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' (FBOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by Corrections Consulting Services LLC (CCS), the FBOP 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 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: 05/27/2026

Auditor Information

Name: Cynthia Swier	**Email:** cindy@preaauditing.com
Company Name: Corrections Consulting Services (FKA PAOA)	
Mailing Address: P.O. Box 596	**City, State, Zip:** Buchanan Dam, TX 78609
Telephone: 713-818-9098	**Date of Facility Visit:** May 5-7, 2026

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	☐ County	☐ State	☒ Federal
Agency Website with PREA Information: **https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp**			

Agency Chief Executive Officer

Name: **William K. Marshall III, BOP Director**	
Email: **BOP-RSD-PREACoordinator-S@bop.gov**	**Telephone:** **202-307-3198**

Agency-Wide PREA Coordinator

Name: **Dr. Jessica Seaton, National PREA Coordinator**	
Email: **BOP-RSD-PREACoordinator-S@bop.gov**	**Telephone:** **202-307-3198**
PREA Coordinator Reports to:	**Number of Compliance Managers who report to the PREA Coordinator:**

Dana DiGiacomo, Assistant Director, Reentry Services Division	**120**

Facility Information

Name of Facility: Federal Correctional Institution (FCI) Marianna			
Physical Address: 3625 FCI Road		**City, State, Zip:** Marianna, FL 32446	
Mailing Address (if different from above): N/A		**City, State, Zip:**	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☒ Federal
Facility Type:	☒ Prison	☐ Jail	

Facility Website with PREA Information: **https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp**

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

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

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe):

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: N/A

Warden/Jail Administrator/Sheriff/Director

Name:	John Gabby		
Email:	MNA-PREAComplianceMgr-S@bop.gov	**Telephone:**	850-526-2313

Facility PREA Compliance Manager

Name:	Erika Bosley, Associate Warden		
Email:	MNA-PREAComplianceMgr-S@bop.gov	**Telephone:**	850-526-2313

Facility Health Service Administrator ☐ N/A

Name:	Brandy Pittman		
Email:	MNA-PREAComplianceMgr-S@bop.gov	**Telephone:**	850-526-2313

Facility Characteristics

Designated Facility Capacity:	1,113
Current Population of Facility:	1,103 (PAQ) and --- (Day 1 of on-site audit)
Average daily population for the past 12 months:	1,103
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	FCI 21-83 / SCP 22-81
Average length of stay or time under supervision:	FCI 870.3 days / SCP 369.9 days
Facility security levels/inmate custody levels:	Medium / Minimum ; In / Community / Out
Number of inmates admitted to facility during the past 12 months:	931
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	899
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	831
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ 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
Number of staff currently employed by the facility who may have contact with inmates:	307
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	3
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	6
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	13
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	48
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	7
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	2

Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	50
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)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ 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

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators

	☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe:) ☒ N/A

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: **2**

List of Standards Exceeded: **115.41; 115.42**

Standards Met

Number of Standards Met: **43**

Standards Not Met

Number of Standards Not Met: **0**

List of Standards Not Met: **N/A**

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	05-05-2026
2. End date of the onsite portion of the audit:	05-07-2026
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Just Detention International; The Rape, Abuse & Incest National Network; and the National Sexual Violence Resource Center; Gulf Coast Sexual Assault Program
Audited Facility Information	
4. Designated Facility Capacity:	1113
5. Average daily population for the past 12 months:	1103
6. Number of inmate/resident/detainee 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 residents 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.	7
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No

	☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1061
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	35
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	18
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	2
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	19
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	22
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	N/A
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	27
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	71
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0

21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	LGB inmates are not tracked since they are not required to disclose this information. Inmates are also not placed in special housing for reporting sexual abuse or sexual harassment. The facility does not house youthful inmates.
Staff, Volunteers, and Contractors *Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees*	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	316
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	13
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A
Interviews	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	**16**
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment

	☐ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	**The auditor selected inmates from each housing unit. The auditor was cognizant of selecting inmates from different races, ages, and ethnicity to ensure a varied response from those interviewed.**
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	**N/A**

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	**N/A**
Targeted Inmate/Resident/Detainee Interviews	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	24
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This facility does not house youthful inmates.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	N/A
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were several inmates at the facility who were Spanish speaking, but also knew and understood English. The inmate selected to be interviewed was not cooperative, however, he did understand English.
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	While not tracked by the facility, three inmates self-reported as Gay or Bisexual and were interviewed using the LGB protocol.
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	N/A per Executive Order 14168
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	**Per Executive Order 14168, auditors have been directed to immediately pause from making compliance determinations regarding standards pertaining to transgender inmates. One Inmate who was selected for a random interview self-identified as transgender.**
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	14
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	N/A

44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not house inmates in special housing for this reason.
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (describe) ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.

	☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	N/A
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A
Specialized Staff, Volunteers, and Contractor Interviews *Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff Member and that interview would satisfy multiple specialized staff interview requirements.*	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
51. Were you able to interview the Agency Head?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches

	☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff Member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☒ Other (describe): Counselor, Unit Manager, Case Manager, HR, Health Services Administrator, Chief Psychologist, SIS investigator, Business Administrator, CNAs.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
a. Enter the total number of VOLUNTEERS who were interviewed:	
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	**2**
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	There were no volunteers at the facility during the dates of the on-site audit.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	☒ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	**N/A**
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	**N/A**
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	**N/A**
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor was able to observe the intake process, risk screening process, testing of inmate phones and review of the inmate email system, PREA inmate education and the electronic surveillance system. The auditor was also able to observe the shower and restrooms for line of sight. PREA signage with reporting information was posted throughout the

	facility in housing units, visitation areas as well as work areas and medical and mental health areas.

Documentation Sampling	
Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.	
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	N/A

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.
Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	14	**0**	**14**	**0**
Staff-on-inmate sexual abuse	**13**	**0**	**13**	**0**
Total	**27**	**0**	**27**	**0**

a. If you were unable to provide any of the information above, explain why this information could not be provided.	**N/A**

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	**7**	**0**	**7**	**0**
Staff-on-inmate sexual harassment	3	**0**	**3**	**0**
Total	**10**	**0**	**10**	**0**

a. If you were unable to provide any of the information above, explain why this information could not be provided.	**N/A**

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	**0**	**0**	**0**	**0**	**0**
Staff-on-inmate sexual abuse	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**

a. If you were unable to provide any of the information above, explain why this information could not be provided.	**N/A**

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	**2**	**0**	**9**	**3**
Staff-on-inmate sexual abuse	**4**	**0**	**9**	**0**
Total	**6**	**0**	**18**	**3**

a. If you were unable to provide any of the information above, explain why this information could not be provided.	**N/A**

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	**0**	**0**	**0**	**0**	**0**
Staff-on-inmate sexual harassment	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**

a. If you were unable to provide any of the information above, explain why this information could not be provided.	**N/A**

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	**0**	**1**	4	**2**
Staff-on-inmate sexual harassment	**2**	**0**	**1**	**0**
Total	**2**	**1**	**5**	**2**

a. If you were unable to provide any of the information above, explain why this information could not be provided.	**N/A**

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	**7**
a. If 0, explain why you were unable to review any sexual abuse investigation files:	**N/A**
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	**4**
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No

	☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	**3**
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	**5**
a. If 0, explain why you were unable to review any sexual harassment investigation files:	**N/A**
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	**5**
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	**N/A**

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.	
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	**N/A**
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	**N/A**
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
2. Institution Supplement MNA 5324.12H, Sexually Abusive Behavior Prevention and Intervention Program
3. Federal Bureau of Prisons Organizational Chart

Interviews:
1. PREA Coordinator
2. PREA Compliance Manager

Findings (by provision):

115.11 (a): The agency has a comprehensive PREA policy: PS 5324.12, *Sexually Abusive Behavior Prevention and Intervention Program.* Institution Supplement MNA 5324.12H, further supplements the agency's policy. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 1 of PS 5324.12. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address preventing sexual abuse and sexual harassment through the designation of a PREA Coordinator (PC); criminal history background checks for staff, contractors and volunteers; training for staff, contractors and volunteers; staffing levels, intake/risk screening for inmates, inmate education and posting of PREA information. The policies address detecting sexual abuse and sexual harassment through training (staff, volunteers and contractors), and intake / risk screening of inmates. The policies address responding to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position with agency-wide oversight. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 120 PREA Compliance Managers (ICPMs). The PC was interviewed during the Agency Audit and stated that she has sufficient time and authority in her position to accomplish PREA responsibilities for the agency.

115.11 (c): The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PREA Compliance Manager (PCM) has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Associate Warden is

responsible for PREA compliance and that he reports directly to the Warden. The interview with the PREA Compliance Manager indicated that she has sufficient time to coordinate the facility's PREA compliance.

Based on the review of the PAQ and related documents, it is evident that the agency has a PREA policy. The agency has designated an upper-level PC as verified through the organizational chart and each institution / facility has a PREA Compliance Manager which is also evidenced in the organizational chart. PREA implementation is determined to comply with the standard. The preparation for the audit and overall incorporation of institutionalized PREA standards demonstrate that the PC and the PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and the facility.

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*)

Documents:
1. Program Statement 5324.12, Sexually Abusive Behavior Prevention & Intervention Program
2. BOP Program Review Division, Assistant Director Memorandum

Interviews:
1. none

Findings (by provision):

115.12 (a): The agency provided a memorandum from the BOP Assistant Director. The memo states, in summary, that the Agency, pursuant to the President's Executive Order, no longer engages in contracting with private facilities for incarcerated individual confinement. The memo also states that there are no plans to engage in contracts to house incarcerated individuals in the near future. Pursuant to the memo, the auditor was not provided further information from the Bureau's Contract Administrator. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.12 (b): Pursuant to the memo, the auditor was not provided further information from the Bureau's Contract Administrator.

Based on this analysis, the auditor finds the institution in compliance with this provision.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Institution Supplement MNA-5324.12H, Sexually Abusive Behavior Prevention and Intervention Program

4. Staffing Report
5. Memorandum for Facility Quarterly Report
6. PREA Annual Assurance Audit
7. Memorandum for Salary/Work Force Utilization Committee
8. Memorandum for Management Control and Program Review Annual Assurance Statement
9. Documentation of Unannounced Rounds
10. Memorandum for Annual Assurance Audit
11. Memorandum for Supervision and Monitoring

Interviews:
1. Warden
2. PREA Compliance Manager
3. PREA Coordinator
4. Intermediate-Level or Higher-Level Facility Staff Site Review

Observations:
1. Staffing Levels
2. Video Monitoring Technology
3. Security Convex Mirrors

Findings (By Provision):

115.13 (a): In the PAQ, the agency provided PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program. This policy states that the Human Resource Management Division and Administration Division must consider PREA factors and safety, in general, when allocating overall staffing resources. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable state or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors.

The PAQ indicated that the current staffing is based on the average daily number of inmates since the last PREA audit, which is 1129. As of the first day of the on-site audit, the inmate population was 1061. The facility employs 307 staff. Staff mainly make up three eight-hour shifts. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan which provides adequate staffing levels and that they reference with the plan on a regular basis. The PCM indicated that each BOP facility receives a quarterly report which lists a summary of all program review deficiencies.

These reports have been reviewed to determine if there are any necessary changes to policies procedure and practices. The PCM also indicated that they review the National PREA Coordinator reports to monitor any trends and make appropriate modifications. The PCM indicated that the plan is reviewed quarterly and also during any monthly program reviews. The Warden indicated that the facility reviews the plan and the facility to eliminate any blind spots, to place staff in high traffic areas and areas that have special populations. The Warden indicated that staff review the population to include aggressors and victims and determine any areas of weakness at the facility for these individuals. The Warden also indicated that posts are not authorized to be unmanned, and overtime or mandatory overtime would be utilized, if necessary.

115.13 (b): The facility indicated in the PAQ that no deviations from the staffing plan had occurred during the previous twelve months. The Warden provided the auditor with a memorandum of non-occurrence certifying that the facility has not deviated from the staffing plan. The interview with the Warden indicated that deviations would not occur as policy does not allow for correctional service posts to be unmanned. He indicated that they pay overtime or mandatory overtime. He also indicated they could augment with non-custody staff, if needed.

115.13 (c): The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A memo was provided by the Associate Warden (PCM) which specified that the staffing plan provides adequate staffing resources to protect inmates from sexual abuse. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She indicated that the Human Resource Management Division and the Administration Division allocate overall staffing resources.

115.13 (d): PS 5324.12 indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. Additionally, the Institutional Supplement indicates that unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week.

A review of the PAQ supplemental documentation indicated that unannounced rounds are being conducted weekly by the IDO in all locations at the facility as well as by the Shift Lieutenant(s). Additionally, PS 5324.12 prohibits staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.

A review of documentation of unannounced rounds in each housing unit for the Shift Lieutenant indicated that rounds were conducted at least once on each shift in each of the housing units.

During the interviews, supervisory staff indicated that they deviate their times and vary locations from unit to unit instead of in a consistent pattern in order to prevent staff from alerting other staff that rounds are occurring.

Based on a review of the Pre-Audit Questionnaire (PAQ), PS 5324.12, MNA-5324.12H, the staffing plan, memorandums, annual reviews, documentation of unannounced rounds, observations made during the site review and interviews with supervisory staff, the Warden, the PC, and the PCM, the standard is determined to be compliant.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire (PAQ)

Interviews:
1. Warden
2. PREA Compliance Manager (PCM)

Site Review Observations:
1. Observations in the Housing Units of Inmates' Age – None under the age of 18

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at this facility. A review of the daily populations report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. This provision is, therefore, not applicable to this facility.

115.14 (b): The PAQ indicated that no youthful inmates are housed at this facility. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. This provision is, therefore, not applicable to this facility.

115.14 (c): The PAQ indicated that no youthful inmates are housed at this facility. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the site review, it was

observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. This provision is, therefore, not applicable to this facility.

Based on a review of the Pre-Audit Questionnaire (PAQ), the daily population reports, observations made during the site review and information from the interviews with the Warden and PCM, this standard is found to be not applicable for this facility, and is, therefore, compliant.

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 **N/A**

Note: per Executive Order 14168, portions of provision (a) related to communications with transgender inmates are not included in this compliance determination.

- 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 **N/A**

Note: per Executive Order 14168, portions of provision (a) related to communications with transgender inmates are not included in this compliance determination.

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 **N/A**

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 **N/A**

Note: per Executive Order 14168, portions of provision (a) related to communications with transgender inmates are not included in this compliance determination.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Memorandum For PREA Audit File
3. Escort and Search Procedures Annual Training Curriculum
4. Staff Training Records
5. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
6. MNA-5324.12H, Institutional Supplement, Sexually Abusive Behavior Prevention and Intervention Program
7. PS 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas

Interviews:
1. Random Staff
2. Random Inmates
3. Transgender Inmates – self identified – per E.O. 14168, N/A for compliance determination

Site Review Observations:
1. Individual Showers in Housing Units with Visibility Barriers

Findings (By Provision):

115.15 (a): PS 5521.06 discusses visual searches and body cavity searches. This policy indicates that visual searches are to be conducted by staff of the same gender as the inmate, except where circumstances indicate that such a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. This policy also indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. PS 5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat search female inmates, unless exigent circumstances exist. This institution houses female inmates at the SCP (Satellite Prison Camp).

115.15 (c): PS 5521.06 discusses visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same gender as the inmate, except where circumstances indicate that such a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate's central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate's central file. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months.

115.15 (d): PS 5324.12 specifies policies and procedures which 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.

Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom, and changing clothes. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit and an announcement is routinely made over the loudspeaker.

During the site review, the auditor heard the opposite gender announcement being made. The auditor observed that all housing units had individual showers with a curtain which allowed coverage of inmates from the shoulders to the knees. Toilets in these housing units are not in full view of staff.

115.15 (e): In accordance with Executive Order 14168, portions of provision (e) related to communications with transgender inmates are not included in this compliance determination.

115.15 (f): In accordance with Executive Order 14168, portions of provision (f) related to communications with transgender inmates are not included in this compliance determination.

Based on a review of the PAQ, PS 5521.06, PS 5324.12, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a random sample of staff training records, observations made during the site review of housing units to

include bathrooms with individual showers with privacy curtains, the opposite gender announcement as well as information from interviews with random staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)

2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institutional Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. LanguageLine Solutions Contract
5. LanguageLine Solutions Quick Reference Guide
6. PREA Posters
7. Inmate Admission and Orientation Handbook (English and Spanish)
8. Training Schedule / Lesson Plan / PowerPoint
9. Memorandum from Warden – Inmates with Disabilities and Inmates Who Are Limited English Proficient

Interviews:
1. Agency Head Designee
2. Limited English Proficient (LEP) Inmates
3. Random Staff

Site Review Observations:
1. PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): PS 5324.12, page 19 and MNA-5324.12H, establishes guidelines to providing disabled inmates an equal opportunity to benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed.

A review of PREA signage, PREA directives and inmate informational materials confirmed that information is provided in a manner which is in large font, bright colors and has accompanying pictures to the word directives.

The interview with the Agency Head Designee indicated that inmates receive PREA information in a format that they can understand. The Warden Memo states that the facility presents PREA related information both verbally and in writing to all inmates. Additionally, the institution has a contract with LanguageLine interpreters. The facility also utilizes Video Relay System conferencing, telephone access, and electronic messaging access to provide 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.

During the on-site visit, the auditor was able to interview inmates with hearing and vision impairments. These inmates indicated that they received PREA information and they

understood the information. During the site review, the PREA signage was observed to be in large text and in bright colors as well as in English and Spanish.

115.16 (b): PS 5324.12, page 20 and MNA-5324.12H, establishes the procedure to ensure meaningful access to all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The PCM is responsible for reaching out to available interpretation services to ensure the facility is provides effective communication accommodations.

The facility has several staff who are bilingual and assist in translation, when needed. The agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call which will translate information between the staff Member and LEP inmate.

A review of PREA signage, the inmate handbook, PREA directives and inmate educational information, confirmed that information is available in both English and Spanish.

Interviews with the Agency Head Designee and an inmate who was LEP indicated that inmates received PREA information in a format that they can understand. The LEP inmate interviewed was uncooperative and refused to be interviewed, however, he spoke sufficient English to enable communication with the auditor to state that he knew about PREA and did not want to be interviewed.

A review of a sample of files for LEP inmates indicated that they received PREA information and they understood the information.

During the site review, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): PS 5324.12, page 20 and MNA-5324.12H, page 4, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance.

Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, the LanguageLine Solutions contract, a review of PREA signage and information, the inmate handbook, the Memorandum from the Warden, observations made during the site review to include

PREA signage as well as interviews with the Agency Head Designee, random staff, and an LEP inmate, this standard is determined to be compliant.

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*)

Documents:
1. BOP Agency PREA Audit
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
1. Human Resource Staff

Findings (By Provision):

115.17 (a): PS 5324.12 states that the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who: have 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.

115.17 (b): PS 5324.12 states that the agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with inmates.

115.17 (c): PS 5324.12 states that before hiring new employees who may have contact with inmates, the agency shall perform a criminal background record check and 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. The PAQ indicated that all of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted.

A review of personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted, and any future arrest is automatically reported to the agency through the National Background Investigations Bureau.

Human Resource staff indicated that all staff are required to have a criminal background check before they are hired, institutional checks, neighborhood checks and numerous other checks are part of the background investigation process.

115.17 (d): PS 5324.12 states the agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been 6 contracts at the facility within the past twelve months.

A review of current contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to enlisting their services.

115.17 (e): PS 5324.12 states the agency shall 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. The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted, and all subsequent FBI criminal arrest information is forwarded back to the agency. Additionally, Security and Background Investigation Section (SBIS) track the timeline of background investigations for the Bureau. Mass emails are sent to each staff Member as well as the Human Resource staff at the facility where the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background check is completed on time.

The interview with the Human Resource staff confirmed that all staff and contractors have a criminal background check completed every five years.

115.17 (f): PS 5324.12 states the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct 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 PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs application indicated that the three questions are required to be answered electronically for all applicants.

A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and were required to answer the eligibility questions. All staff had a background check completed which included their criminal history, credit history and other record inquiries. Additionally, the interview with Human Resource staff confirmed that these questions are contained in the eligibility questions section on the USAJobs Application, which is required for all applicants.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The Questionnaire for Public Trust Positions indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison.

Human Resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): The agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. All requests would be forwarded to the Office of Internal Affairs, and this office will respond to all requests. Human Resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, the Agency PREA Audit, PS 5324.12, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. BOP Agency PREA Audit Report

Interviews:
1. Agency Head Designee
2. Warden

Site Review Observations:
1. Absence of Modification to the Physical Plant
2. Video Monitoring Technology

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility since the last PREA audit.

The interview with the Agency Head Designee and the Warden confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modifications or upgrades may enhance the ability to protect inmates against sexual abuse.

During the site review of the facility, the auditor did not observe any modifications or expansions.

115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the current audit period. The PAQ as well as the interview with the Warden confirmed there have been no upgrades or installation of video monitoring technology.

The interview with the Agency Head Designee and the Warden confirmed that new facility designs, modifications and technology upgrades would be reviewed to determine how these modifications or upgrades may enhance the ability to protect inmates against sexual abuse.

Based on the information in the PAQ and the BOP Agency PREA Audit report, interviews with the Agency Head Designee and Warden and observations of the physical plant during the onsite review, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, p. 22-23
3. Memorandum from the Associate Warden regarding Forensic Medical Exams
4. Memorandum from the Associate Warden regarding Evidence Protocol and Forensic Medical Exams
5. Qualified Staff Advocacy Training Documents
6. Staff Professional Licensing – Psychologist

7. MNA-5324.12H, Institutional Supplement, Sexually Abusive Behavior Prevention and Intervention Program
8. Allegation of Sexually Abusive Behavior PREA Checklist
9. Inmate Admission and Orientation Handbook – English and Spanish
10. Memorandum from Regional Director to Warden regarding Gratuitous Services Agreement (GSA) between the Federal Correctional Institution in Marrianna FL (FCI Marianna) and the Gulf Coast Sexual Assault Program.
11. Memorandum from Regional Counsel to Regional Director – Review of GSA with Gulf Coast Sexual Assault Program
12. Gratuitous Agreement (GSA) with Gulf Coast Sexual Assault Program

Interviews:

1. Random Staff
2. SAFE/SANE staff – none at this facility
3. PREA Compliance Manager
4. Random Inmates
5. Random Staff
6. Mental Health Staff

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with random staff indicated that they are aware of evidence protocol and that they were responsible for preserving evidence.

Interviews with staff indicated that they were knowledgeable regarding the steps to properly secure potential crime scenes and protect evidence from both the victim and suspect until the evidence can be properly collected.

The Allegation of Sexually Abusive Behavior PREA Checklist was provided to the auditor which specifies each step to be taken and by a specified staff member at each stage of the incident and investigation.

115.21 (b): The PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013”.

115.21 (c): PS 5324.12 indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. Institutional Supplement MNA 5324.12H, p. 5, states “If Health Services staff

indicate inmate victim requires more medical treatment than can be provided by institutional medical staff, or require the collection of evidence from this person, the victim shall be transported to Panhandle Forensic Nurse Specialist Inc. in Marianna, FL, whose facility is equipped to evaluate, treat and collect evidence from victims via sexually abusive behavior evidence collection kits (i.e., “rape kits”) performed by Sexual Assault Forensic Examiners (SAFE) / Sexual Assault Nurse Examiners (SANE).”

Interviews with medical staff while on-site indicated that in the event that a forensic exam is needed, medical staff will contact the local hospital to determine if a SANE is available before transporting the inmate.

The Inmate Admission and Orientation Handbook, p. 14, specifies that inmates will not be charged a fee for emergency services.

The PAQ indicated that during the previous twelve months, there have been no forensic exams conducted.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available, a qualified staff member from a community-based organization or a qualified agency staff member.

The facility provided memorandums from the Regional Director and Warden regarding the review and approval of the Gratuitous Agreement (GSA) with the Gulf Coast Sexual Assault Program to provide forensic sexual assault examinations as well as crisis counseling for incarcerated victims at the facility.

Documentation was provided of the training completion for staff Victim Advocates.

Interviews with random staff and an inmate who had reported sexual harassment/abuse indicated that a trained staff advocate would be contacted and provided in the event of a sexual abuse. The inmates have access to the victim advocacy information which is provided by psychology staff and is included in the inmate handbook and information pamphlet.

115.21 (e): The PAQ indicates that, as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. The facility Memo stated that there were no instances of a referral to a Sexual Assault Nurse Examiner (SANE) for a Sexual Assault Forensic Examination (SAFE) during the previous 12 month. The facility utilizes psychology staff to provide victim support services during the forensic medical exam and during investigatory interviews.

Random interviews with inmates and staff interviews indicated that an advocate would be contacted and provided in the event of sexual abuse. The inmates have access to victim advocacy information as it is included in the inmate handbook and the pamphlet.

115.21 (f): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. The FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

A Memorandum was provided from the Associate Warden which states that the facility works cooperatively with the FBI on inmate-on-inmate sexual assault investigations. The facility routinely conducts investigations as outlined in the Sexually Abusive Behavior Prevention and Intervention Program Statement (PS 5324.12). Staff-on-inmate sexual abuse allegations are routinely referred to the Office of Internal Affairs and/or the Office of the Inspector General in accordance with national policy.

115.21 (g): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. The FBI complies with all investigatory requirements under PREA standards 115.21, 115.34, and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (h): The qualified agency staff Member is one of the psychologists at the facility. The staff have received training titled: Forensic Medical Exams: An Overview for Victim Advocates. Documentation on training and professional licensing was provided to the auditor.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, the Memorandums from the Warden and Regional Director, the Memorandums from the Associate Warden, the Gratuitous Agreement with the Gulf Coast Sexual Assault Program, licensing and training documentation for psychologists, the A & O Handbook and information from interviews with the PREA Compliance Manager, inmates and staff, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire (PAQ)

2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Investigative Reports

Interviews:

1. Agency Head Designee
2. Investigative Staff

Findings (By Provision):

115.22 (a): PS 5324.12 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the agency. The FBI is responsible for conducting criminal investigations related to any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation.

The facility provided information that they had received twenty-seven (27) allegations of sexual abuse and sexual harassment in the previous 12 months. All of these investigations were administrative investigations, and none were referred for criminal investigation.

The interview with the Agency Head Designee indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

115.22 (b): PS 5324.12 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

A review of the BOP website describes the FBI's authority to conduct criminal investigations is available at: https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

The interview with the investigator indicated that the facility has the legal authority to conduct administrative investigations and that criminal investigations are referred to the FBI.

115.22 (c): PS 5324.12 outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. A review of the BOP website indicated that P5508.02 describes the FBI's authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, PS 5324.12, the agency's website and information obtained via interviews with the Agency Head Designee and the investigators, this standard is determined to be compliant.

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 N/A

  Note: per Executive Order 14168, portions of provision (a) related to communications with transgender inmates are not included in this compliance determination.

- 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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institutional Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. Sexually Abusive Behavior Prevention and Intervention Program Training Curriculum and Schedule
5. Staff Training Records (Acknowledgement Form)

Interviews:
1. Random Staff

Findings (By Provision):

115.31 (a): PS 5324.12, pages 24-25, as well as MNA-5324.12H, indicates that all staff will receive the Sexually Abusive Behavior Prevention and Intervention program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention program training curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with lesbian, gay and bisexual inmates and how to comply with relevant laws related to mandatory reporting.

Per Executive Order 14168, portions of this standard related to transgender inmates are not included in the compliance determination.

A review of a sample of staff training records indicated that 100% of those reviewed had received PREA training. Interviews with random staff confirmed that they had received PREA training during annual training and that they received information through supplemental training. Staff confirmed all required topics were covered in the training.

115.31 (b): PS 3524.12, indicates that the annual refresher training takes into consideration the gender of the inmate population at the facility. The PAQ indicated that training is tailored to the gender of inmate population at the facility and that employees who are reassigned to facilities with opposite gender inmates are given additional training. A review of the training curriculum confirmed that the annual training includes information on male and female inmates.

115.31 (c): PS 5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all of the staff records reviewed had received PREA training and that those hired prior to the previous twelve months had received annual refresher training. The PAQ indicates that in years in which an employee does not receive refresher training, the training is provided through recalls, conference calls, department head meetings and emails.

115.31 (d): The PAQ as well as PS 5324.12 indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that staff are required to sign a training acknowledgement upon completion of training which states, “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures.” A review of a sample of staff training records in the PAQ as well as randomly selected training records during the onsite phase of the audit indicated completion of the PREA training on an annual basis and that staff have signed the acknowledgement form.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of a sample of staff training records as well as interviews with random staff, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire (PAQ)
2. Volunteer / Contractor Orientation Training Agenda
3. Volunteer / Contractor / Contractor Training Signed Acknowledgement Forms
4. Volunteer / Contractor Training Lesson Plan

Interviews:

1. Volunteers – none at the facility during the dates of the on-site audit
2. Contractors

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required by the agency to receive PREA Training for Level 1 Volunteers.

The PAQ indicated that 24 contractors and volunteers have been trained. A review of a sample of training documents for contractors and volunteers indicated that they had received PREA training. Additionally, the interviews conducted with contractors confirmed that they receive PREA training each year and that they were aware of the zero-tolerance policy and knew to immediately report any information regarding a PREA incident to a staff Member. There were no volunteers onsite during the onsite portion of the audit and they could not be interviewed.

115.32 (b): The information provided by the facility indicates that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates. Additionally, the volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Volunteers and contractors are required to receive PREA Training for Level 1 Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants.

A review of a sample of training documents for contractors indicated that they had received PREA training.

115.32 (c): A review of a sample of training documents for contractors and volunteers indicated that all of those reviewed had signed the acknowledgement of training form. The bottom of this form has a section which reads "I am aware and understand the Federal Bureau of Prisons zero-tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment."

Based on a review of the PREA Training for volunteers and contractors, a review of a sample of contractor and volunteer training records as well as the interviews with contractors, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. Bureau's Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention (English and Spanish)
5. Sexually Abusive Behavior Prevention and Intervention - an Overview for Offenders, July 2018, English and Spanish
6. Inmate Training Records with signatures
7. PREA Informational Signage (English and Spanish)

Interviews:
1. Intake Staff
2. Random Inmates

Site Review Observations:
1. Intake Area
2. PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): PS 5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention.

The PAQ indicated that 931 inmates received information at the time of intake during the past twelve months on the zero-tolerance policy and how to report. A review of inmate records indicates that they had received PREA information at intake.

During the site review, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided with the inmate handbook and were also asked the risk screening questions during this time.

The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the A&O handbook. Inmates that were interviewed indicated that they received information the agency's sexual abuse and sexual harassment policies.

115.33 (b): PS 5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O program, a designated staff Member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers.

The PAQ indicated that 931 inmates received comprehensive PREA education within 30 days of intake. A review of inmate records indicated that the majority had received comprehensive PREA education within 30 days of inmate's arrival at the facility. All of the documentation reviewed indicated that comprehensive PREA education was provided.

Interviews with inmates indicated that they received information on the agency's sexual abuse and sexual harassment policies. An interview with intake staff indicated that inmates receive comprehensive training regarding PREA through a video presentation which is coupled with staff instruction. Inmates sign a form acknowledging they have received PREA education. Documentation of these forms was provided to the auditor.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, PS 5324.12, page 27, indicates that the agency requires that all

inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. The interview with the intake staff indicated that all inmates who arrive at the facility go through R&D, receive the handbook and then go through A&O orientation.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and Limited English Proficient (LEP) inmates. Information is presented to inmates both verbally and in writing.

MNA-5324.12H, p. 2 states that the handout entitled “Sexually Abusive Behavior Prevention and Intervention, an Overview for Offenders” will be provided to inmates at intake screening and they shall receive comprehensive education on their rights to be free from sexual abuse and sexual harassment and A&O. The facility otherwise accommodates these disabilities and verbally relays information to the inmate population.

The facility has staff who are fluent in Spanish to provide accommodations for inmates who are LEP. Additionally, the agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call which will translate information between the staff Member and the LEP inmate. The A&O pamphlet as well as the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish.

An interview with the Warden indicated that information is provided to deaf and hard of hearing inmates and that information is verbally provided to inmates with cognitive disabilities and literacy issues. PREA education is given to inmates through video and written material in both English and Spanish. Information is posted throughout the facility which is also in English and Spanish. The inmate selected for interview refused to participate, but stated that he knew about PREA understood. A review of LEP inmate files indicated that all received PREA information in a format they could understand.

115.33 (e): Inmate PREA education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of inmate files indicates that they were documented to have received PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the orientation handbook, the A&O pamphlet and through PREA signage. During the site review, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, the A&O pamphlet, the orientation handbook, a review of inmate records, observations made during the site to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and an LEP inmate, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program,
3. National Institute of Corrections (NIC): Investigating Sexual Abuse in a Confinement Setting – Course Completions
4. Investigator Training Records
5. Memorandum from Associate Warden regarding Specialized Training: Investigations

Interviews:
1. Investigative Staff

Findings (By Provision):

115.34 (a): PS 5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training for the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the facility investigators' training records indicated that they had completed the training. The interview with two investigators indicated they received specialized training, and both completed the NIC training annually.

115.34 (b): PS 5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: 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 criminal prosecution. A review of the facility investigators' training records indicated that they had completed the training.

Additionally, a review of training records revealed that additional facility staff have completed the NIC training. Interviews with the facility investigators indicated they received specialized training, and they complete the NIC training annually.

115.34 (c): The PAQ indicated that the facility investigative staff have received specialized training in conducting sexual abuse investigations. A review of the facility investigators' training records indicated that the investigators had completed the specialized training. The interviews with the facility investigators indicated they received specialized training online through NIC and that it is documented.

115.34 (d): All criminal sexual abuse allegations are referred to the OIG or FBI for investigation and possible criminal prosecution. When a referral is declined or the allegation does not contain a criminal element, the investigation is conducted by Bureau of Prisons investigators.

Based on a review of the PAQ, PS 5324.12, the NIC training curriculum, a review of investigator training records as well as interviews with investigative staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)

2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. PREA Medical and Mental Health Care: A Trauma Informed Approach
4. Medical and Mental Health Staff Training Records

Interviews:
1. Medical and Mental Health Staff

Observations:
1. Observations during the on-site review of the physical plant

Findings (By Provision):
115.35 (a): PS 5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ indicated that 100% of the facility medical and mental health staff received specialized training. A review of medical and mental health training records indicated that those sampled had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training.

115.35 (b): The facility indicated that inmates are transported to a local hospital for forensic examinations and that exams are performed by a SANE or a doctor. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): Documentation showing the completion of training is maintained by the agency. A review of training documents for medical and mental health care staff confirms that the completed training is documented via a training certificate.

115.35 (d): Medical and mental health care staff are considered correctional workers. A review of medical and mental health staff Members' training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention training.

Based on a review of the PAQ, PS 5324.12, the training curriculums, a review of the medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard is compliant.

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

  N/A

  Note: per Executive Order 14168, portions of provision (d) related to transgender inmates are not included in this compliance determination.

- 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 refer ☒ 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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, p. 29-32 and Change Notice (CN-1)
3. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. PREA Intake Objective Screening Instrument (Attachment C, MNA 5324.12H)
5. Memorandum from the Associate Warden regarding the Use of Screening Information
6. Psychology Services Inmate Questionnaire
7. Psychology Services Risk of Sexual Victimization and Risk of Sexual Abusiveness
8. Inmate Assessment and Re-Assessment Documents (Individualized Needs Plan – Initial Classification)
9. Inmate Intake Screening Forms
10. Inmate Activity Record Forms (BP-A0381)

Interviews:
1. Staff Responsible for Risk Screening
2. Random Inmates
3. PREA Coordinator
4. PREA Compliance Manager

Site Review Observations:
1. Risk Screening Area
2. Locations of Inmate File Storage

Findings (By Provision):
115.41(a): PS 5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. PS 5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. This is also specified in MNA-5324.12H, pp. 7-8.

Upon arrival at this facility, all inmates are screened by Unit Team staff for risk of victimization and abusiveness using the objective screening instrument. All inmates are also screened for victimization and abusiveness by clinical psychologists during the Psychology Intake Screening. Additionally, inmates are reassessed by Unit Team staff during the Initial Team meeting and by Psychologists at any time warranted through discovery of additional relevant information.

During the site review, the auditor observed the inmate area. The risk screening is conducted in private offices in intake. Interviews with random inmates confirm that they

were asked questions either the same day or the next day after their arrival at the facility. The interview with the staff responsible for risk screening indicated that inmates are screened using the screening instrument.

115.41 (b): PS 5324.12, page 39, indicates that all inmates will be assessed within 72 hours of arrival at the facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ indicated that inmates are screened within this timeframe and that 100% inmates were screened within 72 hours over the previous twelve months. A review of a sample of inmate records confirmed that they were all screened within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked “yes” or “no” questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate’s history (which can be found in the inmate’s institutional file). A Memo provided by the Warden stated that during the social intake process, the interviewer reviews the PSI and the Inmate Central File for documentation indicating the inmate has a history of sexually aggressive behavior or has recently been the victim of sexual assault. Staff ask questions from the PREA Intake Objective Screening Instrument. Staff annotate any specific information in the comment section applicable to victimization or abusiveness. The Intake Screening Form is then forwarded to Psychology Services for appropriate follow-up and/or assessment. Mental Health staff maintain secondary materials documenting inmates who were determined at risk of sexual victimization, or at risk of sexually abusing other inmates and ensures they were offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening referral. Within 28 days of arrival, unit team will conduct an inmates’ initial program review (team). The inmate’s reassessment for risks of sexual abusiveness or sexual victimization is conducted at this time. The inmate’s risk level is reassessed when warranted due to a referral, request, incident or sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

115.41 (d): A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, or bisexual, and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate’s own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. Interviews with staff

who perform the risk screening indicated that the required components are included and that the majority of the questions are yes or no format, with a few that are open-ended.

Pursuant to Executive Order 14168, portions of this standard related to transgender inmates are not included in this compliance determination.

115.41 (e): A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes or no format, with a few that are open-ended.

115.41 (f): PS 5324.12, page 32 indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff.

The PAQ indicated that the facility requires inmates to be reassessed within 30 days of their arrival and that in the previous 12 months, 100% of the inmates were reassessed for risk of sexual victimization or risk of sexually abusing other inmates within 30 days of their arrival at the facility. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. An interview was conducted with a unit manager who explained the process and stated that inmates are reassessed every six months and are reviewed for housing, program, and work opportunities. Interviews with random inmates indicated that some did not remember a reassessment. A review of a sample of inmate files, however indicated that inmates were reassessed within the 30-day timeframe.

115.41 (g): PS 5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. Interviews with staff indicated that any inmate who alleged sexual abuse would be administered a reassessment during their mental health evaluation. The necessary information would then be passed on to unit management staff to review. Interviews with staff responsible for risk screening indicated that inmates are also reassessed when warranted. The interviews with random inmates indicated that some did not remember the risk assessment being conducted after the initial time. A review of a sample of inmate files indicated that inmates were reassessed when warranted.

115.41 (h): PS 5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the

inmate has a mental, physical or developmental disability' whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability.

The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): PS 5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Specifically, the policy states that information is disseminated on a need-to-know basis for staff. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained during the risk screening is limited to staff who have a need to know. This would include the Unit Team and those individuals who determine housing and work assignments.

Based on a review of the PAQ, PS 5324.12, MNA 5324.12H, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo from the Associate Warden, a review of inmate files, completed intake forms and information from the interview with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, this standard is determined to be compliant and is rated as exceeds.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from

those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

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

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

115.42 (b)

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

115.42 (c)

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

  Note: per Executive Order 14168, portions of provision (c) related to transgender inmates are not included in this compliance determination.

- 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 N/A

  Note: per Executive Order 14168, portions of provision (c) related to transgender inmates are not included in this compliance determination.

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 N/A

  Note: per Executive Order 14168, portions of provision (d) related to transgender inmates are not included in this compliance determination.

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 N/A
  Note: per Executive Order 14168, portions of provision (e) related to transgender inmates are not included in this compliance determination.

115.42 (f)

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

  Note: per Executive Order 14168, portions of provision (f) related to transgender inmates are not included in this compliance determination.

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

  Note: per Executive Order 14168, portions of provision (g) related transgender inmates are not included in this compliance determination.

- 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
  Note: per Executive Order 14168, portions of provision (g) related to communications with transgender inmates are not included in this compliance determination.

- 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

Note: per Executive Order 14168, portions of provision (g) related to transgender inmates are not included in this compliance determination.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. Inmate Activity Records

Interviews:
1. Staff Responsible for Risk Screening
2. PREA Coordinator
3. PREA Compliance Manager
4. Random Inmates, and Gay/Bisexual Inmates

Site Review Observations:
1. Location of Inmate Records
2. Housing Assignments of Inmates
3. Shower Area in Housing Units

Findings (By Provision):
115.42 (a): PS 5324.12, page 33 and MNA-5324.12H indicate that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexually abused from those at high risk of being sexually abusive. Specifically, the

policies indicate that Psychology Services maintain a “PREA at Risk” list which is utilized to make decisions and enhance monitoring of those inmates at an increased risk. Policy indicates that the list is utilized to make housing, work and program decisions for these inmates. The interview with the PCM indicated that information is given to Psychology Services and if they have any concerns, a decision would be made regarding the need for more appropriate housing. The Unit Manager reviews the list of inmates to ensure inmates are housed appropriately.

The Associate Warden stated that the facility holds a weekly SHU / PREA meeting. Staff conduct these meetings to discuss documentation of use of screening information to inform housing, bed, work, education, program assignments and transgender population with the goal of keeping separate those inmates with a high risk of being sexually victimized from those at high risk of being sexually abusive.

The interviews with the staff responsible for the risk screening indicated that these lists of inmates are reviewed and a list is updated weekly which is used to determine housing, work and program assignments. The staff members indicated they would also check periodically to ensure that the recommendations for housing, program and work assignments are being followed. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive are not housed together. Additionally, they do not work together or attend education or other programs together, to the extent possible.

115.42 (b): PS 5324.12 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicated that the Unit Manager will review the lists of inmates to ensure that inmates are housed appropriately.

115.42 (c): In accordance with Executive Order 14168, portions of this standard are not included in this compliance determination.

115.42 (d): In accordance with Executive Order 14168, portions of this standard are not included in this compliance determination.

115.42 (e): In accordance with Executive Order 14168, portions of this standard are not included in this compliance determination.

115.42 (f): In accordance with Executive Order 14168, portions of this standard are not included in this compliance determination.

115.42 (g): In accordance with Executive Order 14168, portions of this standard are not included in this compliance determination.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, Inmate Activity Records, a review of inmate housing assignments, and information from interviews with the PREA Compliance Manager, staff responsible for conducting risk screenings, random inmates, and inmates who identified as gay, this standard is determined to be compliant and is rated as exceeds.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memo from the Warden regarding Protective Custody

Interviews:
1. Warden
2. Staff Who Supervise Inmates in Special Housing

Site Review Observations:
1. Observations of the Facility

Findings (By Provision):
115.43 (a): PS 5324.12 indicates that the agency does not place inmates at high risk for sexual victimization in involuntary special housing unless an assessment of all available alternatives has been made, and no alternative is available to separate the inmate victims from likely abusers.

The PAQ indicated there have been no instances where inmates have been placed in involuntary special housing due to their risk of sexual victimization. The memo from the Warden as well as the interview with the Warden indicated that inmates are not placed in involuntary special housing unless there is no alternative housing available, and then, only until a more suitable placement can be made.

115.43 (b): PS 5324.12 indicates that if an inmate were placed in special housing, that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with the indication of the reason and length of time of the limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The interviews with random staff and with staff who supervise inmates in special housing were conducted and indicated that inmates would have access to everything except a work assignment. There were no inmates in special housing for risk of sexual victimization at the time of the on-site audit.

115.43 (c): PS 5324.12 indicates that if an inmate were placed in special housing due to risk of victimization, they would only be placed in this status until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate's central file.

The PAQ indicated that there have been no instances where inmates have been placed in involuntary special housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary special housing until an alternative means of separation could be arranged.

115.43 (d): PS 5324.12 indicates that if an involuntary special housing assignment is made, the facility will clearly document the basis for the concern for the inmate's safety and the reasons that no alternative means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days.

The PAQ indicated there have been no instances where inmates have been placed in involuntary special housing due to their risk of sexual victimization.

115.43 (e): PS 5324.12 and the PAQ indicate that if an inmate were placed in special housing due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting.

Staff who supervise inmates in special housing were interviewed and stated that if there was an inmate housed in special housing for more than 30 days, their status would be reviewed to determine if there was a continuing need for separation from the general population. A Memo was provided from the Warden which stated that if an involuntary special housing assignment is made, the facility affords each inmate a review every 30 days to determine whether there is a continuing need for separation from general population. This facility has not had any incidences of involuntary special housing for PREA related issues that extend beyond 30 days.

Based on a review of the PAQ, PS 5324.12, the Memo from the Warden, observations from the site review, as well as information from the interview with the Warden and special housing staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. Sexually Abusive Behavior Prevention and Intervention: Information and How to Report – An Overview for Offenders in BOP Custody (English and Spanish)
5. PREA Posters (English and Spanish)
6. Inmate A&O Handbook (English and Spanish)
7. PREA Allegations Tracking Log
8. Memo from the Associate Warden regarding Number of Sexual Abuse Allegations
9. Memos from the Associate Warden regarding Reporting to an Outside Entity and Inmate Reporting

Interviews:
1. Random Staff
2. Random Inmates
3. PREA Compliance Manager

Site Review Observations:
1. Observation of PREA Reporting Information in Housing Units

Findings (By Provision):
115.51 (a): PS 5324.12 indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention inmate education and PREA signage and MNA-5324.12H indicated that there are multiple ways for inmates to report. These methods include to any employee, contractor or volunteer via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via a written letter or via the inmate’s TRULINCS email. Additionally, inmates can report via third party. The third party can call, write or email. They are also able to voice a concern on the agency website at: https://www.bop.gov/inmates/concerns.jsp.

During the on-site review, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with a sample of inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed of these methods. Most inmates indicated that they would tell a staff member, do it through the computer (copout or email) or via inmate phone (hotline).

Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (written, verbal, electronic, anonymous and third party) to report sexual abuse and sexual harassment.

115.51 (b): PS 5324.12 indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their TRULINCS email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate.

During the on-site review, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. All inmates have access to the computer email system and can send a confidential email directly to the Office of the Inspector General.

The interview with the PCM indicated that the outside information is located on posters and they can send information to the OIG. The PCM (Associate Warden) also provided a Memorandum which states that the Office of the Inspector General (OIG) is responsible for taking reports regarding allegations of sexual abuse behavior. This information is distributed to the inmate population. Inmates can email OIG through TRULINCS or write to their OIG address. The PCM indicated that the information would be forwarded back to the facility investigator or to SIS if it involved staff. Interviews with a sample of inmates confirm that most are aware of the email reporting mechanism and that the information is posted in their housing area.

115.51 (c): PS 5324.12, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third-party and will promptly document any verbal reports. The Memo from the Warden as well as the PAQ indicated that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. Interviews with a sample of inmates confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment, and they immediately report any allegation to the Operations Lieutenant and fill out the form on the computer.

115.51 (d): PS 5324.12 describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicate that staff can privately report to the Office of the Inspector General, Office of

Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to facility leadership or through the form on the computer.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, the Sexually Abusive Behavior Prevention and Intervention – an Overview for Offenders, the Memos from the Associate Warden, PREA signage, observations from the facility site review related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Sexually Abusive Behavior Prevention and Intervention: Information and How to Report – An Overview for Offenders, (English and Spanish)
3. PREA Allegations Tracking Log
4. Memo from Associate Warden regarding Filing of Grievances in the Past 12 Months

5. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program
6. PS 1330.18 Administrative Remedy Program

Interviews:
1. Inmate Who Reported Sexual Abuse

Findings (By Provision):
115.52 (a): PS 1330.18 is the policy related to inmate grievances / administrative remedy. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): PS 1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specifically, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention education, page 3 discusses administrative remedy procedures.

115.52 (c): PS 1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention education, page 3 discusses administrative remedy procedures. The Memo from the Associate Warden stated that during the past 12 months, there have been no instances in which a final decision related to an inmate sexual abuse grievance was not reached in 90 days.

115.52 (d): PS 1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, the policy states that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and be provided with a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The Memo from the Associate Warden stated that during the past 12 months, there have been no instances of alleged sexual abuse involving an extension within the last 12 months. The inmates interviewed who reported sexual abuse did not report the allegation via grievance.

115.52 (e): PS 1330.18, page 14, section e, outlines the grievance process for third-party allegations of sexual abuse and sexual harassment. Specifically, the policy states that third parties are permitted to assist inmates in filing requests for administrative remedies for sexual abuse and are permitted to file such requests on behalf of the inmate. In addition, the policy states that if a third-party files a report on behalf of an inmate, the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines, the inmate will be required to complete a sworn affidavit stating that he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months.

115.52 (f): PS 1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, the policy states that the agency provides inmates with the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that an initial response will be provided within 48 hours and that a final decision will be made within five calendar days. The final decision will document the agency's determination whether the inmate is at a substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months.

115.52 (g): PS 1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, MNA-5324.12H, PS 1330.18, Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders, the PREA Allegations Tracking Log, the Memos from the Associate Warden and interviews with inmates who reported a sexual abuse, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program
4. Sexually Abusive Behavior Prevention and Intervention: Information and How to Report– An Overview for Individuals in BOP Custody (English and Spanish)
5. Admission and Orientation Inmate Handbook (English and Spanish)

6. Memorandum from the Regional Director Regarding a Gratuitous Services Agreement (GSA) with Gulf Coast Sexual Assault Program
7. Gratuitous Services Agreement (GSA) between the Federal Correctional Institution Marianna and Gulf Coast Sexual Assault Program

Interviews:
1. Random Inmates
2. Inmate Who Reported Sexual Abuse

Findings (By Provision):
115.53 (a): PS 5324.12, page 36 and MNA-5324.12H indicates that the agency provides access to victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential a manner as possible.

The PAQ indicated that inmates are provided with mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The Sexually Abusive Behavior Prevention and Intervention inmate education states that inmates may seek counseling and/or advice from a psychologist or chaplain. Crisis counseling, coping skills, suicide prevention, mental health counseling, and spiritual counseling are all available. Inmates may seek services from Psychology Services.

The facility has a Gratuitous Services Agreement with the Gulf Coast Sexual Assault Program to provide crisis counseling sessions between incarcerated victims and rape crisis center personnel as well as to provide staff to accompany and support the incarcerated victim through the forensic medical examination process and investigatory interviews.

The MNA-5324.12H and the Sexually Abusive Behavior Prevention and Intervention: Information on How to Report – an Overview for Individuals in BOP Custody directs inmates on how to seek outside resource services for emotional support. Psychology Services also provide inmates with advocacy services, as needed.

Interviews with random inmates indicated that most were familiar with the services provided by Psychology Services and the Gulf Coast Sexual Assault Program. Interviews with random inmates indicated that most of these were aware of the availability of outside emotional support services. The inmates interviewed who had previously reported sexual abuse indicated that they were aware of services available. Information regarding these services was posted throughout the facility and also available on the TRULINCS system.

115.53 (b): PS 5324.12, page 36, indicates that prior to giving inmates access to outside support services, they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is different from privileged communication and such communication is monitored consistently with security practices.

Interviews with random inmates indicate that most were familiar with the advocacy information and stated that information is provided to them in their packet of information they are given at intake and orientation. Most inmates indicated that any contact with these services would be confidential. Inmates are not detained solely for civil immigration purposes at this facility, therefore, that part of the provision does not apply.

115.53 (c): The facility has GSA to provide emotional support services to inmates for issues related to sexual abuse. This GSA was provided and reviewed by the auditor.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, the Sexually Abusive Behavior Prevention and Intervention – An Overview for Offenders, the GSA with Gulf Coast Sexual Assault Program, observations from the facility site review related to PREA signage and posted information and interviews with inmates, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire (PAQ)
2. Zero Tolerance Policy (PREA signage in English and Spanish)

Findings (By Provision):
115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency's website confirms that third parties can report on behalf of an inmate via the "voice your inmate concern" form located at https://www.bop.gov/inmates/concerns.jsp. This information is also provided to the inmate population via the PREA signage in English and Spanish posted at various locations in the facility as well as on the inmate compute system TRULINCS.

Based on a review of the PAQ and the agency's website and posted PREA signage, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
1. Random Staff
2. Medical and Mental Health Staff
3. Warden
4. PREA Coordinator
5. PREA Compliance Manager

Findings (By Provision):
115.61 (a): PS 5324.12, pages 37-38, outline the staff and agency reporting duties. The policy requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up Memo to the Operations Lieutenant. The Lieutenant is then required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau's intelligence database. Interviews with random staff confirm that staff take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews with random staff also confirmed they would report retaliation, or any staff neglect related to these incident types.

115.61 (b): PS 5324.12, page 38, describes that information is on a need-to-know basis and that information is only utilized for the inmate's welfare and the investigation of the incident. Interviews with random staff confirm that they would immediately report the information to the Operations Lieutenant. Interviews with random staff indicated they would provide information to the Operations Lieutenant by filling out the PREA form that is on each facility computer.

115.61 (c): PS 5324.12, page 38, states that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and the limits to confidentiality at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of abuse that occurred within a confinement setting. Medical and mental health care staff stated that they inform inmates of the limits of confidentiality.

115.61 (d): PS 5324.12, page 38, states that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service agency under applicable mandatory reporting laws. The facility does not house any youthful inmates.

115.61 (e): PS 5324.12, page 38, states that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports would be reported to the facility's designated investigators. The interview with the Warden confirmed that this is the practice. A review of investigative reports indicates that all allegations are reported initially to SIS and then forwarded to OIA, OIG or the FBI as required by policy.

Based on a review of the PAQ, PS 5324.12, investigative reports and interviews with random staff, medical and mental health staff, the PC, PCM and the Warden, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memorandum from the Associate Warden regarding the Agency Protection Duties

Interviews:
1. Agency Head Designee
2. Warden
3. Random Staff

Findings (By Provision):
115.62 (a): PS 5324.12, pages 38-39, state that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate victim. The policy states that the Operations Lieutenant will be notified and they will take immediate action to safeguard the inmate victim. This action may include monitoring the situation, making changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassigning the staff Member to another post or removal of the staff Member from the facility.

The PAQ provided a Memorandum from the Associate Warden stating that there were no inmate victims who were determined to be at risk of imminent sexual abuse within the last 12 months.

Interviews with staff indicated that if an inmate is at imminent risk, that staff would immediately contact the Operations Lieutenant and remove the inmate victim from the situation.

The interviews with the Agency Head Designee and the Warden indicated that any inmate at risk would be immediately safeguarded and then additional steps would be taken depending on the situation. The inmate victim may require a change in job assignment, housing assignment and/or program assignment. The inmate may be transferred to another facility, or the perpetrator may be transferred to another facility. Inmates may be placed in special housing for the least amount of time necessary for a determination to be made regarding the safety of the inmate victim. Additionally, the interviews indicated that appropriate measures may also include moving a staff member's work assignment or removing the staff from the facility until the investigation is complete.

Based on a review of the PAQ, PS 5324.12, the Memo from the Associate Warden, and interviews with the Agency Head Designee, Warden and random staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memos from the Associate Warden regarding Notifications to Other Confinement Facilities

Interviews:
1. Agency Head Designee
2. Warden

Findings (By Provision):
115.63 (a): PS 5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. The policy requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency.

The PAQ stated that during the past 12 months, the facility received two (2) notifications alleging that an inmate was abused while confined at another facility. The Memo from the Associate Warden stated that the facility would take immediate action to protect inmates subject to reporting to other confinement facilities within 72 hours after receiving the allegation.

115.63 (b): PS 5324.12, page 40, describes the requirements for reporting to other confinement facilities. The policy requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation.

The facility received two (2) notifications in the previous 12 months that they were abused while confined at another facility. Both notifications were provided which contained the synopsis of the incident and the date the notification was sent. The second notification also included an email from psychology staff who received the

allegation which contained the date it was reported to the staff as well as the date of the notification to correctional staff.

115.63 (c): A review of the notifications of sexual abuse allegations indicated that the notifications were made within the 72-hour requirement and were documented.

115.63 (d): PS 5324.12, page 40, indicates that the facility head or Agency Head Designee that receives notification that an inmate alleges they were sexually abused shall ensure that the allegation is investigated in accordance with these standards.

The PAQ stated that in the past 12 months, the facility received two (2) allegations of sexual abuse from another facility. The interview with the Agency Head Designee indicated that information of this nature is typically provided to the Warden of the institution where the alleged incident occurred. Allegations of this nature are then investigated either locally at the facility or via OIA. The interview with the Warden confirmed that when the facility receives these allegations, they are immediately forwarded for investigation.

Based on a review of the PAQ, PS 5324.12, Memos from the Warden and interviews with the Agency Head Designee and Warden, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
1. Custody Staff and Non-Custody Staff First Responders
2. Inmate Who Reported Sexual Abuse
3. Random Staff

Findings (By Provision):
115.64 (a): PS 5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first responder custody staff Member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

The PAQ indicated that during the previous twelve months, there have been twenty-seven (27) allegations of sexual abuse. There were three (3) allegations where staff were notified within the time period that allowed for the collection of physical evidence.

The auditor interviewed random staff, and all random staff interviewed were well versed on their first responder duties. Staff had a card that they can utilize during incidents to ensure they complete the required steps. All staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. Staff also indicated they would take the inmate to medical. Interviews conducted with inmates who reported sexual abuse indicated that they were separated from their alleged perpetrator and that staff took measures to ensure their safety.

115.64 (b): PS 5324.12, page 40, describes staff first responder duties. Specifically, it requires that if the first responder is not a custody staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for the SIS.
Of the allegations that an inmate was sexually abused in the past 12 months, there were no instances in which a non-security staff member was the first responder. Interviews with staff (custody and other staff) confirmed that they are aware of their first responder duties.

Based on a review of the PAQ, PS 5324.12, a review of the investigative files and interviews with inmates who reported sexual abuse, staff first responders and random staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. MNA-5324.12H, Institution Supplement, Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
1. Warden

Findings (By Provision):
115.65 (a): The PAQ as well as PS 5324.12, page 40, indicates that the facility has a written plan which coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of MNA-5324.12H showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, PS 5324.12, MNA-5324.12H, and the interview with the Warden, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Memo from the Associate Warden regarding Preservation of Ability to Protect Inmates from Contact with Abusers
3. Program Statement 5324.2, Sexually Abusive Behavior and Intervention Program

Interviews:
1. Agency Head Designee

Findings (By Provision):
115.66 (a): BOP Program Statement 5324.12 states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.

The Memo from the Associate Warden states that the facility is in compliance with the Master Agreement and the Program Statement 5324.12 with regard to preservation of ability to protect inmates from contact with abusers. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining agreement with the Council of Prison locals, American Federation of Government Employees since July 21, 2014.

115.66 (b): The Agency Head Designee stated in the interview that the Master Agreement permits the agency to remove an employee from an institution when an allegation adversely affects the Agency's confidence in the employee or the security of the institution. The employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.

Based on a review of the Program Statement, the Memo from the Associate Warden, and the interview with the Agency Head Designee, this standard is determined to be compliant.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

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

115.67 (b)

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

115.67 (c)

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

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

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

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

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

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

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, p. 42-43
3. Monitoring Documents

Interviews:
1. Agency Head Designee
2. Warden
3. Designated Staff Member Charged with Monitoring Retaliation
4. Inmate Who Reported Sexual Abuse

Findings (By Provision):
115.67 (a): PS 5324.12, pages 42-43, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager is responsible for monitoring retaliation.

115.67 (b): PS 5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff Member expressed fear of retaliation.

The interview with the Agency Head Designee indicated that the PCM would monitor the inmate and monitoring would include housing and cell reassignments, work reassignments, programming changes and disciplinary action. The Agency Head Designee indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden and staff responsible for monitoring indicated inmates would be reviewed for up to 90 days for retaliation and staff could be removed from the area or facility and the inmates could be moved to another facility. The interview with an inmate who had reported sexual abuse indicated he did not feel retaliated against and that he felt safe.

115.67 (c): PS 5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest

possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring.

The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days.

The PAQ indicated that there had been no instances of retaliation in the previous twelve months. Interviews with the Warden and staff responsible for monitoring retaliation all indicated that the inmate would be safeguarded and an investigation would be initiated. Monitoring staff indicated that they would monitor the inmate for at least 90 days and would spot check every few weeks. This staff Member indicated that housing changes, job changes, progress reviews, disciplinary reports and unreasonable incident reports would be reviewed for possible retaliation.

During the on-site audit and review of the monitoring documentation for the sexual abuse and sexual harassment allegations, it was verified that inmates were being monitored for retaliation which continued for the full 90 days and beyond, if warranted. Interviews with inmates who reported sexual abuse indicated that they felt safe and did not feel retaliated against.

115.67 (d): PS 5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. In instances where monitoring was required, staff stated that they would monitor an inmate who alleged sexual abuse or sexual harassment for 90 days. This monitoring would include status checks. The interview with staff responsible for monitoring indicated that they would monitor the inmate for at least 90 days and that this would include status checks.

115.67 (e): P5324.12, page 43, states that if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Interviews with the Agency Head Designee and the Warden indicated that they would employ the same protective measures as stated previously related to staff and inmates to include removal of inmates or staff, protective protocols, counseling and an investigation.

115.67 (f): The auditor is not required to audit this provision.

Based on a review of the PAQ, PS 5324.12, investigative reports, monitoring documents and interviews with the Agency Head Designee, the Warden, inmates who

reported sexual abuse, and staff charged with monitoring retaliation, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form
4. Memorandum from the Associate Warden regarding Post Allegation Protective Custody

Interviews:
1. Warden
2. Random Staff

Site Review Observations:
1. Observations of Special Housing Unit

Findings (By Provision):
115.68 (a): PS 5324.12, page 43, indicates any use of special housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of PS 5324.12 reference the requirements under 115.43 in policy.

The Memorandum from the Associate Warden stated that the facility has not used involuntary segregated housing to protect an inmate who is alleged to have suffered sexual abuse. Accordingly, there have been no 30-day reviews of such placement.

The PAQ indicated that there were no inmates involuntarily segregated for zero to 21 hours or longer than 30 days.

The BP-A1002 (sample) for inmates indicates the statement based on the facility's concern for the inmate safety as well as the reason why there was no alternative housing available. The interview with the Warden indicated that inmates who alleged sexual abuse would only be placed in involuntary special housing until an assessment of all available alternatives had been made and a determination was made that no available alternative means of separation from likely abusers existed. The Warden indicated this would typically not exceed 30 days and the status of the inmate would be reviewed at least every 30 days by staff. Interviews with staff also indicated that inmates are not housed in special housing unless there is no other alternative and then it is for a very short period of time.

The auditor made observations of the Special Housing Unit and reviewed the housing unit log as well as spoke to staff working in this unit regarding the placement of any inmates who had reported sexual abuse.

Based on a review of the PAQ, P5324.12, BP-A1002, the Memorandum from the Associate Warden, and interviews with the Warden, and random staff, as well as observations in the Special Housing Unit, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)

2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Sexual Abuse Investigation Files

Interviews:
1. Investigative Staff
2. Warden
3. PREA Coordinator
4. PREA Compliance Manager
5. Inmates Who Reported Sexual Abuse

Findings (By Provision):
115.71 (a): PS 5324.12, page 43, states that when an agency conducts its own investigations into allegations of sexual abuse and special harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on inmate, the OIA and OIG are contacted.

The interview with the investigators confirmed that in any allegation of sexual abuse or sexual harassment, an investigation would be initiated immediately and promptly. The investigators indicated that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

115.71 (b): PS 5324.12, page 44, indicates that when sexual abuse is alleged, the agency shall use investigators who have received specialized training pursuant to 115.34. A review of training records revealed that facility staff have completed the NIC training and are compliant with all PREA investigatory standards to include 115.34 and 115.71. The interviews with investigators indicated that they received specialized training and completed the training annually.

115.71 (c): PS 5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. The interviews with investigative staff indicated that in these allegations, and any allegations, they would ensure the victim was safeguarded and begin the investigation. This would include interviews, evidence collection, photographs, medical assessments, mental health assessments, report writing and facts and finds. The investigators indicated that the investigation from start to finish would typically take about five days.

115.71 (d): PS 5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution, that the agency will conduct compelled interviews only after consulting with

prosecutors. The interview with the investigators (2) confirmed that they would only conduct compelled interviews after consulting with the FBI or prosecutors.

115.71 (e): PS 5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff Member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation.

The interview with the investigators confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. An interview was conducted with an inmate who had reported sexual abuse, and he indicated that he was not required to submit to a polygraph examination or any other truth-telling device.

115.71 (f): PS 5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse.

The interview with investigative staff confirmed that administrative investigations are documented in written reports and include all facts and findings. The reports contain a Memorandum, photos (if any), interviews, summary, initial allegation and a conclusion. The investigator indicated that they review any evidence, TRUSCOPE logs and rosters to determine if staff actions or failure to act contributed to the abuse. A review of the investigations indicates that all of this information was included.

115.71 (g): PS 5324.12, page 45, indicates that criminal investigations shall be 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.

None of the investigations completed were criminal investigations. The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and include all factual findings as well as the conclusion of the findings. Staff indicated they would have all the same components as an administrative investigation except there may be additional information as it relates to staff to include phone calls and emails.

115.71 (h): PS 5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred to prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the investigator confirmed that if fact findings led to a belief that the allegation occurred, it would be referred by the FBI or OIG for prosecution.

115.71 (i): PS 5324.12, page 45 describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed that the retention requirement is being met.

115.71 (j): PS 5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interviews with the investigators confirmed that any and all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The auditor received a written interview response from the National PREA Coordinator. The PREA Coordinator stated that the majority of sexual abuse investigations are conducted internally. If the Office of the Inspector General conducts the investigation, they provide updates to the institution. At the conclusion of their investigation, they inform the Office of Internal Affairs of the outcome.

Based on a review of the PAQ, PS 5324.12, training records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager, inmates who reported sexual abuse, and investigative staff, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

Interviews:
1. Investigative staff

Findings (By Provision):
115.72 (a): PS 5324.12, page 45, indicates that the agency does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

A review of the investigation files indicated that witness statements, medical exams, video and related evidence were reviewed in the determination of the outcome of the investigations. The interview with the investigators indicated that preponderance of evidence is the threshold to substantiate an allegation.

Based on a review of the PAQ, PS 5324.12, a review of the investigation files and information from the interviews with investigative staff, it is determined that this standard is compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memorandum from the Warden regarding PREA Standard 115.73, Reporting of Inmates
4. Sexual Abuse Investigation Files

Interviews:
1. Warden
2. Investigative Staff
3. Inmates Who Reported Sexual Abuse

Findings (By Provision):
115.73 (a): PS 5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notifications under this standard.

The facility indicated that there were twenty-seven (27) sexual abuse investigations completed within the previous twelve months. The interview with the Warden and investigative staff confirmed that inmates are informed about the outcome of the investigation into the inmates' allegations. The interviews with inmates who reported

sexual abuse as well as a review of the investigative files indicated that inmates were advised of the outcome of the investigations.

115.73 (b): PS 5324.12, page 46 indicates that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIG and FBI are responsible for criminal sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations.

The PAQ indicated that there were no investigations completed within the previous twelve months by an outside agency.

115.73 (c): PS 5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program describe the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff Member, the agency will inform the inmate as to whether the staff Member is no longer posted within the inmate's unit, the staff Member is no longer employed at the facility, if the agency learns that the staff Member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff Member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act.

A review of the investigative files indicated that notifications were made to the inmates of the outcome of the investigation.

115.73 (d): PS 5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program describe the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Per review of the sexual abuse investigations, there have been three (3) substantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months.

115.73 (e): PS 5324.12, page 46 indicates that all notifications or attempted notifications would be documented and maintained in the investigative file. Notifications made during the audit period were documented in the investigation files with the exception of the investigations which were on-going.

115.73 (f): The auditor is not required to audit this provision.

Based on a review of the PAQ, PS 5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, the Memorandum from the Warden, information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, as well as documentation provided in the investigation files, this standard is found to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memorandum from the Warden regarding Disciplinary Sanctions for Staff

Findings (By Provision):
115.76 (a): PS 5324.12 describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

The Memorandum from the Warden states that the facility has had no staff found to have violated agency sexual abuse or sexual harassment policies. Accordingly, there have been no terminations, sanctions against staff for violating agency sexual abuse or sexual harassment policies over the last 12 months.

115.76 (b): PS 5324.12 indicate that termination will be the presumptive disciplinary sanction for staff who engage in sexual abuse. The PAQ as well as the Memo from the Associate Warden indicated that there were no (0) terminations, resignations or other sanctions against staff for violating the agency sexual abuse and sexual harassment policies.

115.76 (c): PS 5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff Members disciplinary history and the sanctions imposed for comparable offenses by other staff Members who were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies.

There were no staff who were disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies within the previous twelve months.

115.76 (d): PS 5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will

be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The PAQ indicated that there have not been any staff Members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, PS 5324.12 and the Memo related to staff discipline, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. PS 3420.12, Standards of Employee Conduct
4. Memorandum from the Warden regarding Corrective Action for Contractors and Volunteers

Interviews:
1. Warden

Findings (By Provision):
115.77 (a): PS 3420.12 describes the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, PS 5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.

The PAQ and the Memo from the Warden indicated that there have been no (0) contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months and that, in fact, there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

115.77 (b): PS 5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed in the facility. He also indicated that they may be referred to the FBI for prosecution.

Based on a review of the PAQ, PS 3420.12, PS 5324.12, the Memo from the Warden and information from the interview with the Warden, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memorandum from the Warden regarding Disciplinary Sanctions for Inmates

Interviews:
1. Warden
2. Medical and Mental Health Staff

Findings (By Provision):
115.78 (a): PS 5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will 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 finding of guilt from a criminal investigation.

The PAQ indicated there has been threes (3) administrative finding of guilt for inmate-on-inmate sexual abuse (administrative case), and no criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months.

115.78 (b): PS 5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories.
The PAQ indicated there have been three (3) substantiated findings of inmate-on-inmate sexual abuse (administrative case) and there have been no criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. There has not been any discipline administered. The interview with the Warden indicated that if the allegation were not criminal that a disciplinary hearing would take place and sanctions could include loss of good conduct, disciplinary special housing, transfer to another facility or transfer to a higher level of security. If the conduct were criminal, it would be referred for prosecution.

115.78 (c): PS 5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary sanctions hearing.

115.78 (d): PS 5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues and that it is voluntary. They indicated that they do not require the inmate to participate as a condition of access to programming and other benefits.

115.78 (e): PS 5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff Member did not consent. The Memo from the Warden indicated that there have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): PS 5324.12, page 48 describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for reporting sexual abuse in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. There have been no instances during the previous twelve months of the audit where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): PS 5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the 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 is determined that the activity is not coerced.

Based on a review of the PAQ, PS 5324.12, the Memo from the Warden and interviews from the Warden and medical and mental health care staff, this standard is determined to be compliant.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memorandums from the Warden regarding Medical and Mental Health Screenings; Limitations of Information; Informed Consent
4. Medical and Mental Health Documents

Interviews:
1. Staff Responsible for Risk Screening
2. Medical and Mental Health Staff
3. Inmates Who Disclosed Sexual Victimization at Risk Screening

Site Review Observations:
1. Risk Screening

Findings (By Provision):
115.81 (a): PS 5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experienced prior sexual victimization will be offered a follow-up with medical or mental health practitioners within fourteen (14) days of the screening. PS 5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services.

The PAQ indicates that 100% of inmates who reported prior victimization within the previous 12 months were offered a follow-up meeting with a medical or mental health practitioner. The PAQ also indicated that medical and mental health practitioners maintain documents related to compliance with these services. The auditor was provided documentation of secondary materials documenting compliance with this standard. Interviews with inmates who disclosed sexual victimization at risk screening indicated that they were offered follow-up services with medical and mental health staff.

115.81 (b): PS 5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered follow-up with medical or mental health staff within fourteen (14) days of the screening. PS 5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services.

The PAQ indicated that medical and mental health staff maintain documents related to compliance with these services in these instances. Secondary documentation provided was reviewed by the auditor and indicated that inmates who were identified as at risk for perpetrating sexual abuse received a meeting with medical and mental health staff within the required time frame.

115.81 (c): This provision does not apply as the facility is not a jail, but rather a federal prison.

115.81 (d): PS 5324.12, page 49, states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, necessary, to inform treatment plans and security management decisions, including housing, bed, work, education and program assignments.

During the site review, it was noted by the auditor that inmate medical files are maintained electronically, and inmate classification files are kept behind locked doors with limited access by staff. A Memo provided to the auditor from the Warden stated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health professionals, some tracking information and/or safeguarding information may be seen by custody and non-health care personnel. If an inmate is deemed to be “at risk” for abusiveness or victimization, non-healthcare personnel would have access to this designation. Additionally, if an inmate has a Security Threat Group designation, this designation information would also be available to non-healthcare personnel.

115.81 (e): PS 5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen (18) years of age.

The Memo from the Associate Warden stated that there have not been any instances where medical and mental health staff reported prior sexual victimization that did not occur in an institutional setting. If an instance should occur that involved the need to report such information, informed consent would be obtained prior to disclosure of that

information. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve (12) months. Additionally, they indicated that victims under eighteen (18) years of age and vulnerable adults fall under mandatory reporting laws, and they would be required to report any allegations from these individuals.

Based on a review of the PAQ, PS 5324.12, the Memo from the Warden, medical and mental health documents and information from the interviews with staff who perform risk screening, medical and mental health staff, and inmates who disclosed sexual victimization at risk screening, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Medical and Mental Health Documents
4. Memorandum from the Warden regarding Access to Emergency Medical and Mental Health Services

Interviews:
1. Medical and Mental Health Staff
2. Inmate Who Reported Sexual Abuse
3. First Responders

Site Review Observations:
1. Observations of Medical and Mental Health Areas

Findings (By Provision):
115.82 (a): PS 5324.12, pages 50-51, describes inmates' access to emergency medical and mental health treatment. Page 50 states that inmate victims of sexual abuse receive time and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health staff.

A Memo provided by the Warden states that medical and mental health staff maintain secondary materials in BEMR which document 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. There have been no instances in the past 12 months requiring the provision of appropriate and

timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The PAQ indicates that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the site review, the auditor noted that all medical and mental health areas consisted of an emergency room, numerous exam rooms and offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality. Interviews with medical and mental health staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement.

The interviews with an inmate who reported sexual abuse indicated that he was seen by medical and mental health staff and received treatment as appropriate.

115.82 (b): PS 5324.12, page 51 and the PAQ indicate that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to the local hospital for a forensic medical examination. The interviews with first responders indicated that the inmates would be immediately separated, that evidence on the inmates would be preserved, the crime scene would be secured, and the Operations Lieutenant would be contacted.

115.82 (c): PS 5324.12, pages 50-51, describe inmate's access to emergency medical and mental health treatment. Page 51 states that inmate victims of sexual abuse will receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transported for the forensic examination, these services are typically rendered at the time, and the facility would continue any follow-up medication, education or services. The interview with an inmate who reported sexual abuse indicated that he was seen by medical immediately following reporting of the incident and received an examination.

115.82 (d): PS 5324.12, pages 50-51, describe inmates' access to emergency medical and mental health treatment. Page 51 states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that the policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, PS 5324.12, the Memo from the Warden, a review of medical and mental health documents and information from interviews with medical and mental health care staff and an inmate who reported sexual abuse, this standard is determined to be compliant.

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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Medical and Mental Health Documents

Interviews:
1. Medical and Mental Health Staff
2. Inmate Who Reported Sexual Abuse

Site Review Observations:
1. Observations of Medical Treatment Areas

Findings (By Provision):
115.83 (a): PS 5324.12, page 52, describes ongoing medical and mental health care for sexual abuse victims and abusers. It states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility.

During the site review, the auditor noted that the medical area consisted of an emergency room, numerous exam rooms and offices. The mental health area consisted of numerous offices. All areas were private and consisted of solid doors which allowed for adequate confidentiality.

115.83 (b): PS 5324.12, page 52, describes ongoing medical and mental health care for sexual abuse victims and abusers. It states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health staff indicated that these services are provided. An interview with an inmate who reported sexual abuse also indicated that he was provided with ongoing medical and mental health care.

115.83 (c): PS 5324.12, page 52, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. Interviews with medical and mental health staff indicated that inmates have immediate access to medical and mental health care when needed. Interviews also confirm that the services they provide are consistent, if not better, than the community level of care.

115.83 (d): PS 5324.12, page 52, describes ongoing medical and mental health care for sexual abuse victims and abusers. It indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests.

115.83 (e): PS 5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services.

115.83 (f): PS 5324.12, page 52, describes ongoing medical and mental health care for sexual abuse victims and abusers. It states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. The interview with an inmate who reported sexual abuse indicated that he did receive medical treatment. A review of the investigative files also contained documentation that they received treatment from medical.

115.83 (g): PS 5324.12, page 52, describes ongoing medical and mental health care for sexual abuse victims and abusers. It states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that Bureau policies related to co-pays do not apply to sexual abuse victims. The interview with an inmate who reported sexual abuse indicated that he was with provided with treatment services without financial cost.

115.83 (h): PS 5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered mental health services. A review of documentation of inmates with an identified abuse history during risk screening indicated that each one had received services from mental health within 60 days of learning of the abuse history.

Based on a review of the PAQ, PS 5324.12, a review of medical and mental health documents and information from interviews with medical and mental health care staff as well as an inmate who reported a sexual abuse, this standard is determined to be compliant.

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

  N/A
  Per Executive Order 14168, provision (d-2) is not included in the compliance review for this standard.

- 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*)

Documents:
1. Pre-Audit Questionnaire (PAQ)
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program
3. Memo from the Warden regarding Sexual Abuse Incident Reviews

4. Sexual Abuse Incident Reviews
5. PREA Compliance Manager Information Tracking Log

Interviews:
1. Warden
2. PREA Compliance Manager
3. Incident Review Team

Findings (By Provision):
115.86 (a): PS 5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews 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. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated, a copy of the review is forwarded to the Regional PC.

The Memorandum from the Warden states that the facility documents incident reviews in a report to the PREA Compliance Manager. Recommendations for improvement are implemented or reasons for not implementing recommendations are documented.

The PAQ indicated that the incidents of reported sexual abuse were followed up with a sexual abuse incident review at the conclusion of the investigation. The auditor reviewed the completed sexual abuse investigations during the onsite phase of the audit from the previous 12 months. All of these contained a sexual abuse incident review. The exception would be for those which were determined to be unfounded. There were no cases determined to be unfounded in the previous 12 months.

115.86 (b): PS 5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation.

The PAQ indicated that the reviews were conducted within 30 days of the completion of the investigations for the reported allegations from the previous twelve months. A review of the documentation of these reviews indicated that all were completed within the 30-day timeframe.

115.86 (c): PS 5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health staff.

The interview with the Warden confirmed that these reviews would be completed and they include upper management officials, mental health and medical staff and the investigator, in the event of a reported incident. A review of the documentation confirmed that the incident review team included line supervisors, investigators and medical and mental health practitioners.

115.86 (d): PS 5324.12, page 53, states that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation.

Interviews with the Warden, PCM and an incident review team Member confirmed that these reviews are completed and include all the required elements in the event of a reported incident. The staff will determine if anyone needs to be moved, if there are any flaws in security practices, any issues with the physical plant and if there are any recommendations or needed corrective action. A review of the incident review team documentation indicates that all of the required elements under this standard are completed.

115.86 (e): PS 5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendations must comply with current collective bargaining agreements.

Based on a review of the PAQ, PS 5324.12, Memo from the Warden and information from interviews with the Warden, the PCM and Member of the sexual abuse incident review team, as well as a review of the investigation files which included a review of the sexual abuse incident reviews, this standard is determined to be compliant.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program

3. Aggregated Data
4. SSVA Reports
5. Annual Reports on Website

Findings (by provision):

115.87 (a): PS 5324.12 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and set of definitions. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. The PREA Coordinator keeps a database of PREA information on each case along with a file of all pertinent documentation.

115.87 (b): PS 5324.12 states that the agency must collect the incident-based data at least annually. A review of collected data confirmed that the agency aggregates sexual abuse data at least annually. An annual report has been written outlining the data received that year by type of incident, noting the outcome of the investigation and whether there were staff involved. Trends are also reviewed and notated.

115.87 (c): PS 5324.12 states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also states that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards. Data is collected from incident reports and maintained by the PC. The PREA Annual Reports were reviewed by the auditor.

115.87 (d): PS 5324.12 states that the agency will maintain, review and collect data as needed from available incident-based documents.

115.87 (e): This provision does not apply as the agency does not contract for the confinement of its inmates.

115.87 (f): The PAQ indicated that the facility provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th. Copies of the SSVA were provided to the auditor. A review of the agency website was noted as including the Annual Report from 2024.

Based on a review of the PAQ, Program Statement 5324.12, the agency website, SSVA Reports and Annual Reports, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Program Statement 5324.12
3. PREA Annual Report
4. Agency Website with Annual Report

Interviews:

1. Agency Head Designee
2. PC

Observations:

1. Agency Website

Findings (by provision):

115.88 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that reports break down the collected data by types of cases and the outcome of the investigations as well as compare the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head Designee and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (b): The PAQ indicated that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports break down the collected data by types of cases and the outcome of the investigations as well as compare the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head Designee and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (c): The PAQ indicated that the facility's annual report is approved by the Agency Head Designee and made available to the public through its website. The interview with the Agency Head Designee confirmed that the report is reviewed and approved annually and it is placed on the agency website. A review of the website confirmed that the current annual report as well as previous reports are available to the public online.

115.88 (d): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

Based on a review of the PAQ, the annual report, Program Statement 5324.12, the agency website, as well as information obtained from interviews with the Agency Head Designee and the PC, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Program Statement P5324.12
3. PREA Annual Reports on Agency Website

Interviews:

1. PC

Findings (by provision):

115.89 (a): Program Statement 5324.12 states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PC confirmed that data is securely retained by the PC in a locked cabinet in a locked file room. This was observed by the auditor during the site review. The electronic information is only accessible to staff with the appropriate clearance and electronic profile to access the information.

115.89 (b): Program Statement 5324.12 states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website: www.bop.gov confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): Program Statement 5324.12 states that the agency does not place any personal identifiers in its annual reports. The agency does not include sensitive information in its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.89 (d): Program Statement 5324.12 states that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of the agency website confirmed that data is available.

Based on a review of the PAQ, Program Statement 5324.12, annual reports, the website, observation of hard copy storage as well as electronic storage of documentation and information obtained from the interview with the PC, this standard is determined to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):
115.401 (a): The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all of their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the first year of the three-year cycle. This is the fifth audit cycle.

115.401 (h)-(m-n): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates, however, no correspondence was received by the auditor from inmates, volunteers or anyone in the public.

The auditor finds the facility in compliance with this provision.

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*)

Findings (by provision):

115.403 (f). The facility was previously audited on May 23-25, 2023. The final audit report was published and is available on the agency website: www.bop.gov.

AUDITOR CERTIFICATION

I certify that:

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

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

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

Auditor Instructions:

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

Cynthia Swier 05/14/2026

Auditor Signature **Date**

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

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