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

- Interim  ☒ Final  

**Date of Interim Audit Report:**  N/A  
**Date of Final Audit Report:**  April 26, 2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Kendra Prisk</th>
<th>Email</th>
<th><a href="mailto:Kendra@preaauditing.com">Kendra@preaauditing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>PREA Auditors of America, LLC</td>
<td>Mailing Address:</td>
<td>PO Box 1071</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Cypress, TX 77410</td>
<td>Date of Facility Visit:</td>
<td>March 9-11, 2021</td>
</tr>
<tr>
<td>Telephone:</td>
<td>713-818-9098</td>
<td>DOA:</td>
<td>Number of Compliance Managers who report to the PREA Coordinator:</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Federal Bureau of Prisons</th>
<th>Governing Authority or Parent Agency (If Applicable):</th>
<th>U.S. Department of Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>320 First Street, NW</td>
<td>City, State, Zip:</td>
<td>Washington, DC 20534</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>320 First Street, NW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☒ Federal</td>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Private not for Profit</td>
<td>☐ State</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Municipal</td>
<td>☒ County</td>
</tr>
</tbody>
</table>

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>M.D. Carvajal, Director</th>
<th>Email:</th>
<th><a href="mailto:BOP-RSD-PREACoordinator@bop.gov">BOP-RSD-PREACoordinator@bop.gov</a></th>
<th>Telephone:</th>
<th>202-616-2112</th>
</tr>
</thead>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Jill Roth, National PREA Coordinator</th>
<th>Email:</th>
<th><a href="mailto:BOP-RSD-PREACoordinator@bop.gov">BOP-RSD-PREACoordinator@bop.gov</a></th>
<th>Telephone:</th>
<th>202-616-2112</th>
</tr>
</thead>
</table>
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>FCI Otisville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>93 Two Mile Drive</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Otisville, NY 10963</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>P.O. Box 600</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Otisville, NY 10963</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td></td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>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):</td>
<td></td>
</tr>
<tr>
<td>☒ ACA</td>
<td>☐ NCCHC</td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

## Warden/Jail Administrator/Sheriff/Director

| Name: | William Pliler |
| Email: | OTV-PREAComplianceMgr-S@bop.gov |
| Telephone: | 845-386-6700 |

## Facility PREA Compliance Manager

| Name: | Robert Schreffler (Acting PREA Compliance Manager) |
| Email: | OTV-PREAComplianceMgr-S@bop.gov |
| Telephone: | 845-386-6700 |

## Facility Health Service Administrator

| Name: | Bryan Walls |
| Email: | OTV-PREAComplianceMgr-S@bop.gov |
| Telephone: | 845-386-6700 |

## Facility Characteristics

<p>| Designated Facility Capacity: | 997 |
| Current Population of Facility: | 572 |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>635</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>23-81</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>1178 Days</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Minimum/Community, Medium, In and Out</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>495</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>410</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>289</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td></td>
</tr>
<tr>
<td>- Federal Bureau of Prisons</td>
<td></td>
</tr>
<tr>
<td>- U.S. Marshals Service</td>
<td></td>
</tr>
<tr>
<td>- U.S. Immigration and Customs Enforcement</td>
<td></td>
</tr>
<tr>
<td>- Bureau of Indian Affairs</td>
<td></td>
</tr>
<tr>
<td>- U.S. Military branch</td>
<td></td>
</tr>
<tr>
<td>- State or Territorial correctional agency</td>
<td></td>
</tr>
<tr>
<td>- County correctional or detention agency</td>
<td></td>
</tr>
<tr>
<td>- Judicial district correctional or detention facility</td>
<td></td>
</tr>
<tr>
<td>- City or municipal correctional or detention facility (e.g. police lockup or city jail)</td>
<td></td>
</tr>
<tr>
<td>- Private corrections or detention provider</td>
<td></td>
</tr>
<tr>
<td>- Other - please name or describe:</td>
<td></td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>258</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>27</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>5</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>19</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>174</td>
</tr>
</tbody>
</table>
### 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.

22

**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.

10

**Number of single cell housing units:**

0

**Number of multiple occupancy cell housing units:**

9

**Number of open bay/dorm housing units:**

1

**Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**

41

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

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</th>
<th>0</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</th>
<th>253</th>
</tr>
</thead>
</table>

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
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Correctional Institution Otisville (FCI Otisville), Federal Bureau of Prisons (BOP) in Otisville, New York was conducted on March 9-11, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, on-site audit and post-audit.

The previous PREA audit was conducted by PREA auditor James Roland on February 13-15, 2018. The previous auditor found that all 45 standards were met.

Prior to the on-site portion of the audit, the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The auditor sent emails related to questions, discrepancies and conflicting information in the PAQ to the PREA team for clarification. The PREA team was very responsive related to any questions the auditor had during this review and provided feedback and an updated PAQ. The PREA team ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received nineteen emailed photos on January 29, 2021 of the PREA audit announcements that were posted within the facility. The auditor did not receive any letters from inmates or staff at FCI Otisville related to the PREA audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the day of the audit (572) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units with the exception of J housing unit. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaire. The table following the inmate listings depicts the breakdown of inmate interviews. It should be noted that there were no youthful inmates or inmates in segregated housing for high risk of sexual victimization during the on-site portion of the audit and as such interviews were unable to be conducted.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. List of inmates that arrived within the previous twelve months
3. Youthful inmates (if any)
4. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
5. Inmates who are Limited English Proficient (LEP)
6. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
7. Inmates in segregated housing
8. Inmates who reported sexual abuse
9. Inmates who reported sexual victimization during risk screening
The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Staff from all three shifts were interviewed. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews. It should be noted that no youthful inmates were housed at the facility and as such staff interviews related to that population were not required to be completed. Volunteers were unavailable for interview as all volunteers were restricted from providing services due to COVID-19. Additionally, the SANE staff were unable to be interviewed as they are contracted through the local hospital and a criminal investigator was unable to be interviewed as they work for an outside agency (FBI).

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates</td>
<td>15</td>
</tr>
<tr>
<td>Targeted Inmates</td>
<td>18</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>33(^1)</td>
</tr>
</tbody>
</table>

Targeted Inmate Interview:

- Youthful Inmates                                      | 0                    |
- Inmates with a Disability                             | 1                    |
- Inmates who are LEP                                    | 2                    |
- Inmates with a Cognitive Disability                    | 1                    |
- Inmates who Identify as Lesbian, Gay or Bisexual      | 2                    |
- Inmates who Identify as Transgender or Intersex       | 4                    |
- Inmates in Segregated Housing for High Risk of Victimization | 0                |
- Inmates who Reported Sexual Abuse                      | 6                    |
- Inmates who Reported Sexual Victimization During Screening | 2                |

\(^1\) There were 30 total inmates interviewed. Three inmates fell into more than one specialized inmate category and as such were asked more than one set of specialized questions.
1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
   - Agency contract administrator
   - Intermediate-level 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 any
   - Education staff who work with youthful inmates, if any
   - Program staff who work with youthful inmates, if any
   - Medical staff
   - Mental health staff
   - Non-medical staff involved in cross-gender strip or visual searches
   - Administrative (Human Resource) staff
   - SAFE and/or SANE staff
   - Volunteers who have contact with inmates
   - Contractors who have contact with inmates
   - Criminal investigative staff
   - Administrative investigative staff
   - Staff who perform screening for risk of victimization and abusiveness
   - Staff who supervise inmates in segregated housing
   - Staff on the sexual abuse incident review team
   - Designated staff member charged with monitoring retaliation
   - First responders
   - Intake staff

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff</td>
<td>20</td>
</tr>
<tr>
<td>Total Staff Interviews</td>
<td>32</td>
</tr>
</tbody>
</table>

Specialized Staff Interviews

- Agency Contract Administrator            1
- Intermediate or Higher-Level Facility Staff  3
- Line Staff who Supervise Youthful Inmates  0
- Education and Program Staff who Work with Youthful Inmates  0
• Medical and Mental Health Staff 4
• Human Resource Staff 1
• Volunteers and Contractors 2
• Investigative Staff 1
• Staff who Perform Screening for Risk of Victimization 1
• Staff who Supervise Inmates in Segregated Housing 1
• Incident Review Team 1
• Designated Staff Member Charged with Monitoring Retaliation 1
• First Responders 3
• Intake Staff 1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

• Mr. M.D. Carvajal (Agency Head)
• Mr. William Pliler (Warden)
• Ms. Jill Roth (PREA Coordinator “PC”)
• Mr. Robert Schreffler (Acting PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on March 9, 2021 through March 11, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The tour of the FCI was conducted on March 9, 2021. The tour included all areas associated with FCI Otisville, to include the Detention Center (DC) and the Satellite Camp (SC). The tour included housing units, visitation, health services, intake (R&D), food service, laundry, commissary, facilities, recreation, religious services, Psychology Services, education and vocation. Additionally, the auditor toured the powerhouse, warehouse and garage. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to staff and inmates informally about PREA and the facility in general.

Interviews were conducted on March 10, 2021 and March 11, 2021. During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 258 staff assigned. The auditor reviewed a random sample of 20 personnel and/or training records that included five individuals hired within the previous twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and/or training files for five contractors, five volunteers and nine medical and mental health staff were reviewed.

**Inmate Files.** On the first day of the on-site portion of the audit, the inmate population was 572. A total of 35 inmate files were reviewed, including fourteen inmates that arrived within the previous twelve
months, seven LEP inmates, three disabled inmates and four transgender inmates. Information reviewed included initial risk screenings, 30 day reassessments, PREA education and biannual assessments.

**Medical and Mental Health Records.** The auditor reviewed medical and mental health records for ten inmates who reported prior victimization or prior abusiveness during the risk screening. Additionally, medical and mental health documents for thirteen inmate victims of sexual abuse or sexual harassment were reviewed.

**Grievances.** In the past year, the facility had zero sexual abuse grievances. The auditor reviewed the grievance log for the previous twelve months to confirm no sexual abuse allegations were reported.

**Incident Reports.** The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense) and 206 (sexual harassment) are utilized for PREA related issues. Additionally, all incident reports related to the thirteen investigations were reviewed.

**Investigation Files.** During the previous twelve months, there were fourteen allegations reported at the facility. A review of investigations determined one did not rise to the level of PREA (one inmate hugged another inmate). During the on-site portion of the audit all thirteen of the investigations were closed. The auditor reviewed all thirteen investigative reports to ensure all components were included from the investigating authority.

<table>
<thead>
<tr>
<th>Sexual Abuse</th>
<th>Sexual Harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate</td>
<td>Staff-on-inmate</td>
</tr>
<tr>
<td>Substantiated</td>
<td>0</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>6</td>
</tr>
<tr>
<td>Unfounded</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Allegations</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

The facility does not have a hotline number for reporting. Reporting is done via electronic mail, through written correspondence or verbally to staff. The auditor conducted a web search for FCI Otisville to determine if there was any relevant information pertaining to complying with PREA standards. The auditor located articles related to famous inmates at the facility and an article from 2009 related to the staff member who was involved in a relationship with an inmate and aided in his escape. No current information related to sexual abuse or sexual harassment issues was located. The auditor contacted Just Detention International (JDI) and RAINN to inquire about any correspondence or concerns from inmates at FCI Otisville. JDI and RAINN staff indicated they had not had any contact with inmates from FCI Otisville. Additionally, the auditor contacted the local rape crisis center, Crime Victims Treatment Center, Inc., Inc. (CVTC), related to the previous MOU, the renewal of the MOU and any issues or concerns related to inmates at FCI Otisville. Staff from CVTC stated that they had a previous agreement with FCI Otisville and that they are in the process of signing an updated agreement with the facility. The staff member stated she did not anticipate any significant changes from the prior MOU and that they will provide incarcerated victims with access to their services via their hotline, mailing address and through inmates contacting BOP staff and advising them they would like to request confidential rape crisis
services through CVTC. The staff member indicated they did not have any derogatory information related to FCI Otisville and had not had any concerns related to sexual abuse and sexual harassment from inmates at FCI Otisville.

**Post-Audit**

At the completion of the on-site portion of the audit, the auditor spoke to the Management Analyst about the recommendations under standards 115.15, 115.33, 15.51 and 115.67. On March 28, 2021 the auditor was provided training records for all contracted medical and mental health care staff related to specialized training required under 115.35. During the on-site portion of the audit, the auditor confirmed that BOP employed medical and mental health care staff had received the required specialized training, however the contracted medical and mental health staff had not. As such, the facility trained all six of their contracted medical and mental health care staff and forwarded the training documents to the auditor. As such the standard was corrected during the interim report period. On April 14, 2021 and April 26, 2021 the auditor was provided documentation related to corrective action for standards 115.41, 115.42 and 115.53. During the on-site portion of the audit, the auditor identified that while inmates were being reassessed during their 28 day program review, there was not proper documentation indicating that the program review included the reassessment. In 2020, the BOP developed a checkbox in their electronic system that was to be utilized to document that the staff re-assessed the inmate during the program review and determined if there have been any changes from the initial review. While the checkbox system has been in place for approximately a year, the staff at FCI Otisville were not properly marking the box and/or indicating the reassessments on the activity log. As such, the facility conducted a training with all Unit Team staff related to how to utilize the electronic system with regard to the reassessment. The auditor received the original email that had attached instructions from the agency on utilizing the system as well as sign in sheets from facility staff related to the training. While the checkbox was not marked for reassessments, all inmates were seen within the 28 days. At the program review inmates are asked about any changes since their arrival, about their housing, work and program assignments and overall acclimation to the facility. As such, while the staff were not marking the appropriate information for documentation, the reassessments were being completed. The auditor determined that based on the training that the standard was corrected with training during the interim report period. Similar to the reassessment documentation issue, was the biannual transgender/intersex inmate assessments. A review of the five transgender inmate records revealed that the facility had conducted biannual reviews. During the review the staff go over housing and programming as well as any issues they may be experiencing at the facility. While these reviews were completed, there was not specific documentation indicating that it was the transgender inmate’s biannual review related to safety issues. The facility provided the auditor with a training sign in sheet documenting that staff were trained on the required necessary notations for the biannual assessments. While the exact language was not documented during the 180 day reviews, the inmates were reviewed in person and housing and programming were discussed. As such, the auditor determined that based on the training that the standard was corrected with training during the interim report period.

The facility also provided the auditor with corrective action documents for standard 115.53. The facility had a prior agreement with the local rape crisis center; however the agreement had expired in October 2020. The auditor was provided documentation indicating the facility had been attempting to renew the agreement from September 2020 through the date of the on-site portion of the audit. During the tour the auditor observed that information for RAINN was posted, however it was only posted in Psychology Services. During the interim report period the facility updated the inmate handbook with the local rape crisis center information as well as the phone number for RAINN. The facility posted the information in all the inmate housing units and sent out a mass electronic message to the inmate population with the updated handbook information, including the extent the communication would be monitored. The auditor was provided the updated information (i.e. the inmate handbook), photos of the posted information in the housing units and confirmation of the mass electronic message sent through the inmate system (TRULINCS). As such the facility corrected this standard during the interim report.
Facility Characteristics

FCI Otisville is a Federal Prison under the authority of the Federal Bureau of Prisons, located at Two Mile Drive in Otisville, New York. FCI Otisville is a medium security institution with a minimum-security satellite camp and a detention center. The facility is located in Orange County, approximately 70 miles northwest of New York City. It is located near the Pennsylvania and New Jersey borders. FCI Otisville was opened in 1977 and currently houses a large population of ex-gang members. The facility has the FCI, the DC and the SC. The DC is adjacent to the FCI, while the SC is located across perimeter road.

FCI Otisville is comprised of 22 buildings, nine which are inside of a secure perimeter and thirteen which are outside of a secure perimeter. The DC and FCI both contain a secure perimeter while the SC does not contain a perimeter fence. The FCI is made up of eight buildings spread across the compound in a rectangular shape. There is one main building that contains the work, program and common areas. This building includes the administration area, visitation, indoor recreation, education, UNICOR, Psychology Services, vocation, facilities, commissary, barbershop, the dining hall, the kitchen, health services, intake (R&D), the chapel and laundry. The DC is one large continuous rectangular building. While all areas of the building are connected, each functional service area has an outside entrance on the inside of the compound. The DC consists of an administration area, visitation, a barbershop, vocation, commissary, a dining area, a kitchen, a chapel, the library and law library, a music room, a fitness room, an art and drawing room, education, unit team and the housing unit. The SC has four buildings, two storage sheds, one program and education building and a housing building. The housing building also contains the dining area, a kitchen, a medical room and a barbershop. The program and education building contains visitation, a library and law library, education and the chapel. The total capacity for the whole institution is 997. On the first day of the on-site portion of the audit the population at the institution was 572. The institution houses adult male inmates. The age range of the inmate population is 23-81. The institution houses minimum and medium security inmates. The average length of stay for inmates at the institution is 1178 days.

The entrance of the FCI is through the main building. This building is two floors and contains all of the work, program and common areas. The administration area is located in this building and contains the Warden’s office, computer services, investigations, human resources and the business offices. Central control is located in the administration area as well and controls entrance and exit to the facility.

Visitation at the FCI is an open area with chairs, COVID-19 barriers, vending machines and multipurpose rooms. An outdoor visitation area is located at the FCI; however it is not utilized. The strip search area and the restroom provide privacy through a solid door. Recreation is both indoor and outdoor. Outdoor recreation consists of handball courts, basketball courts, a baseball field, a track and a covered weight area. The indoor recreation area consists of a full basketball court, a weight area, a cardio fitness area, a ceramics room, a hobby craft and leather room, a wellness room, a music room and an open area with activity tables. The restroom in recreation provides privacy via a half wall barrier for the urinals and a full wall barrier for the toilets. Education consists of open classrooms with desks and chairs, the general library with shelves of books, the law library with computers and an education common area with staff offices and a waiting space. The restroom in education contains a full door for privacy. The UNICOR factory is currently shut down and is being utilized for storage. The area still contains the equipment and factory machines as well. The restroom in UNICOR is public restroom style with fully enclosed toilets. Psychology Services consists of numerous staff offices that offer privacy though solid doors with windows.

Vocation at the FCI is horticulture, building trades and floor care. Each trade has a classroom with appropriate equipment. The restroom in vocation is public restroom style with fully enclosed toilets. Facilities contains enclosed areas for each trade, including glass, paint, welding, electric, plumbing and HVAC. Additionally, the area has a tool room and a back dock. The restroom is public restroom style with fully enclosed toilets and half wall barriers for the urinals. Commissary contains a store style area as well
as a warehouse space for storage. The warehouse is open and stores all the excess goods for commissary. The front of commissary is store style with two floors. A waiting area is outside of the store for inmates to buy items. The barbershop, which is currently not utilized due to COVID-19, consists of chairs, sinks and necessary materials and equipment. Food service contains the dining hall and the kitchen. The dining hall is open with tables, stools, serving lines and drink stations. The kitchen contains all equipment necessary to feed over 500 inmates including a dish area, a vegetable preparation area, a religious diet room, freezers, coolers, grills, ovens, kettles and a staff office. A separate staff dining area is also found in food service and contains a small area with tables, chairs and a serving line. Laundry is an area with storage space, folding areas and industrial style washers and dryers.

Health services contains both medical and dental. Dental consists of two rooms with chairs and appropriate dental machinery. Medical consist of an emergency room, treatment rooms, a pharmacy, an x-ray room, a laboratory, staff offices and one suicide observation cell. All treatment rooms and medical rooms provide privacy through solid doors. Additionally, there is a medical waiting area with chairs for the inmates. Intake is where inmates are processed. The area contains holding cells with benches and toilets, a strip search area and medical screening offices with solid doors with windows. The strip search area provides privacy through a solid door and a curtain, while the holding cells provide privacy through wall barriers in front of the toilets or through a curtain. The chapel contains a sanctuary and classrooms. The classrooms are open with tables and chairs while the sanctuary is open with chairs and storage closets. Additional staff offices are found at the facility including a safety office and custody staff offices. Additionally, two separate buildings are located at the FCI that serve as staff offices and storage.

The FCI has three identical general population housing buildings and one building that is slightly varied. The three identical units (E, F and G) have two sides (1 and 2). A secured door opens to a small breezeway that connects the sides. Each housing unit is mezzanine style with five tiers. Units contain unit team offices, a barbershop, an exercise room, a computer room and a multipurpose room. The second tier contains an open dayroom with tables, stools, television and telephones. Each tier contains showers with curtains for privacy. Cells are located on all five tiers and are double bunked with a desk, toilet, sink, chairs and lockers. Cell doors are solid with a security window. The fourth housing building (D) has a similar set up as the others with a slight deviation. D unit only has one side and only contains four tiers. All showers in D unit are on the first tier and contain curtains for privacy. Cells in D unit are identical to those in E, F and G.

The SHU at the FCI is “U” shaped with cells on both sides and in the center of the “U”. The SHU is two tiered. Both tiers contain showers with curtains for privacy. Cells are double bunked with a desk, stool, toilet and sink. The cell door is solid with a security window. The first tier contains holding cells, a laundry and property storage area, a law library, an officer station and a small officer kitchenette. Recreation for the SHU is conducted outside in recreational enclosures.

The only other area at the FCI that an inmate can be housed is found in medical where one cell is available for suicide observation status. The cell is equipped with a bed, sink and toilet.

PREA posters were observed in all housing units and in common areas across the FCI. Contact information for RAINN, a national sexual assault program, was posted around the facility. Staffing levels were observed to be adequate, with at least two staff in each housing unit. Cameras and mirrors were observed to be strategically placed throughout the facility, including in housing units and in program and common areas.

The DC is one large rectangular building containing all areas of the facility. Entry is through a secure screening area and a control room. The center of the rectangle comprises the outdoor recreational area that contains a basketball court, handball court, tables and benches. The facility has a health services area that consists of a large room utilized by dental, optometry and medical. The room has a solid door with blinds that allow for privacy and confidentiality. The intake area is a small open area with offices and
a holding cell. The holding cell is equipped with a bench and a toilet. The cell has a solid door with a small security window that affords privacy. The strip search area and bathroom are the same space and are behind a solid door. A barbershop is located at the facility with a chair, sink and necessary equipment. The DC vocation and commissary share a large open space. Additionally, computers are located in the space for the inmates to utilize. Vocation consists of horticulture and classrooms for book work. The commissary is a small enclosed area with store shelves filled with goods.

Food service contains a dining area and a kitchen. The dining area has tables and chairs, a drink station and a serving line. The kitchen is small but contains a grill, kettle, butcher shop, dish area, dry storage space, a cooler, freezer and a religious diet room. The chapel is an open area with tables, chairs and televisions. The library and law library are in the same space and contain shelves with books, computers and chairs. Education consists of one open classroom with tables and chairs. Indoor recreation is a fitness room with cardio equipment and separate open rooms with materials for music, hobby craft and art and drawing. Additional staff offices are located within the facility, including unit team, custody and administration.

The housing area at the DC is two tiered. Numerous common rooms are located in the unit including an officer’s station, laundry, a programming room and a fitness and cardio room. Showers are located on both tiers and contain curtains for privacy. Cells are on both tiers and are double bunched with lockers, chairs, a desk, a toilet and a sink. Cell doors are solid with a security window. Additionally, all rooms have a small placard that can be placed in the security window when using the restroom for additional privacy. Dayroom space is located on the first tier. This area has tables, chairs and telephones.

PREA posters were observed in the housing unit and in common areas around the DC. Contact information for RAINN, a national sexual assault program, was posted in the housing unit. Staffing levels were observed to be adequate. Cameras and mirrors were observed to be strategically placed in certain areas of the facility.

The SC is made up of two main buildings and two storage sheds. The one building contains the inmate housing, barbershop, medical and food service. The other building contains visitation, education and the chapel. There is not a secure perimeter at the SC and as such there is not a main entrance. An outdoor recreation area is located outside the housing building and contains a large open concrete area for walking as well as covered picnic tables. The housing building contains two sides separated by food service. Food service contains a dining area with a drink station, hot boxes, tables and stools. The kitchen is small with a dish area, grill, oven, kettle, cooler, freezer, religious diet space and dry storage. A barbershop and phone area are located in the center of the building as well. The building also contains health services, which consists of one medical room for routine appointments.

The second building contains visitation, which consist of both an indoor space and an outdoor space. Indoor visitation is open with chairs and vending machines. Outdoor visitation is an open area with picnic tables. A law library/computer room is located in the building as well as the general library with a few shelves of books. Education consists of two classrooms with chairs. One of the classrooms serves as multipurpose and is utilized as a television room as well. The chapel is a small classroom with tables, chairs and shelves with religious materials. A vacant area is also located in this building. It is an old dorm that is going to be reconstructed into a medical area.

The housing units are in the same building but are separated by food service. While there is not a secure door that separates them, they are far enough apart to be considered two different housing areas. Both sides are the same and contain a laundry room with a washer and dryer and a restroom. The units are open bay cubicle style. Each bedding area is divided by raised half walls. Living areas are double bunched with lockers and stools. The restrooms all have a solid entrance door. Within the restroom are public style fully enclosed toilets, sinks and urinals with extended half wall barriers.
PREA posters were observed in the two buildings at the SC. Contact information for RAINN, a national sexual assault program, was posted as well. Staffing levels were observed to be adequate. Mirrors were observed to be strategically placed in certain areas at the SC.

The warehouse, garage, powerhouse and numerous storage sheds are located between the FCI and the SC. The powerhouse is an open area with pipes, equipment and tools. The garage consists of numerous bays where vehicles are repaired. The warehouse is a large area with shelves stocked full of goods and supplies for the complex. All restrooms in these areas contain solid doors for privacy.

The institution employs 258 staff. Custody staff make up three shifts; day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one officer is assigned to each housing unit along with a case manager and/or counselor. Additional officers are assigned to other areas to include recreation, intake, food service, visitation, education, etc. Additionally, medical staff, mental health care staff and administrative staff have their own varied scheduled work hours and assist with monitoring and supervision. The facility employs nineteen contractors. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 174 volunteers that provide services to inmates.

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Summary of Audit Findings

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
Interviews:
1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, OTV 5324.12d, the Inmate Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention. The agency has a zero tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and on page 66 of the inmate handbook. 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 PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. 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 (P3420.11 and P5270.09, page 45), 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 (referred to as the National PREA Coordinator) is an upper-level position and has agency-wide oversight. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 PREA Compliance Managers. The PC was interviewed and she reported that her position is full-time and that she has enough time to manage all of her PREA related responsibilities.

115.11 (c): The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the 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/she reports directly to the Warden. The interview with the PREA Compliance Manager indicated he has sufficient time to coordinate the facility’s PREA compliance efforts. He stated he coordinates the facility’s efforts through training, posters, by sending out materials on any changes or recommendations and ensuring any issues are alleviated.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and the facility has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and PREA Compliance Manager. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.
Standard 115.12: Contracting with other entities for the confinement of inmates

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. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

Interviews:
1. Interview with the Agency’s Contract Administrator

Findings (By Provision):

115.12 (a): The agency currently has ten contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: “The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115”. Additionally, a review of three RRC contracts confirmed the following language was present: “Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities”. The interview with the Agency
Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor’s policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP’s Quality Assurance Program conducts a review of each of the contractor’s PREA allegations to determine compliance.

115.12 (b): The agency currently has ten contracts with private contract facilities and 150 contracts with Residential Reentry Centers (RRC). A review of the three private contract facilities contracts confirmed that the following language was initially included or added to each: “The contractor shall comply with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect, and Respond to Prison Rape as contained in 28CFR Part 115”. Additionally, a review of three RRC contracts confirmed the following language was present: “Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assault and sexual misconduct of offenders in correctional facilities to include all community-based facilities. Administration must maintain a zero tolerance for sexual abuse, specifically policy that addresses PREA compliance will be maintained by contractor. Facility must be in full compliance with PREA standards that apply to Community Confinement Facilities”. The interview with the Agency Contract Administrator confirmed that all new and renewed contracts require PREA compliance. The interview indicated that the contractor’s policies and procedures are reviewed by the BOP and that the contractor is required to notify the BOP of any PREA allegations and forward a copy of the allegation, the investigation and the findings to the oversight staff. Additionally, at least once a year the BOP’s Quality Assurance Program conducts a review of each of the contractor’s PREA allegations to determine compliance.

Based on the review of the PAQ, the language within the six sample agency contracts and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.

**Standard 115.13: Supervision and monitoring**

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

- 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
2. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Reviews
6. Documentation of Unannounced Rounds

**Interviews:**
1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

**Site Review Observations:**
1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

**Findings (By Provision):**

**115.13 (a):** P3000.03 addresses the agency’s staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. 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 off of 1088 inmates. The facility employs 258 staff. Custody staff mainly make up three shifts: day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one officer is assigned to each housing unit along with a case manager and/or counselor. Additional officers are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical staff, mental health care staff and administrative staff have varying work schedules to assist with monitoring. During the tour the auditor observed adequate staffing throughout the facility. At least one staff member was assigned to each housing unit along with non-custody staff. Additionally, housing units and commons areas were equipped with video monitoring technology and reflective mirrors to aid in monitoring and alleviating blind spots. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden indicated that the facility reviews staffing levels to ensure staff are adequate throughout the facility to protect inmates. He said that housing officers and supervisors are assigned to each shift and that the facility discusses the staffing plan quarterly to ensure levels are adequate. The Warden indicated that levels are reviewed through adequate custody staff to inmate ratios. He stated there have been no finding of inadequacy but if there were they would be considered in the plan. He stated that the physical layout is reviewed as facilities have different layouts. He indicated that security levels and type of inmates are reviewed and staffing levels are adjusted based off of any changes or needs. He stated that all components are reviewed and that the plan is documented in human resources and the business office.

115.13 (b): The facility indicated in the PAQ that there are never deviations from the staffing plan. The interview with the Warden indicated that deviations would not occur as policy does not allow for correctional service rosters to be unmanned. He indicated that they pay overtime or mandate overtime. Additionally, he stated that the facility complies with the required number that is put out by central office. He stated they meet quarterly to discuss if any recommendations or changes are needed to the plan. He advised he keeps track daily of the staffing via his roster.

115.13 (c): The staffing plan was most recently reviewed on October 27, 2020. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises of the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. 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 review of additional documentation indicated other reviews were completed on September 9, 2020, June 16, 2020, January 16, 2020 and August 14, 2019. The reviews indicated a need to replace current video monitoring technology that was broken and could not be repaired. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

115.13 (d): P5324.12, page 16, 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. A review of the ten PAQ supplemental documentation IDO rounds indicated that unannounced rounds are being conducted weekly by the IDO in all locations at the facility on all three shifts. Additionally, P5324.12 prohibits staff
from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. A review of documentation of three weeks of Operations Lieutenant unannounced rounds indicated that rounds were conducted at least once on each shift in each of the housing units. Interviews with intermediate-level or higher-level supervisors indicated that they make rounds and that they document the rounds in TRUSCOPE. The staff stated that rounds are made irregularly at different times and locations. Staff stated they are extremely busy all day and that they go where they can when they can and as such there is never a pattern.

Based on a review of the PAQ, P3000.03, P5324.12, the staffing plan, annual reviews, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

### Standard 115.14: Youthful inmates

#### 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)*

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FCI Otisville
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. Memorandum

Interviews:
1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FCI Otisville. 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 tour, 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. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at FCI Otisville. 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 tour, 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. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at FCI Otisville. 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 tour, 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. As such, this provision is not applicable.

Based on a review of the PAQ, daily population reports, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such, compliant.

Standard 115.15: Limits to cross-gender viewing and searches

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 enable 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 enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes □ No

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes □ No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes □ No

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

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**
- 1. Pre-Audit Questionnaire
- 2. P5521.06
- 3. P5324.12
- 4. OTV 5324.12d
- 5. Memorandums Related to Searches
- 6. Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum
- 7. Staff Training Records

**Interviews:**
- 1. Interview with Random Staff
- 2. Interview with Random Inmates
- 3. Interview with Transgender/Intersex Inmates

**Site Review Observations:**
- 1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
- 2. Observation of Opposite Gender Announcement

**Findings (By Provision):**

115.15 (a): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that 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 searches of this kind were conducted at the facility over the past twelve months.

115.15 (b): P5521.06, 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. The PAQ indicated that no female inmates are housed at the facility and therefore this provision of the standard does not apply. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no
female inmates are or were housed at the facility in the previous twelve months. It should be noted that the facility does house transgender inmates that identify as female. These inmates have a search preference and are issued a yellow card. The yellow card indicates their search preference, either male or female. The auditor spoke with four transgender inmates who indicated that they are pat and strip searched by female staff as that is their search preference. The inmates also indicated they were never restricted from access to programs or privileges because a female staff member was unable to search them. Two inmates stated that sometimes in the SHU it takes longer than usual to get a female staff member to conduct a search prior to exiting the cell but that they do eventually get there.

115.15 (c): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented on 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 and that female inmates are not housed at the facility. It should be noted that the facility does house transgender inmates that identify as female. These inmates have a search preference and are issued a yellow card. The yellow card indicates their search preference, either male or female. The auditor spoke with four transgender inmates who indicated that they are pat and strip searched by female staff as that is their search preference. The inmates also indicated they were never restricted from access to programs or privileges because a female staff member was unable to search them. Two inmates stated that sometimes in the SHU it takes longer than usual to get a female staff member to conduct a search prior to exiting the cell but that they do eventually get there.

115.15 (d): OTV 5324.12d, page 1 states that FCI Otisville will ensure compliance through the prohibition of non-medical staff viewing inmates of the opposite gender engaged in private activities (e.g. showering, using the bathroom, etc.). The PAQ stated that the facility has implemented policies that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. All fifteen of the interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes and fourteen of the fifteen indicated that staff of the opposite gender announce their presence when entering housing units. Interviews with inmates indicated that 26 of the 30 had never been naked in front of a female staff member. The four that indicated that they were naked in front of a female staff member were the four transgender inmates who stated that their strip search preference and their search card stated preference is a female pat and strip search. Interviews with inmates also indicate that sixteen of the 30 hear the opposite gender announce their presence when entering a housing unit. Two of the fourteen that stated the announcement is not made did indicate that they have heard an announcement over the loudspeaker. During the tour, the auditor heard the opposite gender announcement being made. The auditor observed that all dorms at the FCI and DC have shower curtains for privacy as well as solid doors with a small security window that afford privacy. The housing units at the SC have bathroom areas, both have solid doors at the entrance as well as curtains inside for the showers and public restroom style doors for the toilets. Common, work and program area bathrooms provide privacy through solid doors, saloon style doors or public restroom style doors. The auditor did identify a holding cell in intake that had a cross gender viewing issue. A reflective mirror was utilized in the holding cell to eliminate a blind spot; however the toilet was visible in the mirror. The facility corrected the cross gender viewing issue while the auditor was on-site. A shower curtain was placed in front of the toilet to ensure privacy while still allowing the mirror to cover the blind spot. As such, the cross gender viewing issue was addressed and corrected during the on-site audit period.
115.15 (e): OTV 5324.12d, page 3 states that staff are instructed that they are strictly prohibited by policy from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with random staff indicated all twelve were aware of a policy prohibiting these types of searches. Additionally, interviews with four transgender inmates indicated that none had ever been searched for the sole purpose of determining their genital status.

115.15 (f): The Sexually Abusive Behavior Prevention and Intervention Program Annual Training Curriculum indicated that staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner on the first day of the annual training. A review of the training curriculum confirms that the training covers cross gender pat-searches and searches of transgender and intersex inmates. The PAQ indicated that 100% of staff had received this training. A review of fifteen staff training records indicated that all fifteen had received the search training, which included a video on searches. Interviews with twelve random staff indicated that they all had received the search training.

Based on a review of the PAQ, P5521.06, OTV 5324.12d, the Sexually Abusive Behavior Prevention and Intervention Program Curriculum, a random sample of staff training records, observations made during the tour to include, saloon doors, solid doors, public restroom style doors, shower curtains and doors with privacy windows as well as the observation of the opposite gender announcement and information from interviews with random staff, random inmates and transgender inmates indicate that this standard appears to be compliant.

Recommendation:

While the facility is compliant with the standard based on the provisions, the auditor highly recommends that staff be educated on the opposite gender announcement requirement. While ten of the twelve staff indicated that the announcement is made and the auditor heard the announcement during the on-site portion of the audit, sixteen of the 30 inmates indicated that the announcement is not being made. It is recommended that staff be educated that in addition to the shift change opposite gender announcement that is relayed over the loud speak, that opposite gender staff are required to announce when entering a housing unit when the status quo has changed (i.e. when a female enters a housing area where only male staff are assigned currently).

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

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: 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
2. P5324.12
3. OTV 5324.12d
4. LanguageLine Solutions Contract
5. Staff American Sign Language (ASL) Memorandum
6. Memorandum on Blind Inmates
7. PREA Posters
8. Inmate Admission and Orientation Handbook

Interviews:
1. Interview with the Agency Head
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

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

Findings (By Provision):

115.16 (a): P5324.12, page 19 and OTV 5324.12d, page 3, section 6b establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the 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 posters, PREA directives and inmate distributed information confirmed that information is provided in large font and bright colors. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. The interviews with the two disabled inmates indicated that they both received PREA information in a format that they could understand. One inmate indicated that the staff read the information to him while the other said the provided information was adequate. A review of eight disabled inmate files indicated that seven signed that they had received PREA information and that they understood the information. The one inmate who did not sign was determined to have been an oversight and did not receive the A&O upon
arrival back in 2017. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): P5324.12, page 20 and OTV 5324.12D, page 4, section 3 establishes the procedure to ensure meaningful access to all the 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 providing effective communication accommodations. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook, PREA directives and inmate distributed information confirmed that information is available in both English and Spanish. Interviews with the Agency Head indicated that inmates received PREA information in a format that they can understand. Interviews with two LEP inmates confirmed that they received information in a format that they understood. Both received information in Spanish and one indicated that staff translated the A&O information to him in Spanish. Additionally, the auditor was able to utilize staff translators during the audit. A review of seven LEP inmate files indicated that five received PREA information and signed that they understood the information. One inmate was just released from quarantine and had not yet been through A&O while the other was an oversight during COVID-19 and did not receive A&O. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): P5324.12, page 20 and OTV 5324.12D, page 4, section 3 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 random staff indicated that nine of the twelve were aware of a policy prohibiting inmates from being utilized as translator, interpreters or readers for sexual abuse allegations. None of the twelve were aware of a time an inmate had ever been utilized to translate or provide assistance. Interviews with four disabled and LEP inmates indicated that they received the information and they all understood the information. One inmate stated that he received the A&O information in English but a staff member translated the information for him into Spanish. No inmates indicated another inmate was utilized to assist them in translating, interpreting or reading related to sexual abuse.

Based on a review of the PAQ, P5324.12, OTV 5324.12D, the LanguageLine Solutions contract, the memo from the Warden, a review of PREA signage and information, the inmate handbook, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, random staff, LEP inmates and disabled inmates indicates that this standard appears to be compliant.

**Standard 115.17: Hiring and promotion decisions**

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. Pre-Audit Questionnaire
2. P3000.03
3. Standard Form 85P – Questionnaire for Public Trust Positions
4. BOP Recruiting Flyer
5. National Background Investigations Bureau (NBIB)
6. General Employment Considerations for Staff
7. Memorandum for Human Resource Manager
8. Mass Initiation of Staff Re-Investigations Email
9. Eligibility Questions
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files
Interviews:
1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if 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 has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 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 five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background check completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed background check and as such the five contractors reviewed all had a background check completed prior to enlisting their services. The interview with Human Resource staff indicated that the questions are part of the hiring process.

115.17 (b): The General Employment Considerations for Staff indicates on page 2 that the applicant’s character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau’s efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% 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 five 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 process.

115.17 (d): P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there have been five contracts at the facility within the past twelve months. A review of five 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): 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 through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks 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 that 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 Human Resource staff confirmed that all staff and contractors have a criminal background check completed every five years.

115.17 (f): 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 five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, 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 on 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 is 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 Memorandum for Human Resource Manager documented that 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. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that 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, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

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

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

Interviews:
1. Interview with the Agency Head  
2. Interview with the Warden

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant  
2. Observations of 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. The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since August 20, 2012. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protect inmates against sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions.

**115.18 (b):** The facility has installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The PAQ as well as the interview with the Warden confirmed the camera system was upgraded a few years ago. The Warden stated that video monitoring has pan, tilt and zoom capabilities and that they review the placement to ensure blind spots are covered and that inmates are protected against sexual abuse and sexual harassment. The interview
with the Agency Head 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 tour, the auditor observed video monitoring technology in all housing units and in all common, work and program areas at the FCI.

Based on a review of the PAQ, interviews with the Warden and Agency Head as well as observations made during the tour indicate that the facility exceeds this standard. The facility has not made any modifications or upgrades to the physical plant; however the facility has upgraded their video monitoring technology. The technology is strategically placed throughout the FCI to ensure all areas are monitored. All housing units as well as common areas, work areas and program areas are covered by zoom, tilt and pan video monitoring technology. Additionally, mirrors are placed strategically throughout the FCI, DC and SC to ensure all blind spots are alleviated. The efforts of the facility to protect inmates from sexual abuse and sexual harassment through video monitoring technology and other monitoring devices is above adequate and as such exceeds this standard.

**RESPONSIVE PLANNING**

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

**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
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. OTV 5324.12d
5. Memorandum of Understanding with Crime Victims Treatment Center, Inc. (CVTC)
6. Emails Between the Facility and CVTC
7. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
8. Qualified Staff Advocacy Training Documents
9. Letter from FBI on PREA Compliance

Interviews:
1. Interview with Random Staff
2. Interview with Victim Advocate
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The Prison Rape Elimination Act Investigation Policy Memorandum, pages 10-13, section 234.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence preservation, medical examinations, forensic crime scene investigation with biological evidence, handling biological evidence and detecting and testing forensic evidence. The PAQ indicated that the agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. Interviews with twelve random staff indicated that all twelve were aware of evidence protocol and that they are responsible for preserving evidence.

115.21 (b): The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as 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): The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, 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. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. OTV 5324.12d, pages 5-6 state that the forensic examination is performed by qualified sexual assault examiners and that health service staff coordinate with correctional services to transport the inmate to a local community facility for forensic examinations. The PAQ indicated that during the previous twelve months, there has
been one forensic exam conducted. Upon further discussion this number was a typo and there were actually four forensic examinations completed within the previous twelve months. A review of documentation confirmed that four inmate victims were transported to the local hospital where a forensic examination was completed by a SANE. A review of the hospital website confirmed that the sexual assault examiner program is a collaborative effort with the Orange County District Attorney’s Office and the Rape Crisis Services/Mental Health Association in Orange County, Inc. The website further states that the staff have received special training in treating and caring for sexual assault victims, collecting and preserving physical evidence and providing expert testimony.

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. While the facility provided an MOU with the Crime Victims Treatment Center, Inc., it was verified that the MOU had expired and that the facility has been attempting to reestablish the MOU since September 2020 (the MOU expired August 2020). Further review determined that the local hospital where inmates are transported, provides an advocate (if wanted) for any individual undergoing a forensic examination. Additionally, the hospital website confirms that the Rape Intervention Services and Education (RISE) program is offered at the hospital and that program staff members will accompany the victim during the forensic examination. A review of documentation indicated that three of the four inmates who were provided forensic medical examination at the local hospital were documented to have had a victim advocate present during the examination. The interview with the PCM indicated that the inmates are transported to the regional hospital and that they provide their own advocate. He stated that the facility is in the process of renewing the MOU with the local rape crisis center. The interviews with the inmates who reported sexual abuse indicated that one involved penetration and a forensic examination. The inmate stated that there were two advocates with him at the hospital during the forensic examination. An interview with the staff member from RISE confirmed that they do provide support for all individuals who request victim advocacy during the forensic examination. She stated that the hospital will ask the inmate whether he/she would like an advocate and if they do, the hospital contacts RISE via a hotline and they respond to the hospital. The staff member indicated she has not personally accompanied any inmates; however other staff members have.

115.21 (e): The PAQ indicated 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. While the facility provided an MOU with the Crime Victims Treatment Center, Inc., it was verified that the MOU had expired and that the facility has been attempting to reestablish the MOU since September 2020 (the MOU expired August 2020). Further review determined that the local hospital where inmates are transported, provides an advocate (if wanted) for any individual undergoing a forensic examination. Additionally, the hospital website confirms that the Rape Intervention Services and Education (RISE) program is offered at the hospital and that program staff members will accompany the victim during the forensic examination. A review of documentation indicated that three of the four inmates who were provide forensic medical examination at the local hospital were documented to have had a victim advocate present during the examination. The interview with the PCM indicated that the inmates are transported to the regional hospital and that they provide their own advocate. He stated that the facility is in the process of renewing the MOU with the local rape crisis center. The interviews with the inmates who reported sexual abuse indicated that one involved penetration and a forensic examination. The inmate stated that there were two advocates with him at the hospital during the forensic examination. An interview with the staff member from RISE confirmed that they do provide support for all individuals who request victim advocacy during the forensic examination. She stated that the hospital will ask the inmate whether he/she would like an advocate and if they do, the hospital contacts RISE via a hotline and they respond to the hospital. The staff member indicated she has not personally accompanied any inmates; however other staff members have.
115.21 (f): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that 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 (g): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that 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 facility has eight qualified staff members that are able to serve as victim advocates when necessary. They have all received training titled: Forensic Medical Exams: An Overview for Victim Advocates.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the MOU with CVTC, emails between the facility and CVTC regarding the MOU renewal, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with random staff, the PCM, inmates who reported sexual abuse and the RISE staff member indicates that this standard appears to be compliant.

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

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
2. P5324.12
3. P5508.02
5. Attorney General Order Number 2835-2006
6. Memorandum of Understanding with the Federal Bureau of Investigation
7. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): P5324.12, page 43, 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 AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there were thirteen allegations reported within the previous twelve months and all thirteen resulted in an administrative investigation. A review of documentation indicated there were fourteen allegations reported in the previous twelve months. One was determined not to rise to the level of a PREA allegation. Of the remaining thirteen all were investigated and closed at the time of the on-site portion of the audit. The interview with the Agency Head
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. The interview with the investigator confirmed that all allegations are reported to the facility and any criminal allegations are referred to the FBI.

115.22 (b): P5324.12, page 43, 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 AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which 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): P5324.12, page 43, 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 AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

115.22 (d): P5324.12, page 43, 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 AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

115.22 (e): The MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. A review of the BOP website indicated that P5508.02 which describes the FBI’s authority to conduct criminal investigations is available at https://www.bop.gov/PublicInfo/execute/policysearch?todo=query.

Based on a review of the PAQ, P5324.12, P5508.02, the AG Memo, AG Order 2835-2006, the MOU with the FBI, investigative reports, the agency’s website and information obtained via interviews with the Agency Head and investigator, this standard appears to be compliant.

### TRAINING AND EDUCATION

#### Standard 115.31: Employee training

115.31 (a)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency train all employees who may have contact with inmates on its zero tolerance policy for sexual abuse and sexual harassment?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
</tbody>
</table>

115.31 (b)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is such training tailored to the gender of the inmates at the employee’s facility?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
</tbody>
</table>

115.31 (c)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have all current employees who may have contact with inmates received such training?</td>
<td>☒</td>
<td>□</td>
</tr>
<tr>
<td>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?</td>
<td>☒</td>
<td>□</td>
</tr>
</tbody>
</table>
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
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

Interviews:
1. Interview with Random Staff

Findings (By Provision):

115.31 (a): P5324.12, pages 24-25 indicate 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 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 in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff confirmed that all twelve had received PREA training during institutional familiarization (IF) and/or annual training. Staff confirmed all required topics were covered in the training. Most staff indicated that the training goes over the procedures to take if an inmate were sexually abused including safeguarding, separating, preserving and notifying the supervisor. Staff stressed their duty to report and that they were told to take all allegations seriously.
115.31 (b): P5324.12, page 25, indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of the training curriculum confirmed that the annual training includes information on male and female inmates. Additionally, staff assigned to a female facility receive annual training titled handling female offenders. All fifteen staff training records reviewed received PREA training.

115.31 (c): The PAQ indicated that 258 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. P5324.12 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 for fifteen staff confirmed that all fifteen had received PREA training. Two of the fifteen only received training in 2020 as they were new hires, while one staff member did not receive training in 2020 due to being out all year on sick leave.

115.31 (d): The PAQ as well as P5324.12, page 26, 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 all staff sign a training acknowledgement that states “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures”. A review of fifteen staff training records indicated that all fifteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, OTV 5324.12D, 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 indicate that the facility exceeds this standard. The facility conducts annual training and supplements annual training through emails and other mechanisms. All staff interviewed were well versed on the basic requirements under PREA including their first responder duties.

**Standard 115.32: Volunteer and contractor training**

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
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Volunteer Orientation/Annual Refresher Training
4. Level I Volunteer Application/Training Form
5. Sample of Contractor Training Records
6. Sample of Volunteer Training Records

**Interviews:**
1. Interview with Volunteers or Contractors who have Contact with Inmates

**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 receive the PREA Training for Level I Volunteers and/or the Volunteer Orientation/Annual Refresher Training. The PAQ indicated that 193 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of eleven training documents for contractors and volunteers indicated that all eleven had received PREA training. Additionally, the interviews conducted with contractors confirmed that they received PREA training which included information on the zero tolerance policy and how to report incidents. One contractor indicated training was via PowerPoint slides and through an in-person training while the other stated she saw a video when she first started and was provided a handout and other documents.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers and/or the Volunteer Orientation/Annual Refresher Training. 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 eleven training documents for contractors and volunteers indicated that all eleven had received PREA training. Additionally, the interviews conducted with contractors confirmed that they received PREA training which included information on the zero tolerance policy and how to report incidents. One contractor indicated training was via PowerPoint slides and through an in-person training while the other stated she saw a video when she first started and was provided a handout and other documents.

115.32 (c): The PAQ and a review of a sample of training documents for contractors and volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that 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 PAQ, the PREA Training for Level I Volunteers, the Volunteer Orientation/Annual Refresher Training, a review of a sample of contractor and volunteer training records as well as interviews with contractors indicates that this standard appears to be compliant.

**Standard 115.33: Inmate education**

**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
2. P5324.12
3. P5290.14
4. Bureau’s Admission and Orientation (A&O) Pamphlet on Sexually Abusive Behavior Prevention and Intervention
5. Sexually Abusive Behavior Prevention and Intervention Program
6. Inmate Admission and Orientation Handbook
7. Inmate Training Records

Interviews:
1. Interview with Intake Staff
2. Interview with Random Inmates

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

Findings (By Provision):
**115.33 (a):** P5324.12, 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 495 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of the pamphlet confirmed that it includes information on the zero tolerance policy and the reporting methods. A review of 24 (nineteen received over the last eighteen months) inmate files indicated that all 24 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and are asked the risk screening questions upon arrival. A review of the inmate handbook indicated that information on the zero tolerance policy and methods of reporting are found on pages 8-10. The interview with intake staff indicated that inmates receive information when they come in through a packet of information that is provided that includes sexual abuse/PREA information. Information is provided within minutes of arrival. 28 of the 30 inmates interviewed indicated that they received information on the agency’s sexual abuse and sexual harassment policies.

**115.33 (b):** P5324.12, 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 six-page 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 289 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. A review of 24 (nineteen received over the last eighteen months) inmate files indicated that 22 had received comprehensive PREA education. One of the two was an oversight while the other had just arrived and was not completed yet. Of the 22, eight received the comprehensive PREA education outside of the 30 day timeframe. The facility indicated this was mostly due to COVID-19 and the deviations in operations due to the virus. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and are asked the risk screening questions upon arrival. The interview with intake staff indicated that inmates receive information when they come in through a packet of information that is provided that includes sexual abuse/PREA information. Information is provided within minutes of arrival. 28 of the 30 inmates interviewed indicated that they received information on the agency’s sexual abuse and sexual harassment policies. Most indicated that they received the information at intake and that A&O was completed within a few weeks.

**115.33 (c):** The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, P5324.12, 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 inmates receive information in a packet upon arrival that includes sexual abuse/PREA information. The staff member stated inmates also receive comprehensive education by Psychological Services during A&O. A review of 24 (nineteen received over the last eighteen months) inmate files indicated that all 24 received PREA information at intake.

**115.33 (d):** The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. The facility has staff members who are fluent in Spanish to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) with LanguageLine
Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The A&O handbook, the A&O pamphlet as well as the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish. A review of PREA education and documents indicated that pictures accompany words, they were printed in bright colors and they are available in large print. A review of a sample of fifteen disabled and LEP inmate files indicated that twelve received PREA information in a format they could understand. Two were identified as not receiving A&O, which the facility indicated was an oversight, while one inmate was recently released from quarantine and had not received A&O yet.

**115.33 (e):** P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmate’s central file. Additionally, the 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 24 inmate files indicate that 22 were documented to have received PREA education. One was an oversight and had not received A&O while the other was recently released from quarantine and had not yet received the comprehensive 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 inmate handbook, the A&O pamphlet and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas. Additionally, the inmate handbook and the A&O pamphlet are available on the inmate computers.

Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

**Recommendation:**

While the facility complies with the provisions of this standard, the auditor did identify two areas that the auditor highly recommends the facility address. One inmate that arrived in the previous eighteen months as well as a disabled inmate were identified with not receiving comprehensive PREA education, which in itself is not a systemic issue as oversights and human error do occur. However, the auditor identified that both of the inmates arrived and immediately went to the SHU. The inmates remained in the SHU since their arrival and had not received A&O. Inmates were provided the inmate handbook and other information, but did not receive the same type of comprehensive education as the general population inmates. As such, the auditor highly recommends that inmates in the SHU receive the same comprehensive education as the inmates in general population. Additionally, since COVID-19 the BOP has had to change their operations. Currently, inmates are quarantined for fourteen days upon arrival at facilities. Once inmates are deemed negative for COVID-19 at the completion of the fourteen days, they are released to general population. The facility then completes A&O, which includes comprehensive PREA education, within their normal 30 day timeframe. Eight of the 24 inmate files reviewed were completed outside of the 30 day timeframe. While the auditor understand that operation have deviated due to COVID-19, it has been over a year and the quarantine time period has become a new normal operation. As such, in order to meet the requirements under PREA post COVID-19, the auditor recommends that the facility update their procedures to ensure upon release from quarantine that inmates receive comprehensive PREA education, via A&O, within fourteen days instead of 30. While the past year has been a unique challenge for correctional institutions and the auditor understands that timeframes may not have been met due to COVID-19, moving forward the facility and agency as a whole
will have had ample time to develop new procedures related to COVID-19 in order to comply with the appropriate timeframes.

**Standard 115.34: Specialized training: Investigations**

**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
2. P5324.12
3. DOJ/OIG PREA Training
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

**115.34 (a):** P5324.12, 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 an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated that three facility staff had completed the NIC training. A review of documentation indicated that the facility has three main facility investigators, however there are thirteen total facility staff documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received specialized training and he completes it annually via the online training system.

**115.34 (b):** P5324.12, 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 an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated that three facility staff had completed the NIC training. A review of documentation indicated that the facility has three main facility investigators, however there are thirteen total facility staff documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received specialized training and he completes the training annually via the online training system. He stated that the training included interview technique topics, what contributes to sexual abuse, the reporting climate, male, female and children interview techniques, preservation of evidence, timeframes related to sexual abuse, the brain make up related to sexual abuse and the SANE.
115.34 (c): The PAQ indicated that currently there are 253 facility and agency investigators who the agency currently employs to conduct investigations. This includes all investigators in OIA and at the facility that complete investigations for the BOP. Of the 253, the PAQ indicated that three of those are facility investigators at FCI Otisville that have received specialized training. Further review indicated that there are three main investigators at the facility, however a total of thirteen facility staff have completed the training. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. A review of the facility investigators’ training records indicated that all six investigators had completed the specialized training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received specialized training online and that it is documented on his training record.

115.34 (d): The SIS/OIA is responsible for administrative investigation while the FBI/OIG is responsible for criminal investigations within the agency. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

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

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
2. P5324.12
3. P6031.04
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Forensic Medical Examinations: An Overview for Victim Advocates
6. Medical and Mental Health Staff Training Records

Interviews:
1. Interview with Medical and Mental Health Staff

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

Findings (By Provision):
115.35 (a): P5324.12, 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 suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 21 medical and mental health staff and that 90% of these staff received the specialized training. Further communication with the facility indicated that a few medical and mental health staff were new and had not yet received the training. A review of training rosters indicated that 25 facility staff had completed the specialized training. A review of nine medical and mental health staff training records, including four contracted medical staff, indicated that all the facility medical and mental health care staff had received specialized training. The four contracted medical and mental health care staff reviewed had not received the specialized training. Interviews with medical and mental health staff confirmed that they had received specialized PREA training. The staff stated they receive training annually and that it goes over safety of inmates, evidence collection, required testing for inmate victims, follow-up requirements for sexually transmitted infections, how to handle an allegation of sexual abuse and information related to advocacy. Additionally, all three staff confirmed the required elements are included in the training. It was determined that until recently the agency was not aware that contracted medical and mental health care staff were required to complete the specialized training. On March 18, 2021 the facility provided the auditor with training records indicating that the six medical and mental health contracted staff had completed the required specialized training. Additionally, the Regional PREA Coordinator provided the auditor with an email with directive to all BOP facilities directing all contracted medical and mental health care staff to complete the specialized training. As such, this provision was corrected during the interim report period.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. A memo from the Warden indicates that inmates are transported to the local hospital for forensic examinations and that exams are performed by a SANE or SAFE. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of training documents for nine medical and mental health care staff confirm that the training is documented either via an online training certificate or a sign-in sheet. The documentation is subsequently entered into the staff training system.

115.35 (d): BOP medical and mental health care staff are considered correctional workers and attend agency annual training which includes annual PREA training. Contracted medical and mental health care staff complete the required contractor training. A review of the nine medical and mental health staff members training documents indicated that four had received contractor training while five had received the annual staff PREA training.

Based on a review of the PAQ, P5324.12, P6031.04, the two training curriculums, a review of medical and mental health care staff training records, follow-up training records for contracted medical and mental health care staff, as well as interviews with medical and mental health care staff indicate that this standard has been corrected during the interim report period and as such is compliant.
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes □ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

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

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

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

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

115.41 (e)

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

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

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

115.41 (f)

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

115.41 (g)

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

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Reassessment Documents

Interim Report Period Corrective Action Documents:
1. Staff Training Email
2. Staff Training Sign-In Sheet

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

Site Review Observations:
1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):
115.41 (a): P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. P5324.12 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. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office at intake. Interviews with fifteen inmates that arrived within the previous twelve months indicated that thirteen had completed the risk screening. A review of nineteen files for inmates that arrived within the previous eighteen months indicated that all eighteen had a completed risk screening. The interview with the staff responsible for the risk screening indicated that inmates are screened using the screening instrument.

115.41 (b): P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 410 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of nineteen files for inmates that arrived within the previous eighteen months indicated that all eighteen had a completed risk screening within 72 hours. All nineteen reviewed actually had the risk screening completed within 24 hours. Interviews with fifteen inmates that arrived within the previous twelve months indicated that thirteen had received the risk screening and it was conducted when they first arrived at R&D. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and abusiveness within a couple of hours of arrival.

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 his file).

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, bisexual, transgender, intersex or gender nonconforming 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. The staff member who performs the risk screening stated that inmates are asked yes or no questions and that they conduct a file review as part of the risk screening. The staff indicated that inmates are asked if they have ever been sexually assaulted, if they have had any recent sexual assault and if they feel safe. The staff stated they also conduct a file review and go over information such as age, height, weight, if they have a disability, their prior charges and other personally identifiable information.

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. The staff member who performs the risk screening stated that inmates are asked yes or no questions and that they conduct a file review as part of the risk screening. The staff indicated that
inmates are asked if they have ever been sexually assaulted, if they have had any recent sexual assault and if they feel safe. The staff stated they also conduct a file review and go over information such as age, height, weight, if they have a disability, their prior charges and other personally identifiable information.

115.41 (f): P5324.12, 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 and that 289 inmates were reassessed within 30 days. The PAQ indicated that 289 inmates’ length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed during the meeting with unit team, which is within 28 days of arrival. Interviews with random inmates indicated that only four of the fifteen remember being reassessed. A review of a sample of nineteen inmate files indicated that all nineteen inmates were reassessed. One of the nineteen was out of the 30 day timeframe, but was reassessed around day 40. It should be noted that the reassessments are not in the same format as the assessments. Inmates are not asked the initial risk screening questions, rather are asked if anything has changed since their arrival during their formal program review. This may be attributed to the inmates not remembering the reassessments. During the on-site portion of the audit, the auditor identified that while inmates were being reassessed during their 28 day program review, there was not proper documentation indicating that the program review included the reassessment. In 2020, the BOP developed a checkbox in their electronic system that was to be utilized to document that the staff re-assessed the inmate during the program review and determined if there have been any changes from the initial review. While the checkbox system has been in place for approximately a year, the staff at FCI Otisville were not properly marking the box and/or indicating the reassessments on the activity log. As such, the facility conducted a training with all Unit Team staff related to how to utilize the electronic system with regard to the reassessment. The auditor received the original email that had attached instructions from the agency on utilizing the system as well as sign in sheets from facility staff related to the training. While the checkbox was not marked for reassessments, all inmates were seen within the 28 days. At the program review inmates are asked about any changes since their arrival, about their housing, work and program assignments and overall acclimation to the facility. As such, while the staff were not marking the appropriate information for documentation, the reassessments were being completed. The auditor determined that based on the training that the standard was corrected with training during the interim report period.

115.41 (g): P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to 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 responsible for the risk screening indicated that inmates are reassessed during unit team, which is within 28 days of arrival. Interviews with random inmates indicated that only four of the fifteen remember being reassessed. A review of a sample of nineteen inmate files indicated that all nineteen inmates were reassessed. One of the nineteen was out of the 30 day timeframe, but was reassessed around day 40. reassessed. It should be noted that the reassessments are not in the same format as the assessments. Inmates are not asked the initial risk screening questions, rather are asked if anything has changed since their arrival during their formal program review. This may be attributed to the inmates not remembering the reassessments. There have been no substantiated allegations of sexual abuse and as such no inmates were reassessed based on an allegation of sexual abuse.

115.41 (h): P5324.12, 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 or 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): P5324.12, 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. The risk screening staff stated that the information is kept in the inmate’s central file which is behind a locked door in a locked filing cabinet. The PCM stated that the information is only accessible to unit team, medical, Psychological Services and the PCM.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the memo on Intake Screening Guidance, a review of inmate files, the training sign in sheets during the interim report period, the email related to the training on the electronic reassessments and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to be corrected during the interim report period and as such compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

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

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

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

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

115.42 (b)

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

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. OTV 5324.12d
4. List of Inmates at Risk of Sexual Victimization or Sexual Abusiveness
5. Sample of Transgender/Intersex Reassessments
6. Inmate Housing Assignments/Logs

Interim Report Period Corrective Action Documents:
1. Staff Training Email
2. Staff Training Sign-In Sheet

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

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

Findings (By Provision):

115.42 (a): P5324.12, page 33 and OTV 5324.12d, page 4, 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 sexual abused from those at high risk of being sexually abusive. Specifically, OTV 5324.12d states that individual determinations will be made to ensure the safety of inmates in regard to housing and program assignments. It states that the institutional protocol to make housing assignments is part of the unit orientation and includes an inmate’s Case Manager reviewing information found secondary to having been either a victim or perpetrator of sexual abuse. The memo from the Warden states that the risk screening is conducted in proper intake screening procedures. The results are documented on the appropriate form. Upon identification of an inmate’s “at risk of victimization” or “at risk of predation” staff email Psychological Services. Bed and housing assignments may be adjusted by the intake screening prior to escorting the inmate to the housing unit. The Unit Managers are responsible for overseeing the adjustments and programming of the inmates in their respective units. Any concerns relative to housing assignments or general safety are reviewed and addressed at the unit team meeting and as needed. The Unit Manager assesses the appropriateness of the housing assignment, work assignment or programming needs, and takes any necessary action. The interview with the PREA Compliance Manager indicated that if an inmate is identified as at risk, Psychological Services will see the inmate within fourteen days and the information will be utilized to look to determine where the inmate will be placed with regard to housing, including the actual housing unit and the quarters within the unit. He stated inmates may be placed in high visibility areas to ensure safety and that there is an at risk list that is accessible for certain staff to ensure the inmates are protected. The interview with the staff responsible for the risk screening indicated the information is used to house inmates appropriately. The staff member stated that they do not put inmates together that are not the same category, as in predators are not housed with victims and vice versa. The staff member also stated that inmate at high risk of victimization may be placed in cells that are visible to staff to ensure they are regularly monitored. A review of documentation for inmates at risk of victimization and abusiveness, to
include their housing and work assignments, confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

115.42 (b): P5324.12, page 33 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 the information is used to house inmates appropriately. The staff member stated that they do not put inmates together that are not the same category, as in predators are not housed with victims and vice versa. The staff member also stated that inmate at high risk of victimization may be placed in cells that are visible to staff to ensure they are regularly monitored.

115.42 (c): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate’s health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place within the agency. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate’s housing determinations indicated that all had a review by the TEC designating a male or female facility. The interview with the PCM indicated that the agency male and female housing unit determinations are made on a case-by-case basis by Washington, DC staff. The local facility housing determinations for transgender inmates are also on a case-by-case. The staff member stated that they go over housing and safety every unit team, which is either every 90 or 180 days. The interviews with the four transgender inmates indicated that all have been asked about how they feel about their safety. Additionally, all four stated that they did not feel all of the LGBTI inmates were housed specifically due to their sexual preference or gender identity.

115.42 (d): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate’s safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FCI Otisville houses five who identify as transgender. A review of eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of the five transgender inmate files at FCI Otisville indicated that all five had received biannual assessments in 2020. Interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year. During the on-site portion of the audit, the auditor identified a reassessment documentation issue related to biannual transgender/intersex inmate assessments. A review of the five transgender inmate records revealed that the facility had conducted biannual reviews. During the review the staff go over housing and programming as well as any issues they may be experiencing at the facility. While these reviews were completed, there was not specific documentation indicating that it was the transgender inmate’s biannual review related to safety issues. The facility provided the auditor with a training sign in sheet documenting that staff were trained on the required necessary notations for the biannual assessments. While the exact language was not documented during the 180 day reviews, the inmates were reviewed in person and housing and programming were discussed. As such, the auditor determined that based on the training that the standard was corrected with training during the interim report period.

115.42 (e): P5324.12, page 33, indicates that the transgender or intersex inmate’s own views with respect to his or her safety is given serious consideration. The PAQ also indicated that the transgender or intersex inmate’s views with respect to his or her safety is given serious consideration. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety and that their opinion is given serious consideration. The interviews with the four transgender inmates indicated all four were asked their opinion about their safety.
115.42 (f): P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. The PAQ also indicated that transgender and intersex inmates are given the opportunity to shower separately from the rest of the inmate population. During the tour it was confirmed that all inmates are provided privacy while showering through single person showers and shower curtains. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The interviews with the four transgender inmates indicated that all four stated they have the opportunity to shower separately from the rest of the inmates.

115.42 (g): P5324.12, page 33, the PAQ and a review of housing assignments for the five inmates who identified as transgender as well as the six inmates who were identified by staff as identifying as LGBTI indicated that inmates were not assigned to one dorm, unit or facility based on their sexual preference or gender identity. It should be noted that the agency does not track inmates who identify as LGB and as such the auditor had staff and other inmates identify those who identify as LGB. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one facility, unit or wing based on their sexual preference and/or gender identity. The interviews with the six LGBTI inmates indicated that none felt they were placed in any specific housing unit based on their sexual preference and/or gender identity.

Based on a review of the PAQ, P5324.12, OTV 5324.12D, list of inmates at risk of sexual abusiveness and sexual victimization, a review of inmate housing assignments, a review of transgender and intersex inmate assessments, the training email and sign in sheets and information from interviews with the PC, PCM, staff responsible for conducting risk screenings and LGBTI inmates, indicates that this standard has been corrected and as such is compliant.

**Standard 115.43: Protective Custody**

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:**

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1. Pre-Audit Questionnaire
2. P5324.12
3. Inmates at High Risk of Victimization Housing Assignments
4. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form
5. Weekly Special Housing Unit Review Meeting Form

**Interviews:**
1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

**Findings (By Provision):**

115.43 (a): P5324.12, page 33, indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate victim from likely abusers. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in the SHU. The interview with the Warden indicated that inmates would not be placed in involuntary segregated housing due to their risk of sexual victimization unless there was no other housing available at the facility. The Warden indicated they would typically place the alleged perpetrator in the SHU if separation was required and that they have the ability to transfer inmates if necessary.

115.43 (b): P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services is responsible for documenting any such limitations, duration and rationale. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs and privileges when staff come to make SHU rounds. The staff member stated that any restrictions would be documented.

115.43 (c): P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed 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 there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in the SHU. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated the alleged perpetrator would typically be placed in the SHU if separation was necessary. He stated that typically inmates would not remain involuntarily segregated over 30 days and that he was unaware of any that were involuntarily segregated since he arrived at the facility. The interviews with the staff who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until an alternative means of separation could be arranged. The interview indicated inmates typically would not remain involuntarily segregated for more than 30 days. He stated that if the inmate did remain over 30 days that he/she would be reviewed at least every 30 days, but that inmates normally get reviewed much more than just every 30 days.
115.43 (d): P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate’s safety and the reasons that no alternatives 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 segregated housing due to their risk of sexual victimization. The interview with the staff that supervise inmates in segregated housing indicated that any restrictions would be documented.

115.43 (e): P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation 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. The interviews with the staff who supervise inmates in segregated housing indicated that if an inmate remained in involuntary segregated housing over 30 days that he/she would be reviewed at least every 30 days, but that inmates normally get reviewed much more than just every 30 days.

Based on a review of the PAQ, P5324.12, BP-A1002, housing assignments of high risk inmates, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

### REPORTING

**Standard 115.51: Inmate reporting**

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
2. P5324.12
3. P3420.11
4. Sexually Abusive Behavior Prevention and Intervention
5. Inmate Admission and Orientation Handbook
6. PREA Posters

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

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

Findings (By Provision):

115.51 (a): P5324.12, page 35, 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, the inmate handbook and PREA signage, 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 the inmate’s personal email or via a written letter. Additionally, inmate 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 tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 30 inmates confirmed that they were aware of at least one method to report sexual abuse and sexual harassment and that they were informed on these methods via A&O, the inmate handbook and the posters around the facility. Most inmates indicated that they would report to a staff member they trusted or through the computer (email). Interviews with twelve random staff confirm that they take all allegations seriously and that inmates have multiple ways (verbal, written, electronic, anonymous and third-party) to report sexual abuse and sexual harassment.

115.51 (b): P5324.12, page 35, 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 personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. The Sexually Abusive Behavior Prevention and Intervention inmate education and the inmate handbook inform the inmates that the OIG is a component of the Department of Justice and is not part of the Bureau of Prisons. Additionally, it informs inmates that if they want to remain anonymous they have to request it in the email or letter to the OIG. During the tour, 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 system. While on-site an inmate showed the auditor how to send an email to the OIG through the computer. The interview with the PCM confirmed that the outside reporting entity is the OIG and that inmates can contact the OIG through email or a written letter. The PCM indicated the information would be forwarded back to the institution for investigation. Interviews with 30 inmates indicated that sixteen were aware of the outside reporting mechanism. Many of the sixteen indicated that the information is posted within their housing unit.

115.51 (c): P5324.12, page 35, 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. Interviews with 30 inmates confirmed that they were all aware of at least one method to report sexual abuse and sexual harassment. Interviews with twelve random staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to the Operations Lieutenant.

115.51 (d): P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates 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 and via P3420.11. Interviews with twelve random staff indicated that eleven of the twelve were aware of a method to privately report sexual abuse of inmates. Staff stated they can report to SIS or can report privately via email to a supervisor.

Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

**Recommendation**

While inmates are informed of the outside reporting mechanism via the inmate handbook, during the Sexually Abusive Prevention and Intervention portion of A&O and through signage posted throughout the
facility the auditor highly recommends that the information be emphasized during A&O and during program reviews. During inmate interviews, sixteen of the 30 inmates were familiar with outside reporting mechanism.

### Standard 115.52: Exhaustion of administrative remedies

**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
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention
4. Grievance Log

Findings (By Provision):

115.52 (a): P1330.18 is the policy related to inmate grievances/administrative remedy. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, 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 indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

115.52 (c): P1330.18 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 indicated that page 3 discusses administrative remedy procedures.

115.52 (d): P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, 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 provide 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 PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log confirmed that no allegations of sexual abuse were reported via a grievance.

**115.52 (e):** P1330.18, page 14, section e, outlines the grievance process for third-party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating 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. A review of the grievance log confirmed that no allegations of sexual abuse were reported via a grievance.

**115.52 (f):** P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates 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 provided within five calendar days. The final decision will document the agency’s determination whether the inmate is in 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. A review of the grievance log confirmed that no allegations of sexual abuse were reported via a grievance.

**115.52 (g):** P1330.18, 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, P1330.18, the Sexually Abusive Behavior Prevention and Intervention education and the grievance log, this standard appears to be compliant.

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

**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
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
2. P5324.12
3. OTV 5324.12d
4. Inmate Admission and Orientation Handbook
5. Memorandum of Understanding with Crime Victims Treatment Inc, (CVTC)
6. Emails Between the Facility and CVTC

Corrective Action Documents During Interim Report Period:
2. Photos of the Posted Advocacy Information
3. Confirmation of Mass Electronic Distribution of Information

Interviews:
1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:
1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): P5324.12, page 36 indicates that the agency provides access to outside 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. OTV 5324.12d, page 2 states that currently FCI Otisville has obtained a
memorandum of understanding with the Crisis Victim Treatment Center, Inc, in New York, NY and efforts
will be made to continue this agreement. It additionally states that inmates will be provided access to
these services via mail and/or phone, if available. The PAQ indicated that inmates were provided mailing
addresses and phone numbers and that they enabled reasonable communication with these services in
as confidential a manner as possible. Further discussion and review indicated that MOU with CVTC expired in October 2020. Emails were reviewed that confirmed the facility has attempted to renew the
MOU with CVTC since September 2020. The facility is in the final stages of renewing the MOU. The
inmate handbook states that inmate victims can contact the local rape crisis center through Psychological
Services if an MOU exists and if an MOU is not available that services may be provided through
Psychological Services. During the tour the auditor observed that advocacy information was posted in
specific locations around the facility. The information currently posted was the contact to a national sexual
abuse service (RAINN). The staff indicated they were providing this information until the MOU is finalized
with CVTC. Interviews with 30 inmates indicated that nineteen were provided a mailing address and
phone number to an advocacy service. Most of the nineteen indicated that the information is posted
around the facility and was included in the inmate handbook, however they were not familiar with specifics
of the services. Inmates are not detained solely for civil immigration purposes at the facility, therefore that
part of the provision does not apply. Interviews with inmates who reported sexual abuse indicated that
one of the five had been provided contact information for a victim advocacy center. Another inmate who
reported sexual abuse stated advocacy information was provided to the officers at the hospital but the
information was not then given to him. The auditor contacted staff from CVTC and the staff member
indicated they had a previous agreement with FCI Otisville and that they are in the process of signing an
updated agreement with the facility. She stated she did not anticipate any significant changes from the
prior MOU and that they will provide incarcerated victims with access to their services via their hotline,
mailing address and through inmates informing BOP staff that they want to request confidential rape
services from CVT. The facility had a prior agreement with the local rape crisis center; however
the agreement had expired in October 2020. The auditor was provided documentation indicating the
facility had been attempting to renew the agreement from September 2020 through the date of the on-
site portion of the audit. While the information for RAINN was posted, it was only in a few places such as
Psychology Services. During the interim report period the facility updated the inmate handbook with the
local rape crisis center information as well as the phone number for RAINN. The facility posted the
information in all the inmate housing units and sent out a mass electronic message to the inmate
population with the updated handbook information, including the extent the communication would be
monitored. The auditor was provided the updated information (i.e. the inmate handbook), photos of the
posted information in the housing units and confirmation of the mass electronic message sent through
the inmate system (TRULINCS). As such the facility corrected this standard during the interim report.

115.53 (b): P5324.12, page 36, indicates that prior to giving inmates access to outside support services
that 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 not the same as privileged
communication and as such communication is monitored consistent with security practices. Specifically,
OTV 5324.12d, page 2 states that communication will be monitored in a manner consistent with the
Bureau’s security practices. Inmates can contact the phone number through Psychological Services
through an outside line that is not recorded. Correspondence with the organization is monitored the same
as all other inmate mail as described in the inmate handbook. Discussion with facility staff and a review
of documentation indicated that the MOU with CVTC expired in October 2020. Emails were reviewed that
confirmed the facility has attempted to renew the MOU with CVTC since September 2020. The facility is
in the final stages of renewing the MOU. The inmate handbook stated that inmate victims can contact the
local rape crisis center through Psychological Services if an MOU exists and if an MOU is not available
that services may be provided through Psychological Services. During the tour the auditor observed that
advocacy information was posted throughout the facility. The information currently posted was the contact
to a national sexual abuse service (RAINN). The staff indicated they were providing this information until
the MOU is finalized with CVTC. Interviews with 30 inmates indicated that nineteen were provided a
mailing address and phone number to an advocacy service. Most of the nineteen indicated that the information is posted around the facility and was included in the inmate handbook, however they were not familiar with specifics of the services. During the interim report period the facility updated the inmate handbook with the local rape crisis center information as well as the phone number for RAINN. The facility posted the information in all the inmate housing units and sent out a mass electronic message to the inmate population with the updated handbook information. The handbook indicated stated that communication with the advocacy services is monitored consistent with agency security practices.

115.53 (c): The facility provided an MOU with the Crime Victims Treatment Center, Inc. This organization is the local rape crisis center for the area. The MOU was signed on October 3, 2017 and expired in October 2020. The facility provided emails from September 2020 through present showing their attempt to renew the MOU with CVTC. The facility was in the final stages of the renewal during the on-site portion of the audit.

Based on a review of the PAQ, P5324.12, the inmate handbook, the MOU with CVTC, emails between the facility staff and CVTC, the updated inmate handbook, photos of the posted advocacy information, the electronic inmate message confirmation, observations from the facility tour related to PREA signage and posted information and interviews with random inmates, inmates who reported sexual abuse and the staff member from CVTC, this standard appears to be corrected and as such compliant.

**Standard 115.54: Third-party reporting**

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

**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. Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

Based on a review of the PAQ and the agency’s website this standard appears to be compliant.

### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

**Standard 115.61: Staff and agency reporting duties**

#### 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
2. P5324.12
3. Investigative Reports

Interviews:
1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it 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 Lieutenant. The Lieutenant is then required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau’s intelligence database. The PAQ along with interviews with random staff confirm that they 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 also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): P5324.12, 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. The PAQ along with interviews with random staff confirm that they would immediately report the information to the Operations Lieutenant.

115.61 (c): P5324.12, page 38, indicates 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 limits to confidentiality at the initiation of services. The PAQ along with interviews with medical
and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of the limits of confidentiality and their duty to report the first time they meet with the inmate. They also stated the information is posted throughout medical and mental health areas.

115.61 (d): P5324.12, page 38, indicates 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 under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Warden indicated that they had not had any of these reports but if they did, they would report the allegation and the appropriate agencies would be notified per mandatory reporting laws.

115.61 (e): P5324.12, page 38, indicates 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 PAQ along with the interview with the Warden confirmed all allegations are reported to the designated investigator. A review of investigative reports indicate that all allegations are reported initially to SIS and then forwards to OIA, OIG or the FBI as required by policy.

Based on a review of the PAQ, P5324.12, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden confirm that this standard appears to be compliant.

**Standard 115.62: Agency protection duties**

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
2. P5324.12

**Interviews:**

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Random Staff

**Findings (By Provision):**
115.62 (a): P5324.12, pages 38-39, indicate 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 indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate victim. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. Interviews with random staff indicated that all twelve would separate or remove the inmate victim from the area or situation. Staff stated they would then notify their supervisor/Operations Lieutenant. The interviews with the Agency Head 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 Warden stated that the inmates would be separated and the victim would be protected. The potential perpetrator could be placed in the SHU if necessary.

Based on a review of the PAQ, P5324.12 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

**Standard 115.63: Reporting to other confinement facilities**

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:**

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FCI Otisville
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

**Interviews:**
1. Interview with the Agency Head
2. Interview with the Warden

**Findings (By Provision):**

**115.63 (a).** P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it 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 indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

**115.63 (b):** P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it 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 no later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

**115.63 (c):** P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

**115.63 (d):** P5324.12, page 40, indicates that the facility head or agency head 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 indicated that during the previous twelve months, the facility received one allegation from another facility that an inmate reported to them that he was sexually abused while housed at FCI Otisville. A review of investigative reports indicated the allegation was reported and investigated.

Based on a review of the PAQ, P5324.12, a review of investigations and interviews with the Agency Head and Warden, this standard appears to be compliant.

**Standard 115.64: Staff first responder duties**

**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
2. P5324.12
3. Investigative Reports

Interviews:
1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a). P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first 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 thirteen
allegations of sexual abuse. The PAQ stated that two of these allegations required the separation of the alleged victim and abuser and none occurred within a timeframe for evidence collection. After review it was determined that four involved a forensic examination and as such four were within a time period where evidence could still be collected. All twelve random staff interviewed were aware of their first responder duties. All twelve staff indicated they would separate the alleged victim and alleged perpetrator and would notify the Operations Lieutenant. The facility provided all staff a small card that outlines first responder duties. During interviews staff showed the auditor the cards. The interview with the custody staff first responder indicated that he would separate the inmates, would not allow them to touch anything in the area, would secure the area, would not let them wash, would notify the Operations Lieutenant and then the Operations Lieutenant would take the inmate victim to medical for treatment. A review of fourteen investigations indicated that seven were sexual abuse investigations. Of the seven, all were separated with a housing change and four involved the collection of physical evidence. Additionally, the four that involved the collection of physical evidence involved forensic medical examinations and staff instructing them not to take actions to destroy physical evidence.

115.64 (b): P5324.12, page 40, describe staff first responder duties. Specifically, it requires 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 SIS. The PAQ indicated that during the previous twelve months, there have been thirteen allegations of sexual abuse. Four of these allegations involved a non-custody staff first responder and all four notified security of the incident. The Interview with the non-custody first responder confirmed that she would immediately notify custody staff of the incident. A review of fourteen investigations indicated that seven were sexual abuse investigations. Of the seven, two were reported to Psychological Services and involved a non-custody staff first responder. Both of the allegations were immediately reported to the Operations Lieutenant.

Based on a review of the PAQ, P5324.12, investigative reports and interviews with random staff and first responders, this standard appears to be compliant.

Standard 115.65: Coordinated response

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
2. P5324.12
3. OTV 5324.12d

Interviews:
1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that 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 OTV 5324.d 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, P5324.12, OTV 5324.12d and the interview with the Warden, this standard appears to be compliant.

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

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
2. Council of Prison Locals – American Federation of Government Employees Master Agreement

Interviews:
1. Interview with the Warden
1. Interview with the Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that 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. The interview with the Agency Head confirmed that the agency has a collective bargaining agreement, however article 30g of the Master Agreement permits the agency to remove an employee from the institution when an allegation adversely affects the agency’s confidence in the employee or the security of the institution.

115.66 (b): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that 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.

Based on a review of the PAQ, the Master Agreement and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

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 any 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
2. P5324.12
3. Investigative Reports
4. Monitoring Documents

**Interviews:**
1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

**Findings (By Provision):**

115.67 (a): P5324.12, 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 for retaliation.

115.67 (b): P5324.12, 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, 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 indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it would include monitoring of work posts assignments, performance evaluations and shift changes. The Warden stated that they would remove the person causing the issue. If it was an inmate they could place him in the SHU or try to get him transferred. If it was a staff member they could re-assign staff and give them a cease and desist letter. The information would also be referred for investigation. The interview with the staff who monitor for retaliation confirmed that the facility would take immediate action if there was suspected or confirmed retaliation. He stated that they would remove the inmate or staff member, provide appropriate training to staff, if necessary, reassign the staff member or transfer the inmate to another facility. Interviews with inmates who reported sexual abuse indicated that half felt protected from retaliation. The three that indicated they did not feel protected stated it was because they have had other issues with staff such as letters not being sent out and witnessing inmates being searched and such for no reason. One inmate indicated he reported retaliation previously. The other three inmates indicated they felt safe and did not feel like they would be retaliated against because their alleged perpetrator wasn’t at the facility and/or the staff have shown concern and handled things appropriately.
115.67 (c): P5324.12, 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. The interview with the Warden indicated that they would remove the person causing the issue. If it is an inmate they could place him in the SHU or try to get him transferred. If it is a staff member they could re-assign staff and give them a cease and assist letter. The information would also be referred for investigation. The staff responsible for monitoring for retaliation indicated that he monitors for retaliation for 90 days with periodic status checks every 30 days. He stated that there is not a maximum time for monitoring and that he would continue until it is no longer necessary. The staff member stated that he monitors through a review of incident reports, bed assignments and program changes. He indicated incident reports would include a review of any disciplinary issues. He also stated he would also review any counseling or discipline of staff. A review of fourteen investigations indicated that seven involved sexual abuse. Of the seven, six required monitoring. Five of the six had completed monitoring documented via the monitoring log. The monitoring log indicated that disciplinary reports, housing changes and program changes were reviewed. It also indicated periodic status checks were part of the monitoring. All five indicated there were no signs of retaliation and indicated the date the monitoring ceased. One investigation still had monitoring ongoing as it was not at the ninety day mark.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. A review of fourteen investigations indicated that seven involved sexual abuse. Of the seven, six required monitoring. Five of the six had completed monitoring documented via the monitoring log. The monitoring log indicated that disciplinary reports, housing changes and program changes were reviewed. It also indicated periodic status checks were part of the monitoring. All five indicated there were no signs of retaliation and indicated the date the monitoring ceased. One investigation still had monitoring ongoing as it was not at the ninety day mark. The interview with staff responsible for monitoring indicated monitoring is conducted and that period status checks are completed at least every 30 days. He stated they may occur earlier if the inmate reaches out for help.

115.67 (e): P5324.12, page 43, states 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 and Warden indicated that they would employ the same protective measures as inmates or staff who reported sexual abuse. The Agency Head indicated if it is a staff member they would monitor any post reassignments, performance evaluations and shift changes. The Warden stated that they would remove the person causing the issue. If it is an inmate they could place him in the SHU or try to get him transferred. If it is a staff member they could re-assign staff and give them a cease and assist letter. The information would also be referred for investigation. The interview with the staff who monitor for retaliation confirmed that the facility would take immediate action if there was suspected or confirmed retaliation. He stated that they would remove the inmate or staff member, provide appropriate training to staff, if necessary, reassign the staff member or transfer the inmate to another facility.

115.67 (f): Auditor not required to audit this provision.
Based on a review of the PAQ, P5324.12, investigative reports, monitoring documents and interviews with the Agency Head, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse, this standard appears to be compliant.

**Recommendation**

While the facility complies with this standard, the auditor highly recommends that the facility utilize the new monitoring for retaliation form that the agency has implemented. This form provides more detailed information related to the monitoring, including dates of the status checks and comments from the inmates during those checks.

**Standard 115.68: Post-allegation protective custody**

**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
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form

**Interviews:**

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

**Site Review Observations:**

1. Observations of the Special Housing Unit

**Findings (By Provision):**

115.68 (a): P5324.12, page 43, indicates any use of segregated 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 P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a sexual abuse allegation. A review of fourteen investigative reports indicated that seven were sexual abuse allegations. Of the seven allegations, one inmate was placed in involuntary segregated housing. Upon review the inmate was placed there because both inmates indicated initially that the sexual activity was consensual
and as such both inmates were placed in the SHU for disciplinary reasons. The inmate victim later indicated it was not consensual. The other six inmates remained in their current housing status at the time of the allegation. The interview with the Warden indicated that inmates who alleged sexual abuse would not be placed in involuntary segregated housing unless there was no other housing available at the facility. The Warden indicated they would typically place the alleged perpetrator in the SHU and that they have the ability to transfer inmates and change housing assignments. The Warden indicated inmates would typically not be involuntarily segregated more than 30 days. The Warden stated there were zero inmates placed in involuntary segregated housing who alleged to have suffered abuse within the previous twelve months. The interview with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs and privileges when the appropriate staff came to the SHU. He indicated that any limitations would be documented appropriately. He also stated that inmates would remain in involuntary segregated housing for less than 30 days typically and that if they were placed there longer than 30 days they would be reviewed at least every 30 days. No inmates were identified to be involuntarily segregated during the on-site portion of the audit and as such no interviews were conducted.

Based on a review of the PAQ, P5324.12, housing documents, including the BP-A1002 and information from interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

**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
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

**Interviews:**

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.71 (a):** P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual 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 PAQ indicated there were thirteen allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. A review of documentation indicated there were fourteen allegations reported in the previous twelve months, one which did not rise to the level of PREA. Of the thirteen PREA allegations, seven were sexual abuse and six were sexual harassment. All thirteen of the investigations were completed within 45 days with most being completed within 30 days. All thirteen investigation were thorough and objective and included required investigative elements. The interview with the investigator confirmed that an investigation is initiated as soon as an allegation is reported and that investigations are completed within 30 days. He stated that all allegations are investigated the same regardless of whether they are reported anonymously or via third-party.
115.71 (b): P5324.12, page 44, indicated that when sexual abuse is alleged, the agency shall use investigators who have received specialized training pursuant to 115.34. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. Additionally, a review of training records revealed thirteen facility staff have completed the NIC training, including the three main SIS investigators. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34 and 115.71. The interview with the investigator indicated he received specialized training and he completes the NIC training annually.

115.71 (c): P5324.12, 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 PAQ indicated there were thirteen allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months. A review of documentation indicated there were fourteen allegations reported in the previous twelve months, one which did not rise to the level of PREA. Of the thirteen PREA allegations, seven were sexual abuse and six were sexual harassment. A review of the thirteen investigations confirmed that all included statements and interviews and four included the collection of physical and DNA evidence. All allegations included a review of TRULINCS, TRUFONE and video, when applicable. Additionally, photos were taken in each of the thirteen investigations. The interview with investigator confirmed that the investigative process includes preserving evidence, gathering evidence, interviewing the alleged victim, alleged perpetrator and any witnesses and picking up any DNA evidence, if applicable. He stated evidence collected would include clothing, any body fluids, forensic evidence, video evidence, statements, unit rosters, etc. He stated his report would include factual and evidence based information including interviews, forensic examination results, affidavits, video review, medical reports, photos of the victim and perpetrator, fact and findings and the conclusion.

115.71 (d): P5324.12, 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 investigator confirmed that he would only conduct compelled interviews after authorization from the FBI.

115.71 (e): P5324.12, 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 investigator confirmed that he does not have the authority to request or administer a polygraph test. The inmates who reported abuse indicated they were never required to take a polygraph test. He also stated that credibility comes with evidence. All credibility is evidence based.

115.71 (f): P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation 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. Thirteen administrative investigations were completed in the previous twelve months. A review of the investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations are documented in written reports and include a summary of the relevant information such as evidence, statements, medical assessments, mental health assessments and an
investigative conclusion. He stated that at the conclusion of the investigation they do an after action report which includes an assessment of whether staff actions or failure to act contributed to the abuse. Staff will check to see if policy was followed, if rounds were made, if there were any barriers and if staffing was adequate.

115.71 (g): P5324.12, 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. There had been no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports from the FBI.

115.71 (h): P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The investigator stated that when full PREA protocols are initiated, such as in a case where penetration has occurred, or when a crime has occurred, that it would be referred to the FBI for prosecution.

115.71 (i): P5324.12, page 45 and the PAQ 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 retention is being met.

115.71 (j): P5324.12, 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 interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency’s custody.

115.71 (k): 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 MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards.

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 MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The interview with the investigator indicated that he would serve as a liaison between the outside agency and the facility. He would coordinate interviews and provide any escorts as needed. The Warden, PCM and PC indicated that the facility, usually the SIS or Warden, make contact with the outside agency to remain informed of the progress.

Based on a review of the PAQ, P5324.12, the MOU with the FBI, the letter from the FBI, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, this standard appears to be compliant.

**Standard 115.72: Evidentiary standard for administrative investigations**

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
2. P5324.12
3. Investigative Reports

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): P5324.12, page 45, indicates that the agency does not impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of documentation indicated that thirteen sexual abuse or sexual harassment administrative investigations were completed within the previous twelve months. A review of these investigations indicated that all were completed with findings of unsubstantiated or unfounded. A review indicated findings were accurate based on the evidence. The investigator stated that a preponderance of evidence is the threshold to substantiate an allegation.

Based on a review of the PAQ, P5324.12, investigative reports and information from the interview with the investigator indicates that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

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
- The staff member is no longer employed at the facility? ☒ Yes ☐ No
- The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- 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
- 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
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Forms

Interviews:
1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): P5324.12, 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 notification under this standard. The PAQ indicated that there were thirteen investigations completed within the previous twelve months and all thirteen included an inmate notification. A review of documentation indicated there were fourteen allegations reported in the previous twelve months, one which did not rise to the level of PREA. Of the thirteen PREA allegations, seven were sexual abuse and six were sexual harassment. A review of documentation indicated that notifications were provided to inmate victims in all thirteen investigations, including the sexual harassment allegations. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and that they sign a form indicating they were informed of the outcome. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the inmates who reported abuse indicated that five of the six were notified of the outcome of the investigation. The one that stated that he was not notified indicated that his allegation was never investigated.

115.73 (b): P5324.12, page 46 and the PAQ indicate 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 zero investigations completed within the previous twelve months by an outside agency. A review of investigations indicated none were completed by an outside agency.

115.73 (c): P5324.12, page 46 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 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. The PAQ indicated that there have not been any substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against
an inmate in the previous twelve months. A review of investigations confirmed there were no allegations of sexual abuse against a staff member in the previous twelve months.

115.73 (d): P5324.12, 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 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. The PAQ indicated that there have been substantiated or unsubstantiated inmate-on-inmate sexual abuse allegations in the previous twelve months. A review of investigations indicated that all inmate-on-inmate sexual abuse allegations were either unsubstantiated or unfounded and as such did not require a notification under this provision.

115.73 (e): P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there were thirteen notifications made during the audit period. A review of documentation indicated there were fourteen allegations reported in the previous twelve months, one which did not rise to the level of PREA. Of the thirteen PREA allegations, seven were sexual abuse and six were sexual harassment. A review of documentation indicated that notifications were provided to inmate victims in all thirteen investigations, including the sexual harassment allegations.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, review of investigative files, notification documents and information from interviews with the Warden, investigative staff and inmates who reported sexual abuse, the facility appears to exceed this standard. Every allegation, whether sexual abuse or sexual harassment included an investigative outcome notification to the inmate victim. This standard only requires notifications for sexual abuse allegations and as such the facility exceeds the requirement by providing notification on sexual harassment investigations.

### DISCIPLINE

**Standard 115.76: Disciplinary sanctions for staff**

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
2. P3420.11
3. P5324.12
4. Memo Related to Discipline
5. Investigative Reports

Findings (By Provision):

115.76 (a): P3420.11, pages 6-7 and P5324.12, 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.

115.76 (b): P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. 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. The PAQ and the memo from the Warden indicated there were no staff members who violated the sexual abuse and sexual harassment policies. A review of documentation confirmed that there were no substantiated staff-on-inmate sexual abuse or sexual harassment allegations within the previous twelve months.

115.76 (c): P5324.12 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 member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar
histories. The PAQ and the memo from the Warden indicated there were no staff members who violated the sexual abuse and sexual harassment policies.

**115.76 (d):** P5324.12 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 and the memo from the Warden indicated there were no staff members who violated the sexual abuse and sexual harassment policies. 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, P3420.11, P5324.12, the memo and investigative reports, this standard appears to be compliant.

**Standard 115.77: Corrective action for contractors and volunteers**

**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
2. P3420.11
3. P5324.12
4. Memorandum Related to Contractor/Volunteer Discipline
5. Investigative Reports

**Interviews:**

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Findings (By Provision):

115.77 (a): P3420.11, pages 6-7 and P5324.12, describe 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, P5324.12 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 indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were no allegations against volunteers or contractors.

115.77 (b): P5324.12 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 back at the facility. He also indicated that the allegation would be reported and investigated. The Warden confirmed there have been no volunteers or contractors who have violated the sexual abuse and sexual harassment policies in the previous twelve months.

Based on a review of the PAQ, P3420.11, P5324.12, the memo from the Warden, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

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
2. P5324.12
3. P5270.09
4. P5510.13
5. Memo Related to Inmate Discipline
6. Investigative Reports

Interviews:
1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): P5324.12, 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 have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. A review of investigative reports confirmed there have been no substantiated inmate-on-inmate sexual abuse or sexual harassment allegations.

115.78 (b): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will 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 no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that discipline would be up to the disciplinary hearing officer. A formal disciplinary process would ensue and they would follow the appropriate sanction guidelines. The Warden stated the perpetrator could be transferred or placed in the SHU, if appropriate.

115.78 (c): P5324.12, 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 PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that if the inmate has a mental health issue or is low functioning that it would play a role in the disciplinary process.

115.78 (d): P5324.12, 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. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. 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 and that all services are voluntary.

115.78 (e): P5324.12, 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 PAQ and the memo from the Warden stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made 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. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): P5324.12, 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 the activity is not coerced.

Based on a review of the PAQ, P5324.12, P5270.09, P5510.13, the memo, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. Medical/Mental Health Documents

**Interviews:**
1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Interview with Inmates who Disclosed Victimization During the Risk Screening

**Site Review Observations:**
1. Observations of Risk Screening Area

**Findings (By Provision):**

115.81 (a): P5324.12, 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 staff within fourteen days of the screening. P5324.12, 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 indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health files for eight inmates identified who disclosed prior sexual victimization revealed that all were seen by mental health within the required fourteen days. Most of the inmates were seen the same day or within a few days. The staff responsible for the risk screening stated that if an inmate discloses prior victimization that they refer the inmate to Psychology Services immediately. The interviews with inmates who disclosed prior victimization indicated that both were offered mental health services and both were seen by mental health. One inmate stated he was seen within a week while the other said Psychology Services came to see him in quarantine and then he went to see them a few months later.

115.81 (b): P5324.12, 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 a follow-up with medical or mental health staff within fourteen days of the screening. P5324.12, 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 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. There were
numerous inmates identified to be at risk of sexual abusiveness due to their history during a file review. The auditor reviewed ten records of inmates at risk of abusiveness. All ten were seen by mental health within the required fourteen days.

115.81 (c): P5324.12, 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 staff within fourteen days of the screening. P5324.12, 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 indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health files for eight inmates identified who disclosed prior sexual victimization revealed that all were seen by mental health within the required fourteen days. Most of the inmates were seen the same day or within a few days. The staff responsible for the risk screening stated that if an inmate discloses prior victimization that they refer the inmate to Psychology Services immediately. The interviews with inmates who disclosed prior victimization indicated that both were offered mental health services and both were seen by mental health. One inmate stated he was seen within a week while the other said Psychology Services came to see him in quarantine and then he went to see them a few months later.

115.81 (d): P5324.12, 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, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour the auditor observed that inmate medical files are maintained electronically and inmate classification files are kept behind locked doors with limited access by staff.

15.81 (e): P5324.12, 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. The PAQ and the memo from the Warden confirmed that there have been no instances where medical and mental health practitioners required consent from an inmate over eighteen before reporting sexual victimization that did not occur in a correctional setting. 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. Medical and mental health staff also stated that they disclose the limitation of confidentiality and their duty to report. Additionally, they indicated that they do not have inmates under the age of eighteen and therefore do not handle those situations.

Based on a review of the PAQ, P5324.12, the memo from the Warden, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

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

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
2. P5324.12
3. Medical and Mental Health Documents

Interviews:
1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

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

Findings (By Provision):

115.82 (a): P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded
access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor observed that the medical area consisted of an emergency room, numerous exam rooms, offices and one room for suicide observation. All areas were private and consisted of solid doors that allowed for adequate confidentiality. The mental health area consisted of staff offices with solid doors that afforded privacy. The interviews with inmates who reported sexual abuse indicate that four of the six saw medical and/or mental health care staff. A review of investigative files confirmed that all thirteen inmate victims (sexual abuse and sexual harassment allegations) were seen by medical and/or mental health care staff either the same day or the following day of the allegation. Four of the inmates were transported to the local hospital immediately following their allegation. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. All four medical and mental health care staff stated that inmate victims are typically seen immediately by medical and within 24 hours by mental health staff. Medical and mental health care staff stated services are based on their professional judgement.

115.82 (b): P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that 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 a local hospital for a forensic medical examination. A review of investigative files confirmed that all thirteen inmate victims (sexual abuse and sexual harassment allegations) were seen by medical and/or mental health care staff either the same day or the following day of the allegation. Four of the inmates were transported to the local hospital immediately following their allegation. The interview with the custody staff first responder indicated that he would separate the inmates, would not allow them to touch anything in the area, would secure the area, would not let them wash, would notify the Operations Lieutenant and the Operations Lieutenant would take the inmate to medical for treatment.

115.82 (c): P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. Seven sexual abuse allegations involving penetration were reported during the audit period. The auditor reviewed medical and mental health documentation for the seven allegations. One of the allegations was unfounded as the inmates advised it was consensual and as such testing was not offered. Two other allegations were made by the same inmate who indicated that she would continue to make allegations until she was transferred to a female facility and testing was not provided. The remaining four allegations were documented with HIV and STI testing and prophylaxis. The interviews with the inmates who reported sexual abuse indicated that only one involved an allegation of penetration. The inmate who reported penetration stated that he was provided information and access to sexually transmitted infection prophylaxis at the hospital. Interviews with medical and mental health care staff confirmed that inmates receive timely information and access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless 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.
Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with medical and mental health care staff, first responders and inmates who reported sexual abuse, this standard appears to be compliant.

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

**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
2. P5324.12
3. Medical and Mental Health Documents

Interviews:
1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:
1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, 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 tour, the auditor observed that the medical area consisted of an emergency room, numerous exam rooms, offices and one room for suicide observation. All areas were private and consisted of solid doors that allowed for adequate confidentiality. The mental health area consisted of staff offices with solid doors that afforded privacy. A review of investigative files confirmed that all thirteen inmate victims (sexual abuse and sexual harassment allegations) were seen by medical and/or mental health care staff either the same day or the following day of the allegation. Four of the inmates were transported to the local hospital immediately following their allegation. Additionally, the auditor reviewed documents for eight inmates who reported sexual victimization during the risk screening and found that all eight were provided mental health services.

115.83 (b): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, 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. A review of investigative files confirmed that all thirteen inmate victims (sexual abuse and sexual harassment allegations) were seen by medical and/or mental health care staff either the same day or the following day of the allegation. Four of the inmates were transported to the local hospital immediately following their allegation. Interviews with medical and mental health care staff confirm that follow-up services would be offered to inmate victims of sexual abuse. Medical staff stated they would transport the inmate to the local hospital for any follow-up services such as a forensic examination. Upon return to the facility the inmate would receive any necessary medication, testing or blood draws. Mental health staff stated that they would provide follow-up services including motivational interviewing, trauma programming, therapy, grounding techniques, coping skills, treatment of suicidal ideation and stress treatment. Interviews with inmates who reported sexual abuse indicated that four of the six had follow-up services with mental health.

115.83 (c): P5324.12, page 52, describe 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. A review of medical and mental health documentation indicated that inmates have timely access to medical and mental health care. All thirteen inmate victims were seen by medical and/or mental health care staff the same day or following day of their allegation. Additionally, four were transported to a local hospital for treatment. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. However, this provision does not apply as the facility does not house female inmates.

115.83 (e): P5324.12, 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. However, this provision does not apply as the facility does not house female inmates.

115.83 (f): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Seven sexual abuse allegations involving penetration were reported during the audit period. The auditor reviewed medical and mental health documentation for the seven allegations. One of the allegations was unfounded as the inmates advised it was consensual and as such testing was not offered. Two other allegations were made by the same inmate who indicated that she would continue to make allegations until she was transferred to a female facility and testing was not provided. The remaining four allegations were documented with HIV and STI testing and prophylaxis. The interviews with the inmates who reported sexual abuse indicated that only one involved penetration. The inmate who reported penetration stated that he was provided information and access to sexually transmitted infection prophylaxis at the hospital.

115.83 (g): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless 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. Interviews with inmates who reported sexual abuse indicated that none were charged for medical and/or mental health services.
115.83 (h): P5324.12, 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. Seven inmate-on-inmate sexual abuse allegations were reported within the previous twelve months. None of the allegations were determined to be substantiated, however all seven alleged inmate perpetrators were seen by mental health within two weeks. Additionally, five of the six alleged inmate sexual harassment perpetrators were seen by mental health within two weeks of the allegation as well. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered mental health services. Mental health staff stated that they typically see the inmate within 24 hours, however they have 60 days.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

### DATA COLLECTION AND REVIEW

#### Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexual Abuse Incident Reviews

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

Findings (By Provision):

115.86 (a): P5324.12, 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 PAQ indicated that twelve reviews were completed within the previous twelve months. During the previous twelve months there were seven sexual abuse allegations, six of which were unsubstantiated and one that was unfounded. Thus, six required a sexual abuse incident review. All six of the investigations had a completed sexual abuse incident review. Additionally, the six sexual harassment allegations were all documented with a sexual abuse incident review as well.
115.86 (b): P5324.12, 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 twelve reviews were completed within the previous twelve months. During the previous twelve months there were seven sexual abuse allegations, six of which were unsubstantiated and one that was unfounded. Thus, six required a sexual abuse incident review. All six of the investigations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. Additionally, the six sexual harassment allegations were all documented with a sexual abuse incident review within 30 days of the conclusion of the investigation as well.

115.86 (c): P5324.12, 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 care staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. A review of the twelve (six sexual abuse and six sexual harassment) completed sexual abuse incident reviews indicated that upper management leadership, line supervisors, the investigator and medical and/or mental health care staff were included in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, medical and mental health care staff and the investigator.

115.86 (d): P5324.12, page 53, illustrates 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. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the twelve (six sexual abuse and six sexual harassment) completed sexual abuse incident reviews indicated that all required components were included in the review. Interviews with the Warden, PCM and incident review team members confirmed that these reviews are being completed and they include all the required elements. The Warden stated that they utilized findings from the reviews to make any recommendations or modifications. He stated they look to determine if they could have done something differently or something better. The PCM indicated that they have made recommendations to add duress buttons in the SHU. He stated that after the completion of the reports he monitors the implementation of any recommendations to ensure they are completed, if applicable.

115.86 (e): P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendations must comply with current collective bargaining agreements. A review of the twelve completed sexual abuse incident reviews indicated that a section exists for recommendations and corrective action. A few of the reviews noted a recommendation for duress buttons in the SHU.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, the facility appears to exceed this standard. The facility conducts incident reviews for allegations of sexual abuse and allegations of sexual harassment. Facility leadership review all PREA allegations at the conclusion of the investigation to determine if there are any recommendations or modifications that would prevent any future allegations. This standard only requires reviews to be done for sexual abuse allegations and as such the facility exceeds the expectation of this standard.
### Standard 115.87: Data collection

**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. P5324.12
3. Aggregated Data

Findings (By Provision):

115.87 (a): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (b): P5324.12, page 55 and the PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. Policy states that the PREA Coordinator and Regional PREA Coordinators are responsible for the annual aggregation.

115.87 (c): P5324.12, page 54, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization (SSV). A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (d): P5324.12, page 55 and the PAQ indicate that the agency maintains, reviews and collects data as needed from available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Data is collected from numerous sources to include SIS, OIA, SENTRY and the Information, Policy and Public Affairs Division (IPPA). The OIA reports the data to the CEO and the IPPA reports the data for the SSV.

115.87 (e): P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report, which includes the aggregated data, indicated that data was reported for all eleven privately operated low security facilities.

115.87 (f): P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30th.

Based on a review of the PAQ, P5324.12 and a review of the aggregated data, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

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. P5324.12
3. Annual PREA Reports

**Interviews:**
1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.88 (a):** P5324.12, page 56 and the PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies 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. Policy indicated that the National PC reviews the data completed by the Regional PREA Coordinators, IPPA and OIA and reports to the Director annually. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head indicated that if incident-based data shows patterns then policies, procedures and training may be modified. The PCM indicated that the facility shares data with the Region who shares it with the PC. The facility data is then incorporated in the overall agency data. Additionally, the PC confirmed that the data is reviewed and compiled into a report and issued to the Director annually.

115.88 (b): P5324.12, page 56 and 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 include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

115.88 (c): P5324.12, page 56 and the PAQ indicated that the agency’s annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that the report is done annually and that it is reviewed prior to being placed on the public website. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report is available to the public online.

115.88 (d): P5324.12, page 56 and the PAQ indicated that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Policy states that the agency complies with the Privacy Act and the Freedom of Information Act. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information.

Based on a review of the PAQ, the annual report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.

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

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. P5324.12
3. Annual Reports

Interviews:
1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency shall ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that the agency complies with FOIA and other applicable laws, rules and regulations to ensure all investigative, psychological and medical data is securely maintained.

115.89 (b): P5324.12, page 56, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public, at least annually, through its website or through other means. A review of the website: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.
115.89 (d): P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, P5324.12, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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
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 audit cycle.

115.401 (b): The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all 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 second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedures or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

☒ 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 (a): The facility was previously audited on February 13-15, 2018. The final audit report is publicly available via their website: [https://www.bop.gov/locations/institutions/otv/otv_prea_2018.pdf](https://www.bop.gov/locations/institutions/otv/otv_prea_2018.pdf).
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:

Kendra Prisk ___________________________ April 26, 2021

Auditor Signature Date

__________________________________________________________________________

Facility, institution and compound are used interchangeably throughout this document.