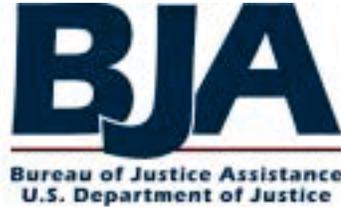


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Marie J. Carter Calvin			
Address: 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
Email: marie.carter@nakamotogroup.com			
Telephone number: (904) 962-4300			
Date of facility visit: July 21-23, 2015			
Facility Information			
Facility name: Federal Detention Center - Miami			
Facility physical address: 33 NE 4th Street, Miami, FL 33132			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (305) 577-0010			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: R. C. Cheatham, Warden			
Number of staff assigned to the facility in the last 12 months: 296			
Designed facility capacity: 1012			
Current population of facility: 1378			
Facility security levels/inmate custody levels: High, Medium, Low, and Minimum Security/ IN and OUT Custody			
Age range of the population: 18-86			
Name of PREA Compliance Manager: Michael Gunter		Title:	Associate Warden
Email address: MIM/PREAComplianceMgr@bop.gov		Telephone number:	(305) 577-0010
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, N.W., Washington DC 20534			
Mailing address: <i>(if different from above)</i>			
Telephone number: (202) 307-3198			
Agency Chief Executive Officer			
Name: Charles E. Samuels, Jr.		Title:	Director
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	(202) 514-4919
Agency-Wide PREA Coordinator			
Name: Alix McLearen		Title:	National PREA
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	(202) 514-4919

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Detention Center - Miami (FDC) was conducted July 21-23, 2015 by Nakamoto Group Inc. auditor Marie J. Carter Calvin. When the auditor first arrived at the facility, an in-briefing meeting was held with Warden, Associate Wardens, Executive Assistant, Captain, several department heads, and a representative from the Bureau of Prisons (BOP) Program Review Division.

This is an administrative security facility which houses high, medium, low and minimum custody inmates. The facility has a design capacity of 1012 and a current inmate population of 1373. The inmate housing units consist of 16 two-story tiers, for a total of 14 general population housing units, one witness protection unit, and one special housing unit. The inmate age range is 18-86 and the average daily population of 1310. This facility has a male and female population.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the Complex PREA Audit Manager and the Chief of Psychology Services. The National PREA Coordinator and the National PREA Contract Administrator for the Bureau of Prisons (BOP) was previously interviewed telephonically, as was the Director's designee. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. A total of 60 inmates were interviewed. No inmates refused and 14 were Limited English Proficient (LEP). During the auditing period of 1/1/2014-1/19/2015, there were no reported allegations of sexual abuse/sexual harassment. A total of 60 staff were interviewed. Thirty-two correctional officers (from all three 8 hour shifts), seven administrative staff, four contract medical staff, and seventeen specialized and random staff were interviewed. The administrative staff interviewed included the Warden, two Associate Wardens, Human Resource Manager, Captain, Business Administrator, and the Chief of Psychology.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. It is the mission of the facility is to provide for a safe and humane confinement of inmates and detainees, many of whom are involved in federal court proceedings in the Southern District of Florida.

The facility houses designated and holdover inmates, as well as pre-trial detainees. Holdover inmates and pre-trial detainees make up approximately 77% of the population. The population is both male and female. Those designated inmates, who have been medically cleared, are provided work assignments. Work assignments include, Food Service, Education/Recreation, Commissary, Laundry, sanitation workers, unit orderlies and institution maintenance.

The Education Department provides a comprehensive education program for the designated population only. The Literacy Program is mandatory for all designated inmates, who do not possess a verifiable high school diploma or GED certificate. A comprehensive English-as-a-Second Language Program is provided for non-English speaking inmates. Inmates, who do not have a verifiable high school diploma, are encouraged and provided the opportunity to take the GED test in their native language. Satisfactory completion of the GED Program will merit a GED Certificate. In addition to the academic programs, a variety of adult continuing education courses are offered. These general interest courses include, but are not limited to, Commercial Driver's License course, Money Management, Genesis for Life, Introduction to the Internet, and Basic Custodial Maintenance. The re-entry programs available to the inmates are Employability Skills, Money Smart, Federal Bonding, and Interviewing Tips. Parenting classes are available and, upon completion of the class, each inmate receives a certificate of completion from the Education Department. The facility hosts one Parenting and one Re-Entry Event each year. Additionally, the education department offers the Computerized Engraving Vocational Training Program that teaches inmates how to maintain the Vanguard 3000 engraving machine and allows them an opportunity to practice by making institutional signs. Upon completion of the program, inmates receive accreditation from the New Hermes Engravers Academy which give them a viable skill for possible job placement upon release. This program is offered to designated inmates only.

The facility also provides court-mandated legal resource materials for inmates including Bureau of Prisons and Institution Directives and Code of Federal Regulations. Leisure and law library services are popular and include an inter-library loan program.

The auditor concluded, through interviews and review of policy and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates acknowledged that they received information about the facility's Zero Tolerance policy against sexual abuse, upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out-briefing" meeting was held with the same staff in attendance for the "in-briefing". The auditor was provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. There was one area of concern during the audit which consisted of ten blind spots identified throughout the facility. In order to enhance staff supervision and the security of inmates in those areas, conclave mirrors were installed, so that every area of the facility could be visible at all times. The facility staff were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FDC Miami staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and the facility exceed the standard with policies and practice. Program Statement (PS) 5324.11, pages 3,14,25,27,28,29 and 49 and Institution Supplement (IS) 5324.11a, page 3 clearly meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to PREA. The facility PREA Compliance Manager reports to the Warden. Zero tolerance posters are displayed throughout every area of the institution. Staff receive initial training and annual training, as well as, updates throughout the year. All staff are issued a pocket size PREA Standards/First Responder Guideline to carry at all times for reference.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and facility meets the mandates of this standard. A review of the documentation submitted substantiated the agency and facility require other entities contracted with (i.e. Corrections Corporation of America, Management and Training Corporation, The GEO Group, Inc.) for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards.

Standard 115.13 Supervision and monitoring

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3000.03, pages 8-12; PS 5324, page 17 and IS 5324.11a outlines the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. In addition to the quarterly Workforce Utilization Meeting, the Warden, in fact, meets weekly with his executive staff, business administrator and the human resource manager where staffing issues are reviewed and discussed. Quarterly Workforce Utilization minutes are on file. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and the Trust Fund Limited Inmate Computer System (TRULINCS) e-mail system, staff interviews and rosters. Additionally, documentation of unannounced rounds covering all shifts by administrative staff was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to staff. Video cameras with monitoring capabilities (308) are visible throughout the facility. The cameras can be monitored at the control center, by special investigative staff and by the executive staff. The auditor found ten "blind" spots throughout the facility. Prior to the close of the audit, conclave mirrors were installed to correct those deficiencies; thereby, increasing staff supervision and inmate security in those specific areas.

Standard 115.14 Youthful inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable. FDC Miami does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 18 and IS 5324.11a, page 3, outlines the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and annual training. The auditors observed each unit has individual shower stalls with Velcro no-see-through shower curtains for privacy purposes. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit and at the beginning of the shift. The speaker system is used to announce, at the beginning of the shift the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units at the entrance of living areas and throughout the units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility meets the mandates of this standard, in accordance with PS 5324.11, pages 20 and 21. FDC Miami takes appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The facility has a contract with Language Line Solutions to provide translation services for inmates who have a need that exceeds English or Spanish. The above-mentioned documents were submitted and reviewed by the auditor. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3000.03, pages 28, 41-45; PS 3420.11 pages 6&7; Pre-Employment Guide; page 2; SF85P, Questionnaire for Public Trust Positions, page 1 and BOP Recruitment Flier, page 1 addresses the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The Agency makes its "best efforts" to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDC Miami has an extensive video and visual monitoring system in place. There have been no substantial expansions/modifications to the facility or installation of updated monitoring technology since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 4, 5, 23, 24; PS 6031.03, pages 42&43; Guide for First Responders/Operations Lieutenant and PREA Checklist & Instructions addresses the mandates of this standard. Correctional Services and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor (SIS) unit or FBI conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE/SAFE staff at Jackson Memorial Hospital. The facility has a comprehensive medical service contract with the hospital and SANE/SAFE forensic medical examinations are a part of the contractual agreement. There were no SANE/SAFE examinations conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 44, 45 and 46 addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The SIS, Special Investigative Administrator (SIA) and FBI conduct all investigations. The SIA was interviewed and found to be very knowledgeable concerning their responsibilities in the investigative process. There are 253 agency investigators and two facility investigators. The FBI conducts the criminal investigations for the facility. There were no allegations of sexual abuse/sexual harassment during the January 1, 2014-January 19, 2015 auditing period. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The information being tracked includes the date the allegation was reported, name of the victim/perpetrator, SHU placement/reviews, initial 2-day after-action, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring. This auditor reviewed documentation relative to this standard.

Standard 115.31 Employee training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11 pages 14,15, 25, 26 and 27; IS 5324.11a, page 3 and the Annual Training Plan includes all training mandates of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all staff must attend and successfully complete. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, and staff interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 27 and the Annual Training Plan addresses the mandates this standard. There are 12 contract staff and 43 volunteers who have received PREA training, to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There were no contractors or volunteers available for interviews during the audit.

Standard 115.33 Inmate education

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 27&28; PS 5290.14, page 10g; the Admission and Orientation (A&O) Program Involvement and the A&O Checklist addresses the mandates of this standard. The facility puts forth its best efforts in educating the inmates about PREA. Inmates receive information during the intake process that includes a PREA handout and inmate handbook, printed in both English and Spanish. The inmates have access to the TRULINCS electronic program which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "hotline" telephone number which may be called to report abuse or harassment, is posted on the bulletin boards. The Office of Inspector General's mailing address is posted in each housing unit for inmates to write concerning any sexual abuse or sexual harassment allegation. There is a language line available to Limited English Proficient (LEP) inmates. This auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the last 12 months received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. All inmates were required to acknowledge in writing they completed PREA education.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 29; SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training addresses the mandates of this standard. The SIA staff and FBI criminal investigators have received PREA specialized training through the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and OIG PREA Criminal Investigator Certification Training List.

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 29&30; IS 5324.11a, page 3 and the PREA Training Lesson Plan outlines the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive training annually and documentation is on file. The auditor reviewed the training lesson plan, training sign-in sheets and FBOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11 addresses this standard. All inmates are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of intake. The staff reviews all relevant information from other facilities and continues to reassess an inmate's risk level within 30 days of his arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. This auditor observed a unit staff member conduct the initial risk assessment on a new commitment, utilizing the PREA Intake Form. Additionally, staff and inmate interviews, as well review of documentation, support the finding that the facility is in compliance with this standard.

Standard 115.42 Use of screening information

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages, 25-27, 34 and IS 5324.11a, pages 4&5 addresses the mandates of this standard. Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 34&35 a-d addresses the mandates of this standard. FDC Miami has one Special Housing Unit (SHU) with a 120 beds. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of the assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

Standard 115.51 Inmate reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 36 a-d; PREA Notices and the Inmate Handbook in English and Spanish addresses the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditors) which also explain reporting methods.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 1330.18, pages 1-4, 6&7,14-16g addresses the mandates of this standard. Inmates may file a grievance; however, all allegations of abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. There were no grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 37; IS 5324.11a and the Inmate Handbook (English and Spanish) addresses the mandates of this standard. The facility has been working diligently to secure an agreement, yet unsuccessful, with a local community service provider. The main issue has been the limited funding available to provide the service. However, inmates do have access to the Roxy Bolton Rape Treatment Center locally and the National Sexual Assault Hotline. The inmate handbook provides the contact information for these services and inmates can seek assistance with contacting these services through the through the Psychology Department.

Standard 115.54 Third-party reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention"; Inmate Handbook; PREA Posters; Posted Office of Inspector General Address and Website: www.bop.gov address the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Staff and 100% of the inmates interviewed were aware of the procedures for third-party reporting.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 38&39 a-e addresses the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 39 addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being sexually abused and/or sexually harassed. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 40 a-d addresses the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received no allegations that an inmate was abused while confined at another facility.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 40&41 a1-4 addresses the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact the operations supervisor and advise medical staff. All staff are issued and carry a pocket size PREA guideline booklet for reference. In the past 12 months, there were no allegations made by inmates.

Standard 115.65 Coordinated response

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 41 and the Coordinated Response Allegation of Sexually Abusive Behavior PREA Checklist address the mandates of this standard. The documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The collective bargaining agreement between Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees dated July 21, 2014-July 20, 2017 complies with this standard. The agreement was examined by the auditor.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 43&44 a-e addresses the mandates of this standard. The policy prohibits any type of retaliation against any staff person or inmate who has reported sexual abuse or sexual harassment or cooperated in any related investigations. The Associate Warden, Programs, is the charged with monitoring retaliation. During the interview, he stated he follows up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was concern that there was the potential for possible retaliation, the Associate Warden indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 35 a-e and 44 addresses the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU). Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 44-46 a-j addresses the mandates of this standard. The SIS or SIA is responsible for conducting administrative investigations within the facility and refer criminal investigations to the FBI and U. S. Attorneys Office to determine if prosecution will be pursued. There were no criminal prosecutions during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The Special Investigative Administrator serves as the facility liaison who provides requested information to the outside agency and provides access to the inmate.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 46a addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 46&47 a-e addresses the mandates of this standard. There were no administrative investigations during the January 1, 2014-January 19, 2015 auditing period.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 3420.11, pages 6&7b and PS 5324.11a-d outlines the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff and, in the past 12 months, no staff members were disciplined or terminated for violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS3420.11, pages 6&7b addresses the mandates of this standard. In the past 12 months, there has not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 49 a-f addresses the mandates of this standard. There were no cases of inmate sexual abuse/sexual harassment investigated at this facility during the auditing period of January 1, 2014-January 19, 2015. There have been no cases of staff and inmates engaging in sex during the past 12 months. There were no administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the SIA support a finding that the facility is in compliance with this standard.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 30,31,33,34 and 50 addresses the mandates of this standard. Interviews with medical and specialized staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, no inmates disclosed prior victimization during screening, however, the facility has procedures in place to offer a follow up meeting with medical or mental health staff for those inmates who do disclose prior victimization. Treatment services are offered without financial cost to the inmate. FDC Miami utilizes the PREA Compliance Manager-Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, page 52 and PREA Guide for First Responders/Operations Lieutenants outlines the mandates of this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. Interviews with staff support a finding that the facility is in compliance with this standard.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS5324.11, page 52 a-d addresses the mandates of this standard. FDC Miami offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with community level of care, without financial cost to the inmate. Review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 53&54 a-d addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS, Special Investigative Administrator (SIA) and the FBI conduct all investigations. The SIA was interviewed and found to be very knowledgeable concerning their duties and responsibilities. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. The sexual abuse incident review reporting form includes an addendum for union review/input.

Standard 115.87 Data collection

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11, pages 55 & 56 addresses the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, Inmate data and SENTRY data. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates all data annually and reviews it annually.

Standard 115.88 Data review for corrective action

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

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

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.11 addresses the mandates of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP website. The reports cover all data noted in this standard.

AUDITOR CERTIFICATION

I certify that:

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

Marie J. Carter Calvin

July 26, 2015

Auditor Signature

Date