameras or restrooms in the dayroom with two additional TV rooms. There were phones, PREA sexual abuse hotline numbers available, PREA information on the bulletin boards, and notice of audit dated 2/9/2021 in both English and Spanish. Unit 1 restrooms were on the right side with privacy and prevention of cross-gender viewing. The auditor observed the inmate housing with four bunks per dorm and lockers, TVs in the hallway, and two ice machines. The south patio was observed to have tables and seats with a covered patio primarily used during commissary. The housing units were sanitized daily and part of the operations. The auditor observed a large display with PREA information for staff and inmates. The PREA information was displayed, and the Notice of Audit was displayed in both English and Spanish. The auditor observed the female announcement which was made verbally prior to entering the inmate housing area. There was another large board with the PREA information inside the inmate living area. The Notice of Audit was displayed and dated 2/9/2021.

The Education department provides mandatory Literacy and ESL programs required by law, as well as other education opportunities to meet the needs and interest of the inmate population. The auditor entered the Education department through the basement entrance and observed security mirrors in the area. The Education programs consisted of: GED, special learning needs, ESL, ACE, release preparation, and career guidance program. The auditor observed the leisure and law library with PREA information on the bulletin board in both English/Spanish and the Notice of Audit dated 2/9/2021. The law library had computers and typewriters. The auditor walked upstairs and observed the electrical closet, and PREA information on the bulletin board. The inmate restroom had privacy and prevention from cross-gender viewing. The auditor observed one teacher upstairs, staff restrooms, and two classrooms for VT audio and Microsoft. The FCI La Tuna Vocational Training Programs are accredited through El Paso Community College. The Automotive Technician and Microsoft office technology programs are offers at the FCI by EPCC instructors. Inmates at the FPC can participate in welding and heating and ventilation (HVAC) programs offered at El Paso Community College.

The commissary area was observed to have four employees and three inmates working the area during the site review. The commissary area was active with inmates purchasing commissary items as the auditor inspected the area. The bulletin had the PREA information displayed in both English and Spanish and the Notice of Audit dated 2/9/2021 in both English/Spanish. The restrooms were labeled with doors and privacy.

The auditor entered the commissary area and walked to the warehouse in the back and observed the PREA information displayed. The laundry department had a clothing room exchange window with inmates exchanging laundry during the site reviewed. The auditor informally interviewed the laundry manager describing the pat-searches conducted for inmates entering and exiting the department. There were four inmates assigned to laundry and one laundry manager. The PREA information was displayed in both English and Spanish.
The Recreation department sponsors health and wellness programs which offer a wide variety of classes and fitness assessments promoting healthy lifestyles. Inmates have the access to Tennis, Basketball, and Baseball. The recreation hours range from 7:30AM-10:30AM and 12PM-3:30PM. There is a soccer field and softball field, benches/tables, and a hand ball court. The inmate restroom had privacy and prevention of cross-gender viewing. The PREA information was displayed, and the Notice of Audit was dated 2/9/2021 in both English/Spanish. The Hobby Shop had a security mirror and was closed due to COVID-19 and not in use. The print machine was in use only. The PREA information was displayed in both English and Spanish and the notice of audit was dated 2/9/2021.

The UNICOR Department: metal fabrication, drafting, blueprint comprehension, business office operations, purchasing (use and understanding of federal acquisitioning regulations, vehicle up-fitting, quality control, environmental regulations, automotive heating and cooling, vehicle painting and powder coating, window tinting, ISO auditing skills and requirements, and hazmat. The auditor informally interviewed the supervisor and stated that there were 155 inmates and 5 employees assigned to UNICOR. The UNICOR supervisor presented the staff and conducted a facility site review with the auditor. The PREA information was displayed in both English and Spanish and the notice of audit was dated 2/9/2021 in both English and Spanish for the inmate population. There were no cameras in the area, a trash area, and the Sally port gate. There was a metal detector at the entrance and only pat-searches were conducted. There were security mirrors positioned in the area to cover blind spots with a wide view range of the working inmate population. The employees were observed working and conducting rounds during the site review. The auditor observed the inmate restroom at the front entrance to the left and in the back area with walls and curtains for privacy and no cross-gender viewing.

The Food Service department supervisor introduced herself and escorted the auditor during the site review. The department practiced social distancing by utilizing the marks on the floor to maintain the required distance. The Assistant Food Service Administrator presented the staff assigned to the department which included the five employees and thirteen inmates. There were two shifts with 24 inmates assigned per shift and four employees. The inmates were given the opportunity to pick up the food and return to the housing area to reduce the spread of COVID-19. The food service department provided the meals to the RHU provided in cell. The bulletin boards had the RPEA information displayed in both English and Spanish with the Notice of Audit dated 2/9/2021. The auditor observed the serving line, cameras, security mirrors to cover blind spots, coolers and freezers. The inmate restrooms were labeled immediately onsite for easy identification. Staff restrooms were labeled. The auditor opened and entered a freezer, a cooler, and security mirrors displayed throughout the food service area. A side and B side both had the PREA information displayed in both English and Spanish for the inmate population. The handicap elevator was observed during the site review.

The Federal Satellite Low was vacant and not in use for a duration of two years. The Satellite Camp-La Tuna was observed by the auditor and the inmates utilized a dark brown uniform. The auditor drove to the Camp side and entered through the front entrance and the PREA information as visible in both English and Spanish. The lock shop and armory were only accessible by staff. The staff was observed working on the units. The auditor observed security mirrors and cameras in the camp administration. The education offices were observed with no cameras and a security mirror in the area. The PREA information was displayed in both English/Spanish and the notice of audit dated 2/9/2021. The Education department provided GED testing and the PREA sexual abuse hotline number was made available for the inmate population. The hobby shop was closed with the PREA signs displayed in both English and Spanish.

Camp 2 had a patio/dayroom at the entrance of the building with seats and a TV. The Unit team area was observed and the following housing units: J-01, J-02, J-03, and J-04. The housing units had phones, female staff verbally announced their presence prior to entering the inmate housing, the PREA hotline was made available, zero-tolerance signs were displayed in English/Spanish, Notice of Audit
date 2/9/2021, the TV room had three TV’s and chairs, and the rooms had curtains providing privacy from cross-gender viewing. The showers and toilets had a door for privacy and no cross-gender viewing. The laundry department had the PREA information displayed, and the notice of audit dated 2/9/2021. The PREA hotline sexual abuse hotline number was displayed for the inmate population. There were 8 washers, 8 dryers and the hours of operation were from 7:30AM to 6:00PM.

The facility-initiated visitation on March 30, 2021 with all COVID-19 precautions taken into consideration. The visitation area had ten individual visitation locations with plexi-glass used as dividers and protection from COVID-19. Visitation was held on Sunday, Tuesday, Wednesday, Thursday and Saturday allowing inmates one-hour visits twice a month.

The visitation area was observed with individual dividers for visitation and the PREA information displayed in both English and Spanish. The auditor conducted individual interviews with the inmates at the camp on a one-on-one basis during the audit process. The Food Service department had the PREA signs posted in both English and Spanish and the Notice of Audit dated 2/9/2021 in both English and Spanish for the inmate population. The auditor observed security mirrors in the dining hall, one inmate and five employees with the following hours of operation: Breakfast 5:00AM, Lunch 11:00AM, and Dinner 4:30PM. Pat-searches were conducted for inmates assigned to the department. The auditor observed the dish room, serving line, kitchen area, tools, inmate restrooms and back door.

Facility Observations: There were a few lights not working and the facility provided the auditor with a work order and light bulbs were replaced onsite. The inmate population was comprised of 897 male inmates on 3/30/2021. The auditor walked through the front entrance where all staff were required to sign in and present identification prior to entering the compound and follow all CDC COVID-19 regulations. A workspace was provided for the auditor to conduct staff and inmate interviews to include the file review on the second floor in the conference room. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed 10 employee files using the PREA Audit-Prisons and Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

Inmate Files: The auditor reviewed 21 inmate files using the PREA Audit Prisons and Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 897 on 3/30/2021.

Investigation Review: The facility had 5 investigations in the past 12 months. The auditor reviewed investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed.

<table>
<thead>
<tr>
<th>Description</th>
<th>Outcome</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff-on-Inmate</td>
<td>Unsubstantiated</td>
<td>FBI/OIA referral/closed</td>
</tr>
<tr>
<td>Inmate-on-Inmate</td>
<td>Unsubstantiated</td>
<td>FBI/OIA referral/closed</td>
</tr>
<tr>
<td>Inmate-on-Inmate</td>
<td>Unsubstantiated</td>
<td>FBI/OIA referral/closed</td>
</tr>
<tr>
<td>Inmate-on-Inmate</td>
<td>Unsubstantiated</td>
<td>FBI/OIA referral/closed</td>
</tr>
<tr>
<td>Staff-on-Inmate</td>
<td>Unsubstantiated</td>
<td>FBI/OIA referral/closed</td>
</tr>
</tbody>
</table>

The information provided to the auditor included the following: PREA audit questionnaire, Instructions for the site review, Investigations, Sexual abuse screening tool, FCI La Tuna PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Inmate population, Agreements, Community-based contact information, Facility layout, Notice of Audit posted, A & O Handbook, Sexually Abusive Behavior Prevention and Intervention Program, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.
Staff Interviews:
The auditor conducted the staff and inmate interviews on March 30-April 1, 2021, in a private setting on an individual basis with no distractions or delays. The staff selections consisted of employees on different shifts and specialized staff utilizing the Paper Audit Instrument (PAI) for Prisons and Jails which included the pre-audit questionnaire, auditor compliance tool and instructions for the interview protocols. All CDC COVID-19 rules and regulations were followed during the onsite visit while conducting staff interviews.

<table>
<thead>
<tr>
<th>Staff Interview Category/Specialized Staff</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warden or Designee</td>
<td>1</td>
</tr>
<tr>
<td>PREA Compliance Manager/Staff on the incident review team/</td>
<td>1</td>
</tr>
<tr>
<td>Designated staff member charged with monitoring retaliation</td>
<td></td>
</tr>
<tr>
<td>Intermediate or higher-level facility staff</td>
<td>3</td>
</tr>
<tr>
<td>Line staff who supervise youthful inmate if any (male adult facility)</td>
<td>0</td>
</tr>
<tr>
<td>Education and program staff who work with youthful inmates if any (male adult facility)</td>
<td>0</td>
</tr>
<tr>
<td>Medical and mental health staff</td>
<td>2</td>
</tr>
<tr>
<td>Administrative (human resources) staff</td>
<td>1</td>
</tr>
<tr>
<td>SAFE and SANE staff (telephonic interview)</td>
<td>1</td>
</tr>
<tr>
<td>Volunteers who have contact with inmates</td>
<td>0</td>
</tr>
<tr>
<td>Contractors who have contact with inmates</td>
<td>2</td>
</tr>
<tr>
<td>Investigative staff</td>
<td>2</td>
</tr>
<tr>
<td>Staff who perform screening for risk of victimization and abusiveness/</td>
<td></td>
</tr>
<tr>
<td>Staff who supervise inmates in segregated housing</td>
<td>1/1</td>
</tr>
<tr>
<td>First responder custody staff</td>
<td>1</td>
</tr>
<tr>
<td>First responder non-custody staff</td>
<td>3</td>
</tr>
<tr>
<td>Intake staff</td>
<td>1</td>
</tr>
</tbody>
</table>

Random Staff* (diverse cross-section of work assignments, departments and shifts. | 17 |

Inmate Interviews:
The auditor conducted the inmate interviews on March 30-April 1, 2021. The auditor selected a geographically diverse sample of male inmates from the housing units and inmates who met the criteria for the targeted interviews to ensure a fair overall selection. The FCI La Tuna population on the first day of the audit was 897.

<table>
<thead>
<tr>
<th>Facility population</th>
<th>897</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisons and Jails</td>
<td></td>
</tr>
<tr>
<td>Interviews</td>
<td></td>
</tr>
<tr>
<td>Overall Minimum Number</td>
<td>34</td>
</tr>
<tr>
<td>Minimum Random</td>
<td>18</td>
</tr>
<tr>
<td>Minimum Targeted</td>
<td>16</td>
</tr>
<tr>
<td><strong>Breakdown of Targeted</strong> (no inmates in targeted category/random inmates interviews conducted)</td>
<td></td>
</tr>
<tr>
<td>Youthful Inmates (no youthful inmates)</td>
<td>0</td>
</tr>
</tbody>
</table>
The interviews were conducted in a private setting in the gym area with a shield in-between interviews for precautions and prevention of COVID-19. The auditor conducted five interviews at the Camp in the visitation area with a plexi-glass shield used for the prevention of COVID-19. The interviews were conducted on an individual basis with privacy and enough time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. The auditor conducted an exit meeting on 4/1/2021 with the FCI La Tuna Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the posted notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures.

The facility was prepared with primary documentation to include resources supporting each PREA standard. The onsite audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility. During the re-certification audit conducted on March 30-April 1, 2021 by Noelda Martinez, the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility was determined to have five exceed standards: 115.11, 115.15, 115.31, 115.51 and 115.54.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmates with a Physical Disability</td>
<td>1</td>
</tr>
<tr>
<td>Inmates who are Blind, Deaf, or Hard of Hearing</td>
<td>2</td>
</tr>
<tr>
<td>Inmates who are LEP</td>
<td>2</td>
</tr>
<tr>
<td>Inmates with a Cognitive Disability</td>
<td>1</td>
</tr>
<tr>
<td>Inmates who identify as LGB</td>
<td>0</td>
</tr>
<tr>
<td>Inmates who identify as Transgender or Intersex</td>
<td>7</td>
</tr>
<tr>
<td>Inmates who reported Sexual Abuse (no inmates assigned)</td>
<td>0</td>
</tr>
<tr>
<td>Inmates Who Reported Sexual Victimization During Risk Screening</td>
<td>5</td>
</tr>
</tbody>
</table>
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.

The FCI La Tuna is located on 8500 Doniphan Road in Anthony, Texas 79821. The FCI La Tuna consist of the FCI, the Satellite Camp, and FSL (dormant) facility. FCI La Tuna is located in Anthony, Texas with El Paso, Texas 20 miles to the South, and Las Cruces, New Mexico 25 miles North. The designated facility capacity is FCI: 762; FSL: 0 (dormant), Camp 243. The population on the first day of the audit was 897. The facility holds male inmates ages 18-82. The medical and mental health services are provided onsite. Inmates requiring a forensic exam will be transported to the University Medical Center of El Paso.


It is the mission of the FCI La Tuna, Anthony, Texas to provide a safe, secure, and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational, training, religious, and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as, to facilitate the orderly operation of the institution.
Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded:
§115.11 - Zero-Tolerance of sexual abuse and sexual harassment; PREA coordinator
§115.15 - Limits to Cross-Gender Viewing and Searches
§115.31 – Employee Training
§115.51 – Inmate Reporting
§115.54 – Third-Party Reporting

Standards Met

Number of Standards Met: 40

§115.12 - Contracting with other entities for the confinement of inmates
§115.13 – Supervision and Monitoring
§115.14 – Youthful Inmates
§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
§115.17 – Hiring and Promotion Decisions
§115.18 – Upgrades to Facilities and Technologies
§115.21 – Evidence Protocol and Forensic Medical Examinations
§115.22 – Policies to Ensure Referrals of Allegations for Investigations
§115.32 – Volunteer and Contractor Training
§115.33 – Inmate Education
§115.34 – Specialized Training; Investigations
§115.35 – Specialized training: Medical and mental health care
§115.41 –Screening for Risk of Victimization and Abusiveness
§115.42 – Use of Screening Information
§115.43 – Protective Custody
§115.52 – Exhaustion of Administrative Remedies
§115.53 – Inmate Access to Outside Confidential Support Services
§115.61 – Staff and Agency Reporting Duties
§115.62 –Agency Protection Duties
§115.63 – Reporting to Other Confinement Facilities
§115.64 – Staff First Responder Duties
§115.65 – Coordinated Response
§115.66 – Preservation of ability to protect inmates from contact with abusers
§115.67 - Agency Protection Against Retaliation
§115.68 – Post-Allegation Protective Custody
§115.71 – Criminal and Administrative Agency Investigations
§115.72 – Evidentiary Standard for Administrative Investigations
§115.73 –Reporting to Inmate
§115.76 – Disciplinary sanctions for staff
§115.77 – Corrective action for contractors and volunteers
§115.78 – Disciplinary sanctions for inmates
§115.81 – Medical and mental health screenings; history of sexual abuse
§115.82 – Access to emergency medical and mental health services
§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 – Sexual abuse incident reviews
§115.87 – Data Collection
§115.88 – Data Review for Corrective Action
§115.89 – Data Storage, Publication, and Destruction
§115.401 – Frequency & Scope of Audits
§115.403 – Audit contents and findings

**Standards Not Met**

<table>
<thead>
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<td>List of Standards Not Met:</td>
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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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Organizational Chart

Interviews:
PREA Compliance Manager

Site Observations:
Zero-Tolerance Policy (Posters English/Spanish)

Findings: Zero tolerance of sexual abuse and sexual harassment: PREA coordinator.

115.11 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the institution having a policy outlining how it will implement the institution’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. FCI La Tuna will ensure compliance which includes but is not limited to a zero-tolerance approach to sexually abusive behaviors, preventing, detecting and responding to reports of sexually abusive behaviors. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

115.11 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The Associate Warden (Programs) is designated as the Institution PREA Compliance Manager. The National PREA Coordinator's responsibilities include developing, implementing and overseeing the Bureau’s compliance with PREA. The NPC provides oversight to all Regional PREA Coordinators. The PREA Compliance Manager was interviewed during the onsite portion of the audit and determined that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

115.11 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The Associate Warden (Programs) is designated as the Institution PREA Compliance Manager. The PREA Compliance Manager was interviewed during the onsite portion of the audit and determined that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The Warden at each institution must ensure that all aspects of this program statement are implemented including maintaining a current Institution Supplement. He/she must assign an Institution PREA Compliance Manager, who except in rare circumstance will be an Associate Warden, for the overall responsibility of the program. The PREA information was posted in both English and Spanish throughout the facility. The Federal Bureau of Prisons has a Zero-Tolerance Policy.

Corrective Action: The auditor recommends no corrective action.

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

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

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

115.12 (b)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Contracting with other entities for the confinement of inmates.

115.12 (a) The agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. On or after August 20, 2012, or since the last PREA audit, whichever is later: The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies: 5. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

115.12 (b) All of the above contracts require the agency to monitor the contractor’s compliance with PREA standards. The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor’s compliance with PREA standards: 0. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.
Corrective Action: The auditor recommends no corrective action.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes  ☐ No  ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- WPC Meeting Minutes
- LAT Staffing Report
- IDO Rounds
- Workforce Utilization Committee
- National Policy PS5324.12
- PS 5502.11, Duty Officers

Interviews:
Warden or Designee
PREA Compliance Manager
Intermediate- or Higher-Level Facility Staff

Onsite Review:
Unannounced Rounds
Surveillance Cameras

Findings: Supervision and monitoring
115.13 (a) The facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

1. Generally accepted detention and correctional practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from Federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated).
6. The composition of the inmate population.
7. The number and placement of supervisory staff.
8. Institution programs occurring on a particular shift.
9. Any applicable State or local laws, regulations, or standards.
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
11. Any other relevant factors.

Since August 20, 2012, or last PREA audit, whichever is later: The average daily number of inmates: 1080. The average daily number of inmates on which the staffing plan was predicated: FCI: 757; FSL: 62; Camp 235. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.

115.13 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program in regard to documentation of any deviation from the staffing plan. The FCI La Tuna did not encounter any deviation from the staffing plan requiring such documentation. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.
115.13 (c) The Salary/Workforce Utilization Committee Meeting Minutes (which include a review of the staffing plan) are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the national PREA Coordinator by June 1. The PREA Compliance Manager responsibilities are to assess and determine the institutions staffing plan which provides adequate staffing resources to protect inmates from sexual abuse per PREA standards. The assessment was conducted during a review of the salary/workforce documentation, and review of appropriate documentation. All resources are committed to the Sexually Abusive Behavior Prevention and Intervention Program. The auditor conducted an interview with the PREA Coordinator and Warden during the onsite portion of the audit. The auditor reviewed the annual staffing plans with the Warden during the audit process.

115.13 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Each facility shall implement a policy and practice having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcements are related to the legitimate operational functions of the facility.

PS 5502.11, Duty Officers: PREA Unannounced round by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The auditor reviewed the Institution Duty Officer Unannounced Institutional Rounds with the department, date, time and signature of supervisor. The auditor reviewed samples from 2020 through 2021. The auditor reviewed the surveillance cameras demonstrating unannounced rounds and conducted interviews with the Intermediate- or Higher-Level facility staff. The auditor reviewed the unannounced rounds documented by intermediate staff during the site review.

Corrective Action: The auditor recommends no corrective action.

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

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

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ 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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews: (no youthful inmates assigned to the unit for interviews)
- Line Staff who Supervise Youthful Inmates
- Youthful Inmates (no inmates assigned)
- Warden or Designee
- Random Staff
- Education and Program Staff who Work with Youthful Inmates (no inmates assigned)

Findings: Youthful Inmates

115.14 (a) N/A facility does not have youthful inmates.

115.14 (b) N/A facility does not have youthful inmates.

115.14 (c) N/A facility does not have youthful inmates.

Corrective Action: The auditor recommends no corrective action.
## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
  ☐ Yes  ☐ No  ☒ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  
  ☐ Yes  ☐ No  ☒ NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  
  ☒ Yes  ☐ No

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

### 115.15 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  
  ☒ Yes  ☐ No

### 115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
• Pre-Audit Questionnaire
• National Policy PS5324.12

Interviews:
Non-medical staff (involved in cross-gender strip or visual searches)
Random Sample of Staff
Random Sample of Inmates
Transgender/Intersex Inmates

Site Observations:
Shower area with doors/privacy
Strip Search areas/privacy
Opposite Gender Announcement
PREA information displayed in both English/Spanish
Surveillance cameras/spot check for cross-gender searches
Findings: Limits to cross-gender viewing and searches.

115.15 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity search (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The auditor reviewed the searches of housing units, inmates, and inmate work areas. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0.

115.15 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity search (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The auditor reviewed the Searches of Housing Units, Inmates, and Inmate Work Areas. In the past 12 months: The number of pat-down searches of female inmates conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit. The facility housed adult males only.

115.15 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat down searches of female inmates. The facility housed adult males only.

115.15 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The following notice is posted on the inmate bulletin board and signs within housing units, including segregated housing areas “Notice to Inmates: Male and Female staff routinely work and visit inmate housing areas.” For housing unit officers, an announcement is made at the beginning of primary shifts, or other appropriate time to be determined locally.

The verbal announcement to each housing unit, including segregated housing areas, will be Notice: Opposite gender staff will be in housing units during shift. This announcement is made using the general public address system (e.g., from control or Lieutenant’s office). If the public address system does not cover these areas, an individual announcement in each housing area, including segregated housing areas, is made. The facility provides multiple ways to notify inmates that opposite gender staff are present in the housing units, the only time an announcement is made is if the public address system is not working or an opposite gender staff member comes into a unit area who is not assigned to the housing unit or unit team member working there, must go into individual cells, showers, or bathroom areas. Any other announcement mechanism at the local level will be determined through Collective bargaining in the local institution supplement. The auditor conducted interviews with a Random Sample of Inmates and a Random Sample of Staff.

115.15 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The auditor conducted interviews with a Random Sample of Staff and Transgender inmates during the site review.

115.15 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to ensuring that all custody staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with
security needs. In the past 12 months, 100% of the staff members employed at the facility have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor conducted interviews with a Random Sample of Staff for unannounced rounds.

Corrective Action: The auditor recommends no corrective action.

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

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

• Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

• Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
• Pre-Audit Questionnaire
Interviews:
Agency Head or Designee
Inmates (with disabilities or who are limited English proficient)

Onsite Review:
PREA Orientation information
PREA Intake/PREA assessments

Findings: Inmates with disabilities and inmates who are limited English proficient.
115.16 (a) PS #5324.12, presents PREA-related information both verbally and in writing to all inmates. Additionally, the institution provides services by the Inter American Interpreting LLC for deaf/blind interpreting needs if necessary. For effective communication with inmates who are visually impaired, information regarding PREA is provided verbally during admission and orientation program, and staff are available to read relevant portions of the handbook and for inmates with disabilities. FCI La Tuna has a special education teacher onsite to assist inmates with intellectual needs. The Trust Fund supervisor maintains the TTY phone for use when necessary. Inmates are never used to translate sensitive information for their peers.

The auditor conducted interviews with the Agency Head and Inmates (with disabilities or who are limited English proficient). The inmate education is offered during the Admission and Orientation lectures conducted by Health Services and Psychology Services staff. The informational pamphlet “Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders” is made readily available in both English and Spanish. Each housing unit displayed posters reflecting the zero-tolerance for sexually abusive behavior and contact information for inmate reporting of sexual abuse allegations. Each housing unit will contain a notice indicating “male and female staff routinely work and visit inmate housing areas.”

115.16 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The institution PREA Compliance Manager should reach out to available interpretation services to ensure the facility is providing effective communication accommodations when a need for such accommodation is known. Staff take reasonable action to ensure that available methods of communication are provided to all inmates who are limited English proficient for complete access to its efforts of preventing, detecting and responding to sexual abuse and sexual harassment. The auditor conducted interviews with Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit.

115.16 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna does not rely 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. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations: 0. The auditor conducted interviews with a Random Sample of Staff and Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.
Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

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

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

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Background checks/Records

**Findings: Hiring and promotion decisions.**

115.17 *(a)* PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the 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)
- 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; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph *(a)(2)* of this section.

Files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. BOP-Hires, an internet-based training system, was implemented in 2001 for correctional officers and hard to fill category positions, paper applications have been non-existent as applicants are now able to apply and update their records utilizing this system online at www.bop.gov.

115.17 *(b)* PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna considers any incident 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. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite audit.

115.17 *(c)* PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. policy requires that before it hires any new employees who may have contact with inmates, it *(a)* conducts criminal background record checks, and *(b)* consistent with federal, state, and local law, makes 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. In the past 12 months: The number of persons hired who may have contact with inmates who have had criminal background record checks: 40. The auditor conducted an interview with the Administrative (Human Resources) Staff.
115.17 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 5. The background checks are conducted through the Office of Personnel Management and OPM certification. The auditor conducted an interview with the Administrative (Human Resources) Staff.

115.17 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. The background checks are conducted through the Office of Personnel Management and OPM certification. The auditor conducted an interview with the Administrative (Human Resources) Staff. The auditor reviewed documentation of background checks for employees and contractors during the audit.

115.17 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The auditor conducted an interview with the Administrative (Human Resources) Staff.

115.17 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Unless prohibited by law, the agency shall 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. The auditor conducted an interview with the Administrative (Human Resources) Staff.

**Corrective Action:** The auditor recommends no corrective action.

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**Standard 115.18: Upgrades to facilities and technologies**

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

**115.18 (a)**

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

**115.18 (b)**
If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:

Warden or Designee

Site Observations:

Surveillance cameras/security mirrors

Findings: Upgrades to facilities and technology.

115.18 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The auditor conducted an interview with the Agency Head/Warden or Designee during the onsite portion of the audit. The facility had surveillance cameras and security mirrors throughout the facility. The facility surveillance cameras were observed during the onsite portion of the audit throughout the facility. The auditor conducted a surveillance camera review with no cameras in direct view of the showers or restroom areas and no cross-gender viewing from the camera. The auditor observed the security mirrors throughout the facility positioned to view a large portion of the area. The facility had surveillance cameras and security mirrors for the prevention, detection and response to the overall safety of the inmates and employees at the facility.
Corrective Action: The auditor recommends no corrective action.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- OneSource First Responder Reference Guide-Sexual Assault Crisis Intervention
- Agreement FCI La Tuna/Center Against Sexual and Family Violence

**Interviews:**
Random Sample of Staff
PREA Compliance Manager
Inmates who Reported a Sexual Abuse (no inmates assigned)

**Onsite Review:**
Investigations

**Findings: Evidence protocol and forensic medical examinations.**

115.21 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility utilizes the OneSource First Responder reference guide for sexual assault crisis intervention. The auditor conducted an interview with a random sample of staff during the onsite audit.

115.21 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna does not house youthful inmates at the facility. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

115.21 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. All victims of sexually abusive behavior involving rape or sexual assault must be offered free access to a SANE/SAFE via transport procedures to the University Medical Center (UMC) in El Paso, Texas. The forensic medical examinations are offered free of charge to inmate victims. In the past 12 months: The number of forensic medical exams conducted: 0. The number of exams performed by SANEs/SAFEs: 0. The number of exams performed by a qualified medical practitioner: 0. The facility had an agreement with the Center Against Sexual and Family Violence (CASFV).

115.21 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to making a properly trained Psychology or Chaplaincy Services staff member provide victim services
locally, if a rape crisis center is not available. The facility had an agreement with the Center Against Sexual and Family Violence (CASFV). The auditor reviewed the Certificate of Completion for the completion of Forensic Medical Exams: an overview for Victim Advocates.

115.21 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to making a properly trained Psychology or Chaplaincy Services staff member provide victim services locally, if a rape crisis center is not available. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The facility had an agreement with the Center Against Sexual and Family Violence (CASFV). The auditor reviewed the Certificate of Completion for the completion of Forensic Medical Exams: an overview for Victim Advocates. The auditor conducted an interview with the PREA Compliance Manager during the audit.

115.21 (f) PS #5324.12, (SC) cooperates with the Federal Bureau of Investigation (FBI) on inmate-on-inmate criminal sexual assault allegations. The FCI La Tuna, Texas routinely conducts administrative investigations into inmate-on-inmate sexual assault allegations as outlined in the Sexually Abusive Behavior Prevention and Intervention Program (PS5324.12). Staff-on-inmate sexual abuse allegations are routinely referred to the Office of Internal Affairs and/or Office of the Inspector General in accordance with national policy.

115.21 (g) N/A

115.21 (h) N/A

Corrective Action: The auditor recommends no corrective action.

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

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

115.22 (a)

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

115.22 (b)

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

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:

Agency Head
Investigative Staff

Onsite Review:

Investigations

Findings: Policies to ensure referrals of allegations for investigations.

115.22 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 4. The number of allegations resulting in an administrative investigation: 4. The number of allegations referred for criminal investigation: 0. The auditor conducted an interview with the Agency Head during the audit and reviewed two allegations conducted in 2019.
115.22 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility had in place a policy 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. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals. The auditor conducted an interview with the SIS Lieutenant during the onsite portion of the audit and reviewed the investigations.

115.22 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

115.22 (d) N/A

115.22 (e) N/A

Corrective Action: The auditor recommends no corrective action.

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**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes  ☐ No
▪ Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

▪ Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

▪ Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

▪ Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

▪ Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

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

▪ Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

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

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- PREA Course Completion
- Annual Training
- Training Certification/Training Acknowledgement

**Interviews:**
Random Sample of Staff

**Onsite Review:**
Employee Files/Records

**Findings: Employee training.**

115.31 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency shall train all employees who may have contact with inmates on:

1. Its zero-tolerance policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Inmates’ rights to be free from sexual abuse and sexual harassment.
4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in confinement.
6. The common reactions of sexual abuse and sexual harassment victims.
7. How to detect and respond to signs of threatened and actual sexual abuse.
8. How to avoid inappropriate relationships with inmates.
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor conducted an interview with the Random Sample of Staff during the onsite portion of the audit. The auditor reviewed a sample of training records of employees assigned to the facility. Staff training includes a component on crime scene preservation for first responders, taking into consideration the physical design of the institution as indicated in section 115.64.

115.31 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. Annual refresher training takes the gender of the inmate population at each facility into account. Transferring staff members receive gender-appropriate training as needed. The auditor reviewed sample of training records.
115.31 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. New Employees: For new employees, a discussion of the sexually abusive behavior prevention and intervention program must be a part of introduction to correctional techniques phase I and phase II. Specific staff responsibilities included in policy are outlined. Current employees: for current staff, information about the program is included yearly as part of annual training. Each warden designates a staff member to conduct this training from the areas responsible for policy implementation (e.g. the Institution PREA Compliance Manager, or supervisory staff from correctional services, psychology services, health services). Specialized training: discipline specific training is available at the institution level to staff who are likely to be most involved in the management and treatment of sexually abused victims and the perpetrators (Health services staff, psychologist, Lieutenants, etc.). Specialized training is provided to these disciplines as part of their comprehensive training. The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements: 298.

115.31 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Participation must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received. At the conclusion of the training, employers are asked to seek additional supervisory direction if necessary to ensure understanding of the training.

Corrective Action: The auditor recommends no corrective action.

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

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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
Volunteer(s) or Contractor(s) who have Contact with Inmates

**Findings: Volunteer and contractor training.**

115.32 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to training all volunteers and contractors who have contact with inmates on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor conducted interviews with the contractors onsite during the audit. The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 4 contractors/40 volunteers. The auditor interviewed two contractors and no volunteers due to COVID-19.

115.32 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor interviewed two contractors and no volunteers due to COVID-19.

115.32 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to agency maintaining documentation confirming that volunteers and contractors understand the training they have received.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.33: Inmate education**

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

115.33 (a)
• During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

• During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

• Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

• Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

• Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

• Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

• Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

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

• Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

• Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

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

115.33 (e)

• Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No
115.33 (f)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Institution Admission and Orientation Program Checklist

Interviews:
Random Sample of Staff

Onsite Review:
Employee Files/Records
PREA Information (English/Spanish)
Inmate Handbook (English/Spanish)

Findings: Inmate Education.
115.33 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to inmates receiving information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Of inmates admitted during the past 12 months: the number who were given this information at intake whose length of staff was for 72 hours or more: 724. The auditor conducted interviews with Intake Staff and a Random Sample of Inmates during the onsite audit.

115.33 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Within 30 days of intake, the La Tuna provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to
such incidents. The number of those inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 614. The auditor conducted interviews with the Intake Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.33 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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. The auditor conducted interviews with the intake staff during the onsite portion of the audit.

115.33 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to providing PREA education in all formats accessible to inmates including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. The FCI La Tuna, provides inmates with written (English and Spanish) education in the form of the Admission and Orientation Handbook SABPIP Pamphlet; verbal education during the Admission and Orientation lecture series; visual information in the form of posters displayed in public areas of the unit; verbal (English and Spanish) announcements regarding staff of the opposite gender working in inmate housing areas (English and Spanish); and contracted interpretive services for additional needs.

115.33 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to maintaining documentation of inmate participation in PREA education sessions. The auditor reviewed the Institution Admission and Orientation Program Checklist of the inmate file during the onsite portion of the audit.

115.33 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Course completion (NIC)
Interviews:
Investigative Staff/SIS

Onsite Review:
Investigative Reports

Findings: Specialized training: Investigations.

115.34 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The facility had 15 Special Investigators who investigate facility allegations and have been trained. The facility had five allegations for the past 12 months. The auditor reviewed five investigations conducted in the past 12 months. The files reviewed displayed the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing, notification, etc.), STG victim/perpetrators, Medical assessment, PREA evaluation form, photos, psychology review, sexual abuse interview for both victim/perpetrator, SIS case & memos, Notice to inmate, Monitoring 30/60/90, Unit/Staff roster, and Institution Executive Staff Review (IESR). The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.34 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.34 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency maintaining documentation showing that investigators have completed the required training. The number of investigators the agency currently employs: 15.

115.34 (d) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

**Auditor Overall Compliance Determination**

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Course Completion-PREA for Medical and Mental Health Care

Interviews:
Medical and Mental Health Staff

Onsite Review:
Employee Training/Medical Staff

Findings: Specialized training: Medical and mental health care.

115.35 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%.

The auditor conducted interviews with the Medical and Mental Health staff during the onsite portion of the audit. The auditor reviewed the PREA for Medical and Mental Health Care for the review period.

115.35 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The medical staff at the facility do not conduct forensic exams. The auditor conducted interviews with the Medical and Mental Health staff during the onsite portion of the audit.

115.35 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, maintains documentation showing medical and mental health practitioners have completed the required training.

115.35 (d) The auditor reviewed Medical and mental health care practitioners received the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner’s status at FCI La Tuna.

Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)
Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

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

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- Pre-Audit Questionnaire
- National Policy PS5324.12
- Assessments (Inmate Interview)
- Reassessments (Intake Screening Forms)
- Bureau of Prisons Psychology Services/Risk of Sexual Victimization (referrals)
- Individualized Reentry Plan-Program Review

**Interviews:**
- Staff Responsible for Risk Screening
- Random Sample of Inmates
- PREA Compliance Manager

**Onsite Review:**
- Risk Assessments/Reassessments/Referrals

Inmate Files: The auditor reviewed 21 inmate files using the PREA Audit Prisons and Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 897 on 3/30/2021.

**Findings: Screening for risk of victimization and abusiveness.**

115.41 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The auditor conducted interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the site review.
115.41 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 695. The auditor conducted interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the site review.

115.41 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to risk assessment utilizing an objective screening instrument. Unit Team, Medical, and Psychology Services staff screen all incoming inmates for risk of sexual abusiveness and/or victimization. Unit Team refers inmates determined at elevated risk for sexual abuse to Psychology Services for additional screening based on the results of the Objective Intake Screening. Psychology Services prepares a Risk of Sexual Abusiveness and/or Risk of Sexual Victimization note(s) in response to the referral, which is in turn shared with the Captain’s Office and Unit Team to inform assignments to housing, programs, work, etc. Psychology Services completes additional Risk of Sexual Abusiveness and/or Risk of Sexual Victimization assessments in response to new/additional risk information/data, which is in turn shared with the Captain’s Office and Unit Team.

115.41 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate’s own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The auditor conducted an interview with staff responsible for the risk screening during the site review.

115.41 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The auditor conducted an interview with staff responsible for the risk screening during the site review.

115.41 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Within a set time period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 114. The auditor conducted an interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite audit.

115.41 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. An inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. The auditor conducted an interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite audit.
115.41 (h) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: Whether or not the inmate has a mental, physical, or developmental disability; Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether or not the inmate has previously experienced sexual victimization; and the inmate’s own perception of vulnerability. The auditor conducted an interview with staff responsible for risk screening during the onsite portion of the audit.

115.41 (i) The agency shall implement 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. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite portion of the audit. Observation: The auditor reviewed 21 inmate files and one of the inmate files had been conducted however, the facility was unable to provide the original copy and the auditor verified through a different source. The ISDS was replaced seven months ago, and the agency implemented Insight (new system), and the assessments were unretrievable at the time of the audit. The auditor verified the process through the inmate file and inmate interviews. The facility implemented training with staff responsible for conducting the assessments and reassessments as a proactive measure.

Corrective Action: The auditor recommended no corrective action.

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

**115.42 (c)**

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12
- Assessment by Psychology Services
- Inmate Activity Record
- Individualized Reentry Plan-Program Review

Interviews:
PREA Compliance Manager
Staff Responsible for Risk Screening
Transgender/Intersex Inmates (no inmates assigned)
Transgender/Intersex/Gay/Lesbian Inmates (no inmates assigned)

Findings: Use of screening information.
115.42 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility uses information from the risk screening required by § 115.41 to inform 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. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite audit. The Unit Manager will review the classification options which may include transfer to a special treatment program, transfer to a greater or lesser security facility or changes in housing units, cells assignments, work assignments, and/or education assignments.
115.42 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility makes individualized determinations about how to ensure the safety of each inmate. The auditor conducted interviews with the staff responsible for risk screening during the audit.

115.42 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. The auditor conducted interviews with the PREA Compliance Manager and Transgender/Intersex Inmates during the onsite portion of the audit.

115.42 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The auditor conducted interviews with the PREA Compliance Manager and staff responsible for risk screening during the onsite portion of the audit.

115.42 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. A transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and Transgender and Intersex Inmates during the site review.

115.42 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and Transgender and Intersex Inmates during the site review.

115.42 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and Transgender and Intersex Inmates during the site review.

Corrective Action: The auditor recommends no corrective action.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

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

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

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

**Instructions for Overall Compliance Determination Narrative**

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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing

**Findings: Protective custody.**

**115.43 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** The policy prohibits the placement of 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. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 4. The auditor conducted an interview with the Warden or designee during the audit.

**115.43 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. The auditor interviewed a random sample of staff who Supervise Inmates in Segregated Housing and no inmates in segregated housing assigned to the facility (for risk of sexual victimization/who allege to have suffered sexual abuse).

**115.43 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 2. The auditor conducted interviews with the Warden or Designee and Staff who Supervise Inmates in Segregated Housing There were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit.
115.43 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; 0; and the reason or reasons why alternative means of separation could not be arranged: 4. From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; and 4. The reason or reasons why alternative means of separation could not be arranged 0. There were no inmates assigned to the facility during the site review for interviews.

115.43 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility did not have any inmates at risk for sexual victimization held in involuntary segregated housing. The FCI La Tuna, consistent with national Special Housing Units policy (PS5270.11), affords all inmates placed in involuntary segregated housing a review every 30 days to determine whether there is a continuing need for separation from the general population. The inmate’s status is reviewed during weekly special housing unit meetings.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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 following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Zero-Tolerance signs (English/Spanish)
- Admission and Orientation Handbook
- Informational Pamphlet Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
Random Sample of Staff
Random Sample of Inmates

Onsite Review:
- PREA Information displayed in housing areas
- Notice: Male and female staff routinely work and visit inmate housing areas
- FCI La Tuna Inmate Handbook 2020 (English and Spanish)
Findings: Inmate reporting.

115.51 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency having established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse and/or sexual harassment, as well as retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency having established procedures for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The FCI La Tuna, made available the contact information for Center Against Sexual and Family Violence and the National Sexual Assault Hotline displayed throughout the facility for the inmate population. The auditor conducted interviews with the PREA Compliance Manager and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to staff being required to document verbal reports. Agency policy requires immediate information sharing with relevant parties for response protocol purposes. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility staff were provided multiple ways to privately report sexual abuse and sexual harassment of inmates to include the Regional PREA Coordinators, National PREA Coordinator, Office of Internal Affairs and Office of the Inspector General. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

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

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- A & O Inmate Handbook (English/Spanish)
Interviews:
Inmates who Reported a Sexual Abuse (no inmate reports)

Onsite Review:
Grievances
PREA Investigation

Findings: Exhaustion of administrative remedies.
115.52 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility has administrative procedures for dealing with inmate grievances regarding sexual abuse.

115.52 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmates are allowed to report a sexual abuse or sexual harassment through an administrative remedy. The inmates can file an administrative remedy directly to the Regional Director. The inmate handbook provides the information on reporting sexual abuse and sexual harassment in both English and Spanish.

115.52 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, and PS1330.18, Administrative Remedy Program, in regard to the agency allowing an inmate to submit grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The inmate handbook provides the information on reporting sexual abuse and sexual harassment in both English and Spanish.

115.52 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The FCI La Tuna, always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. The facility did not encounter such a situation in the past 12 months and therefore does not have documentation of written notifications of extensions to provide for this standard. In the past 12 months: The number of grievances filed that alleged sexual abuse: 0. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0. There were no inmates onsite who reported sexual abuse during the onsite portion of the audit.

115.52 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna procedures permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

115.52 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances that had an initial response within 48 hours: 0.

115.52 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.
Corrective Action: The auditor recommends no corrective action.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- Agreement-Center Against Sexual and Family Violence
- National Policy PS5324.12

Interviews:
Random Sample of Inmates
Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Inmates access to outside confidential support services.

115.53 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the facility providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. The FCI La Tuna, provides addresses and phone numbers for Center Against Sexual and Family Violence and the National Sexual Assault Hotline and provides reasonable communication between inmates and this organization in as confidential a manner as possible. The FCI La Tuna, does not confine inmates detained solely for civil immigration purposes, and therefore does not make phone numbers and addresses for immigrant services agencies available. The FCI La Tuna had an MOU with Center Against Sexual and Family Violence to provide offenders with confidential emotional support services related to sexual violence as required. The auditor conducted interviews with a Random Sample of Inmates and there were no Inmates who Reported a Sexual Abuse during the onsite portion of the audit.

115.53 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Communications are monitored in a manner consistent with agency security practices. The auditor conducted interviews with a random sample of inmates and no inmates who reported sexual abuse.

115.53 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility maintains a memorandum of understanding with Center Against Sexual and Family Violence and with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

Corrective Action: The auditor recommends no corrective action.

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

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Third-party reporting.

115.54 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the facility publicly distributing information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. This is achieved through use of the national public website. The PREA information was posted in both English and Spanish throughout the facility. Every person has the right to be safe from sexual abuse. The Federal Bureau of Prisons has a Zero-Tolerance Policy.

Corrective Action: The auditor recommends no corrective action.

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

*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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Employee Files/Training-First Responders

**Interviews:**
Random sample of staff
- Warden or Designee
- PREA Compliance Manager
- Medical/Mental Health staff

**Findings: Staff and agency reporting duties.**

**115.61 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** FCI La Tuna requires all staff to report immediately and according to agency policy:
- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
- Any retaliation against inmates or staff who reported such an incident.
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor conducted interviews with a random sample of staff during the onsite portion of the audit and determined that staff are required to report incidents of sexual abuse or sexual harassment to the Operations Lieutenant in accordance with the Standards of Employee Conduct.

**115.61 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

**115.61 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit.

**115.61 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** The facility does not house youthful inmates at the facility. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.

**115.61 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.
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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Pre-Audit Questionnaire
National Policy PS5324.12

Interviews:
Warden or Designee
Random Sample of Staff

Findings: Agency protection duties.
115.62 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The FCI La Tuna, has not identified any inmates determined to be at a substantial risk of imminent sexual abuse in the past 12 months. In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0. The auditor conducted interviews with the Warden or Designee and Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Reporting to other confinement facilities.

115.63 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 7.
115.63 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. facility documents that it has provided such notification within 72 hours of receiving the allegation.

115.63 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. La Tuna policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 1. The auditor conducted an interview with the Warden during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

**Interviews:**
- Custody Staff and Non-Custody Staff First Responders
- Inmates who Reported a Sexual Abuse (no inmates assigned)
- Random Sample of Staff

**Findings: Staff first responder duties.**

**115.64 (a) PS #5324.12. Sexually Abusive Behavior Prevention and Intervention Program.** FCI La Tuna had a first responder policy for allegations of sexual abuse. FCI La Tuna policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In the past 12 months, the number of allegations that an inmate was sexually abused: 5. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 5. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0. Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: 0. Requested 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. Ensured that the alleged abuser does not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The auditor conducted interviews with Custody Staff and Non-Custody Staff First Responder and no Inmates who Reported a Sexual Abuse during the onsite portion of the audit.
115.64 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna requires that if the first staff responder is not a security staff member, that the staff member was the first responder: Of those allegations responded to first by a non-security staff member, the number of times that the staff member requested that the alleged victim not take any action that could destroy physical evidence: 0. Requested that the alleged victim not take any actions that could destroy physical evidence: 0. Notified security staff: 0. The auditor conducted interviews with Custody Staff and Non-Custody Staff First Responders and a Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:

Warden or Designee

Findings: Coordinated response.

115.65 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to having developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and
Corrective Action: The auditor recommends no corrective action.

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

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Preservation of ability to protect inmates from contact with abusers
115.66 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The FCI La Tuna, in compliance with the national Master Agreement and national policy, PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to preservation of ability to protect
inmates from contact with abusers. The auditor conducted an interview with the Warden during the onsite portion of the audit.

115.66 (b) N/A

Corrective Action: The auditor recommends no corrective action.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### 115.67 (b)

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

### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

▪ Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

▪ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
Agency Head/Warden or Designee
Designated Staff Member Charged with Monitoring Retaliation (or Warden if not available)
Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) no inmates onsite
Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Agency protection against retaliation.
115.67 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. had 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. The facility had designated staff members responsible for monitoring for possible retaliation. The auditor conducted an interview with staff assigned to monitor inmates and staff for retaliation during the onsite portion of the audit.

115.67 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. La Tuna employs 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. The auditor conducted interviews with the Warden or Designee and Designated Staff Member Charged with Monitoring Retaliation (or Warden if none-available) during the onsite portion of the audit. There were no interviews conducted with Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) or Inmates who Reported a Sexual Abuse assigned to the facility.

115.67 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff and length of time that the agency/facility monitors the conduct or treatment: 90 days. The agency/facility acts promptly to remedy any such retaliation. La Tuna continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0. The auditor conducted interviews with the Warden or Designee and Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. In the case of inmates, such monitoring shall also include periodic status checks. The auditor conducted an interview with Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The auditor conducted an interview with the Warden during the onsite portion of the audit.

115.67 (f) N/A
Corrective Action: The auditor recommends no corrective action.

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

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12
- Bureau of Prisons Psychology Services-Document Search Report

Interviews:
Warden or Designee
Staff who Supervise Inmates in Segregated Housing inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse/no inmates assigned)

Findings: Post-allegation protective custody.
115.68 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. La Tuna policy prohibits the placement of inmates who allege to have suffered sexual abuse 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. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 4. In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 2.
From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; and The reason or reasons why alternative means of separation could not be arranged: 4. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The auditor conducted interviews with the Warden or Designee, Staff who Supervise Inmates in Segregated Housing and no inmates assigned in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

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**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.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Interviews:
Special Investigative Services
Inmates who Reported a Sexual Abuse (no inmates assigned)
Warden or Designee
PREA Compliance Manager

Investigation Review: The facility had 5 investigations in the past 12 months. The auditor reviewed investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed.

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Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The facility had 15 Special Investigators who investigate facility allegations and have been trained. The facility had five allegations for the past 12 months. The auditor reviewed five investigations conducted in the past 12 months.
The files reviewed displayed the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing, notification, etc.), STG victim/perpetrators, medical assessment, PREA evaluation form, photos, psychology review, sexual abuse interview for both victim/perpetrator, SIS case & memos, Notice to inmate, Monitoring 30/60/90, Unit/Staff roster, and Institution Executive Staff Review (IESR). The auditor conducted interviews with investigative staff during the onsite portion of the audit.

**Findings: Criminal and administrative agency investigations.**

**115.71 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** La Tuna had a policy related to criminal and administrative agency investigations. The National policy, PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to having a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The auditor conducted interviews with Investigative Staff during the onsite portion of the audit and reviewed the required training. The auditor reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment.

**115.71 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. The auditor reviewed documentation of trained staff and Investigative Staff during the onsite portion of the audit.

**115.71 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** With regard to the agency requesting the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor conducted interview with Investigative Staff during the onsite portion of the audit.

**115.71 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The conducted interview with Investigative Staff during the onsite portion of the audit and reviewed a sample of investigations.

**115.71 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. The facility does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with the Investigative Staff and no assigned Inmates who Reported a Sexual Abuse during the onsite portion of the audit.

**115.71 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Administrative investigations: (1) Shall include an effort to determine whether staff actions or failure to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted interviews with the Investigative Staff (SIS) and reviewed a Sample of administrative investigation reports during the onsite portion of the audit.
115.71 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor conducted interviews with Investigative Staff (SIS) and reviewed a Sample of investigation reports during the site review.

115.71 (h) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0. The auditor conducted interviews during the onsite portion of the audit with Investigative Staff.

115.71 (i) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. La Tuna retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor conducted a review of the investigations and conducted an interview with investigative staff (SIS).

115.71 (j) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor conducted interviews with (SIS) Investigative Staff and determined that the investigations are completed regardless of the staff termination.

115.71 (k) N/A

115.71 (l) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor conducted interviews with the Warden or Designee, PREA Compliance Manager and Investigative Staff during the site review.

Corrective Action: The auditor recommends no corrective action.

**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.

The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

#### Finding: Evidentiary standards for administrative investigations.

115.72 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with (SIS) Investigative staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- Pre-Audit Questionnaire
- PREA Notification to Inmate
- PREA Compliance Manager Information Tracking Log
- Inmate Investigative Report
- National Policy PS5324.12

Investigation Review: The facility had 5 investigations in the past 12 months. The auditor reviewed investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed.

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Special Investigators: The Special Investigative Services greeted the auditor with an introduction of their staff and a presentation of the department. The Special Investigators introduced themselves to the auditor. The facility had 15 Special Investigators who investigate facility allegations and have been trained. The facility had five allegations for the past 12 months. The auditor reviewed five investigations conducted in the past 12 months. The files reviewed displayed the following information in an organized file: 583 Incident report generator, safeguarding form (housing changes, special housing, notification, etc.), STG victim/perpetrators, Medical assessment, PREA evaluation form, photos, psychology review, sexual abuse interview for both victim/perpetrator, SIS case & memos, Notice to inmate, Monitoring 30/60/90, Unit/Staff roster, and Institution Executive Staff Review (IESR). The auditor conducted interviews with investigative staff during the onsite portion of the audit.

**Finding: Reporting to inmates.**

115.73 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. La Tuna requires that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 5. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 5. The auditor conducted interviews with the Warden or Designee, (SIS) Investigative Staff and there were no Inmates onsite who Reported a Sexual Abuse during the site review.

115.73 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, with regard to the agency requesting the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. In the past 12 months: 0. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 0. The number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.
115.73 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no Inmates onsite who Reported a Sexual Abuse during the audit.

115.73 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Following an inmate’s allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no Inmates onsite who Reported a Sexual Abuse during the audit. The auditor reviewed the PREA notification to inmate during the site review. All cases are filed in TRUINTEL and a copy is provided to the inmate.

115.73 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency having a policy that all notifications to inmates described under this standard are documented. All such notifications or attempted notifications are documented. In the past 12 months: The number of notifications to inmates that were provided pursuant to this standard: 0. The number of those notifications that were documented: 0.

115.73 (f) N/A

**Corrective Action:** The auditor recommends no corrective action.

## 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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Disciplinary sanctions for staff.

115.76 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The FCI La Tuna did not have any staff from the facility violate the agency’s sexual abuse or sexual harassment policies in the past 12 months. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.76 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

115.76 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

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
The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Corrective action for contractors and volunteers

115.77 (a) The FCI La Tuna had no contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0.

115.77 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to taking appropriate remedial measures and considering whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse and sexual harassment policies by a contractor or volunteer. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor conducted an interview with the Warden during the site review.

Corrective Action: The auditor recommends no corrective action.

Standard 115.78: Disciplinary sanctions for inmates

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

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

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

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

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Disciplinary sanctions for inmates.

115.78 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal
finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months: The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0. The auditor reviewed five investigations for the review process.

115.78 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Sanctions shall be 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. The auditor conducted an interview with the Warden during the site review.

115.78 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor conducted an interview with the Warden during the site review.

115.78 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The auditor conducted interviews with the Medical and Mental Health Staff during the site review.

115.78 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The FCI La Tuna, Texas, national policy, PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the agency disciplining inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Corrective Action: The auditor recommends no corrective action.

**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.*
The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- Bureau of Prisons Psychology Services Transfer Intake Screening
- National Policy PS5324.12

Findings: Medical and mental health screenings: history of sexual abuse.

115.81(a)/(c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to all inmates at the facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Psychology Services department maintains the Psychology Services Inmate Questionnaire (intake screening) forms for all inmates who arrive at the institution which documents reports of sexual victimization history. Additionally, the Psychology Services department maintains electronic mental health notes (Risk of Sexual Victimization), in the Bureau Electronic Medical Record database, on those inmates who reported a history of sexual victimization which shows this was completed within 14 days of initially reporting this information. The Health Services department maintains both the Health Screen (intake screening) and Clinical Encounter (14-day follow-up) electronic records in the Bureau Electronic Medical Record database. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening was 0%. The auditor conducted interview with Staff Responsible for Risk Screening during the site review. FCI La Tuna Psychology Services and Health Services departments are responsible for completing follow-up on inmates who are identified as victims of sexual abuse.

115.81(b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner was 100%. The auditor conducted interview with Staff Responsible for Risk Screening during the site review. The Psychology Services and Health Services departments are responsible for completing follow-up on inmates who are identified as victims of sexual abuse.

115.81(d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The auditor reviewed the Bureau of Prisons Psychology Services Risk of Sexual Victimization during the site review.

115.81(e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Medical and mental health practitioners shall 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. The auditor conducted interviews with Medical and Mental Health Staff during the site review.
Corrective Action: The auditor recommends no corrective action.

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.
The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Access to emergency medical and mental health services.

115.82 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Sexually Abusive Behavior Prevention and Intervention Program, in regard to medical and mental health staff maintain secondary materials 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 staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The Psychology Services and Health Services departments are notified as soon as possible, but within 24 hours, as part of the PREA response protocol and complete the aforementioned interventions and education to the inmate sexual abuse victim. This is documented in the Bureau Electronic Medical Record database as PREA Injury Assessment (Health Services) and Sexual Abuse Intervention (Psychology Services) notes, respectively. The auditor conducted interviews with the Medical and Mental Health Staff and there were no Inmates assigned to the facility who Reported a Sexual Abuse.

115.82 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The auditor conducted interviews with Custody Staff and Non-Custody Staff First Responders during the onsite portion of the audit.

115.82 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Inmate victims of sexual abuse while incarcerated shall be 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. The auditor conducted interviews with Medical and Mental Health Staff and no inmate interviews were conducted for inmates who Reported a Sexual Abuse during the audit.

115.82 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Treatment services shall be 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.

Corrective Action: The auditor recommends no corrective action.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No
115.83 (b)
- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

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

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

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

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

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

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

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- Pre-Audit Questionnaire
- National Policy PS5324.12

**Finding: Ongoing medical and mental health care for sexual abuse victims and abusers.**

**115.83 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** The facility shall 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.

**115.83 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** The evaluation and treatment of such victims shall 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. The auditor conducted interviews with Medical and Mental Health Staff and no Inmates who Reported a Sexual Abuse during the site review.

**115.83 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** The facility shall provide such victims with medical and mental health services consistent with the community level of care. The auditor conducted interviews with Medical and Mental Health Staff during the site review.

**115.83 (d) (N/A all-male facility.)**

**115.83 (e) (N/A all-male facility.)**

**115.83 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. There were no Inmates who Reported a Sexual Abuse assigned to the facility.

**115.83 (g) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** Treatment services shall be 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. There were no Inmates who Reported a Sexual Abuse assigned to the facility.

**115.83 (h) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program.** All prisons 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. The auditor conducted interviews with Medical and Mental Health during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

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## 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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Findings: Sexual abuse incident reviews.

115.86 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The facility shall 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. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 5. The auditor reviewed five investigations for the review process.

115.86 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 5. The auditor reviewed five investigations for the review process.

115.86 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The auditor conducted an interview with the Warden during the site review.

115.86 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or
practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The auditor conducted interviews with the Warden, PREA Compliance Manager and Incident Review Team during the site review.

115.86 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in regard to the facility implementing the recommendations, if any, for improvement or documenting its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

**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
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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Data collection.

115.87 (a)/(c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.

115.87 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna aggregates the incident-based sexual abuse data at least annually.

115.87 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

115.87 (f) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Corrective Action: The auditor recommends no corrective action.
**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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Data review for corrective action.
115.88 (a) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna reviews 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The auditor conducted interviews with the Agency Head and the PREA Compliance Manager during the site review.

115.88 (b) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

115.88 (c) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. The agency’s report shall be 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. The auditor conducted interviews with the Agency Head during the site review.

115.88 (d) PS #5324.12, Sexually Abusive Behavior Prevention and Intervention Program. FCI La Tuna may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The auditor conducted an interview with the PREA Compliance Manager during the site review.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- National Policy PS5324.12

Finding: Data storage, publication, and destruction

115.89 (a) PS #5324.12 ensures that data collected pursuant to § 115.87 are securely retained. The auditor conducted an interview with the PREA Compliance manager during the site review.

115.89 (b) PS #5324.12 shall 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.

115.89 (c) PS #5324.12 will remove all personal identifiers before making aggregated sexual abuse data publicly available.

115.89 (d) PS #5324.12 shall 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.

Corrective Action: The auditor recommends no corrective action.
## Standard 115.401: Frequency and scope of audits

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

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<thead>
<tr>
<th>Section</th>
<th>Question</th>
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<th>No</th>
<th>NA</th>
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<tbody>
<tr>
<td>115.401 (a)</td>
<td>During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A &quot;no&quot; response does not impact overall compliance with this standard.)</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115.401 (b)</td>
<td>Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>115.401 (h)</td>
<td>Did the auditor have access to, and the ability to observe, all areas of the audited facility?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115.401 (i)</td>
<td>Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115.401 (m)</td>
<td>Was the auditor permitted to conduct private interviews with inmates, Inmates, and detainees?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115.401 (n)</td>
<td>Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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 Bureau of Prisons FCI La Tuna demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

The Bureau of Prisons FCI La Tuna publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The facility is compliant with the reporting process and standard for this recertification review period.

**Corrective Action:** The auditor recommends no corrective action.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Noelda Martinez 5/16/2021

Auditor Signature Date

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