

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

Interim       Final

Date of Report    March 27, 2021

## Auditor Information

Name: Bruce Kuennen

Email: bruce@preaauditing.com

Company Name: PREA Auditors of America (PAOA)

Mailing Address: P. O. Box 1071

City, State, Zip: Cypress, TX 77410

Telephone: Auditor: 360.515.1134; PAOA:  
713.818.9098

Dates of Facility Visit: February 9-11, 2021

## Agency Information

Name of Agency:

Federal Bureau of Prisons

Governing Authority or Parent Agency (If Applicable):

U. S. Department of Justice

Physical Address: 320 First St NW

City, State, Zip: Washington, D.C. 20534

Mailing Address: 320 First St NW

City, State, Zip: Washington, D. C. 20534

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:

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

## Agency Chief Executive Officer

Name: Michael D. Carvajal, Director

Email: BOP-RSD-PREACoordinator@bop.gov

Telephone: 202.616.2112

## Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator

Email: BOP-RSD-PREACoordinator@bop.gov

Telephone: 202.616.2112

PREA Coordinator Reports to:  
David Paul

Number of Compliance Managers who report to the PREA  
Coordinator  
0

## Facility Information

**Name of Facility:** Federal Correctional Complex Petersburg

**Physical Address:** 1060 River Road

**City, State, Zip:** Hopewell, VA 23860

**Mailing Address (if different from above):**

P.O. Box 90026

**City, State, Zip:** Petersburg, VA 23804

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:**

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

### Warden/Jail Administrator/Sheriff/Director

**Name:** Justin F. Andrews

**Email:** PEM-PREAComplianceMgr@bop.gov

**Telephone:** 804.504.7200

### Facility PREA Compliance Manager

**Name:** Robert Wilson

**Email:** PEM-PREAComplianceMgr@bop.gov

**Telephone:** 804.504.7200

**Facility Health Service Administrator**  N/A

**Name:** Terry Kilpatrick

**Email:** PEM-PREAComplianceMgr@bop.gov

**Telephone:** 804.504.7200

### Facility Characteristics

Designated Facility Capacity:	2,210	
Current Population of Facility:	2,082	
Average daily population for the past 12 months:	2,523	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	PET(Low)19/85 PEM(Med) 20/86	
Average length of stay or time under supervision:	PET(Low) 865.2 days, CAMP 742.3 days,PEM(Med) 996.1 days	
Facility security levels/inmate custody levels:	Low/Minimum/Community/Medium/In, Out	
Number of inmates admitted to facility during the past 12 months:	PET484 / PEM1,150	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	PET450 / PEM1,010	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	PET384 / PEM 686	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	529	

Number of staff hired by the facility during the past 12 months who may have contact with inmates	44
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	19
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	19
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	59
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>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.</p>	68
<p><b>Number of inmate housing units:</b></p> <p>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.</p>	MED 7, LOW 12, Camp 1, Total 20
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	13
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	72
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

### Process

This audit of the Federal Correctional Complex Petersburg was conducted in 2021 to determine the facility's compliance with the standards of the Prison Rape Elimination Act (PREA). The facility chose to use the paper audit instruments rather than the Online Audit System (OAS). The audit methodology strictly followed the guidance of the PREA Auditor Handbook, issued August 2017. Documents supporting this report are securely stored in the OAS.

The lead auditor and primary author of this report is Bruce Kuennen. He received his Department of Justice (DOJ) certification to conduct audits on July 11, 2016 and was re-certified on December 31, 2019. He was assisted by Paul Perry, who conducted all formal inmate and most staff interviews. Mr. Perry is also a DOJ-certified auditor; he was certified on November 26, 2014 and re-certified on December 31, 2017.

A contract between the Bureau of Prisons (BOP) and PREA Auditors of America (PAOA) to conduct this audit was approved on December 11, 2019. The PAOA contracted with Mr. Kuennen and Mr. Perry on December 29, 2019.

The scheduling and conduct of the audit was affected by the current COVID-19 pandemic. The on-site portion of the audit was originally scheduled for March/April 2020. (One letter was received from an inmate during the earlier pre-on-site period.) Another barrier to completion of the audit was the BOP's objection to the auditor's retention of certain documents. The BOP representative advised the auditor that he would not be allowed to remove documents containing personally identifiable information (PII) from the facility.

The auditor was able to adjust his practices to overcome this barrier. He created a system whereby each record containing PII and which was relevant to the compliance decisions of this report was viewed and reviewed and described in a handwritten table of the auditor's findings. Having viewed these records for content relevant to the standards, the auditor then permitted the facility to redact the names and other PII from the documents. He then removed the redacted documents from the facility. The Warden agreed to keep the documents which the auditor was not permitted to remove on file at the facility.

On March 1, 2021, the Online Audit System (OAS) became available for the use of certified auditors. After that date, the auditor received training in its use for audits using the paper process and he scanned and uploaded all relevant documents relied upon during this audit into the OAS.

The four active phases of the audit were conducted between the following dates:

- Pre-on-site – January 5, – February 8, 2021
- On-site – February 9 – 11, 2021
- Post-on-site February 12 – March 27, 2021

## **Audit - Pre-on-site Phase**

Logistics for the audit were handled by the primary auditor. The primary point of contact (POC) for the audit was Roan McCullough, Management Analyst, ACA/PREA Audit Section, Program Review Division (Central Office).

A logistical meeting was conducted between the primary auditor and the agency's POC Roan McCullough via telephone on January 5, 2021. The auditor discussed the following points on that date and in email exchanges with the agency's POC.

- COVID Precautions
- Unit definitions and numbers
- Update of the Pre-Audit Questionnaire (PAQ)
- Agency level interviews
- Rape Crisis Center contact
- Other logistics

The required Notice of Audit was posted in all housing units and common areas of the facility, in English and Spanish, on January 31, 2020, six weeks before the originally scheduled (March/April 2020) on-site audit. These notices were updated in December 2020 at the front entrances of each of the three sites audited - FCI Medium, FCI Low and Camp. Also, on December 18, 2020 the notices were posted on the inmate bulletin board through TRULINCS, an electronic system available to all inmates. Photographic, date-stamped evidence of these notices was provided to the primary auditor, who further verified the postings on February 9 and 10 on site. One letter was received from an inmate in March 2020, and two from inmates in January – February 2021. Two were interviewed on-site. (The first inmate was no longer housed at the complex.)

The facility provided information related to compliance with each of the standards by providing two shared drives with the PREA Auditors of America. The primary auditor was given access to these files. The documents included the completed pre-audit questionnaire (PAQ), policies, procedures, forms, examples of completed forms and computer printouts, and statistical reports. The shared drive materials were reviewed by the auditor prior to the on-site visit.

Clarification was requested via email for the following items:

- Web links and email addresses
- Acronyms
- Security / custody levels
- Average lengths of stay
- Staffing plan
- Posting locations
- Correctional officer shift schedules
- Intake scheduling

The facility was asked to produce the following lists to allow audit verification via random sampling in interviews and document reviews:

- Complete inmate roster, by housing location
- Inmates with disabilities
- Inmates who have Limited English Proficiency (LEP)

- LGBTQI Inmates
- Transgender inmates
- Inmates in segregated housing or isolation
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff rosters, by job classification and date of hire
- All volunteers and contractors who have contact with inmates

During the pre-on-site phase, the following advocacy organization was identified: James House. The Community Relations Director was contacted via email. She agreed to a telephone interview, and she answered some of the questions via email. The telephone interview confirmed that James House had an existing MOU with the BOP and that they provided advocacy services to inmates. These services included a 24/7 phone hotline. James House either provided advocacy services directly or via referral to other qualified agencies.

An Internet search and an open Google Alert on “FCC Petersburg” during the audit yielded no information concerning the prison’s operations. A review of the BOP’s website, conducted November 9, 2020, revealed several links to PREA information, including:

Sexual Abuse Prevention: [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

FBOP Annual PREA Report – Calendar Year 2019 -

[https://www.bop.gov/inmates/custody\\_and\\_care/docs/cy2019\\_annual\\_prea\\_report.pdf](https://www.bop.gov/inmates/custody_and_care/docs/cy2019_annual_prea_report.pdf)

FCC Petersburg Final PREA Audit Report, based on on-site audit dated December 13-15, 2016.

[https://www.bop.gov/locations/institutions/pem/PEX\\_prea.pdf](https://www.bop.gov/locations/institutions/pem/PEX_prea.pdf)

The linked pages included a statement of the agency’s zero-tolerance policy, methods of reporting allegations of inmate sexual abuse, and general information about the purposes of the federal law.

The annual report for 2019 indicated that FCI Petersburg Low had 3 allegations of sexual abuse, of which 0 were found to be substantiated. FCI Petersburg Medium had 10 allegations, with 0 found to be substantiated.

On the PAQ, the facility reported that there were 13 allegations in the past year, all of which were referred for administrative review, and 0 were referred for criminal investigation. On the on-site visit, two additional cases were reported. The auditor chose 5 at random for detailed review. The facility reported that there were no recent or current lawsuits pending, or judicial orders applicable to the prison at the time of the pre-audit questionnaire.

On the first day of the on-site review, the auditor provided the random letters for the categories of staff and inmates who would be interviewed and whose records would be reviewed. The auditor provided the methodology for choosing which inmates and staff would be interviewed.

The auditor’s basic randomization method began with a random number generator in an Excel spreadsheet – specifically, =RANDBETWEEN(1,26). Letters were chosen for each category to correspond to the number generated. 1=A, 2=B, etc. A letter was applied to each given list in this manner. For example, the facility was asked to provide the first two records for inmates whose last name begins with the letter P. If there were not two inmates whose last name began with P, they were asked to go on to Q, and so on. This same method was used during the on-site audit as additional names needed to be generated.



To ensure “geographic coverage” for randomly chosen inmate interviews – i.e., to ensure that as many residential housing units as possible were represented – the auditor asked for the first two inmates from each dormitory or cell block whose last name began with the (randomly chosen) letter.

### **On-site Audit Phase**

All housing and common buildings were toured during the on-site audit. The auditors had unrestricted access to view and enter every area of the facility.

During the site review (tour), the auditors observed privacy barriers in shower and toilet areas, possible blind spots, and posted information. The primary subject of informal questions to facility staff was the adequacy of the minimum shift coverage of each housing, work, and program area.

Inmate interviews began on day one, with inmates chosen by the method noted above. The following inmate interviews were conducted:

- 20 Random, representing 20 different dormitory / housing units
- 3 inmates in segregated housing
- 4 Transgender or intersex
- 4 gay, bisexual, or queer inmates
- 1 LEP
- 5 disabilities
- 4 inmates who had disclosed prior sexual abuse during risk screening
- 2 inmates who had written the auditors during the pre-on-site review period (one of the inmates who had written the auditor was no longer housed there)

A total of 41 inmate interviews were conducted. (The breakdown of the number in each category does not add to 41, because some inmates were counted in more than one category.)

The days and hours of the audit were specified in the contract between the BOP and the PREA Auditors of America, as follows:

- Tuesday, February 9, 2021 – 7:30 a.m. to 4:00 p.m.
- Wednesday, February 10, 2021 – 9:00 a.m. to 5:30 p.m.
- Thursday, February 11, 2021 – 6:00 a.m. to 2:30 p.m.

This schedule allowed auditors to interview randomly chosen line staff from each shift.

Staff interviews included the following. All were chosen randomly from lists of staff in each category (or they were the only person in the role described).

- 12 randomly chosen correctional officers (all were also first responders)
- 2 Special Investigative Service Technicians who were assigned to investigate incidents and allegations of sexual abuse or harassment
- 1 correctional officer who was assigned to work on a unit which included segregated housing, the Special Housing Unit (SHU)
- The PREA Compliance Manager, Associate Warden Robert Wilson, also interviewed as staff monitoring retaliation and staff on sexual incident review team
- 1 program staff – education
- 1 mental health staff

- 1 medical staff
- Warden Justin Andrews

A total of 20 staff interviews were conducted. (No volunteers were currently active, for reasons of COVID-19 control, and none were present on the last day of the on-site audit, so none were interviewed.)

Documents reviewed included:

- Documents verifying initial screening and provision of PREA educational materials to inmates
- Documents verifying subsequent education and screening, including a transcript of a video used for this purpose in the absence of in-person gatherings of a certain size.
- Duty officer logs for the most recent week, showing unannounced rounds.
- Duty officer logs for a randomly chosen week in May 2020, showing unannounced rounds
- Unit logs for a randomly chosen week in May 2020 for two randomly chosen housing units showing unannounced rounds on night shifts
- Detailed investigation reports of five randomly chosen investigations of allegations of sexual abuse
- Criminal background checks for staff
- Staff training records

Staff interviews indicated that intake for both facilities was conducted at FCI Petersburg Medium on Tuesdays and Wednesdays. Occasionally an inmate would self-report as ordered by the court on other days of the week. Document review confirmed the screening for all of the records reviewed.

Document review indicated that the appropriate screening form was completed for each inmate. The form includes a question for each required element of the standard, as well as areas for intake staff to enter objective information based on their observation of the inmate. Review of the documentation of unit team decisions, interviews with unit team staff, and inmate interviews indicated that inmates appeared to be housed in appropriate units.

Approximately once per month, and within 30 days of arrival, the PREA Compliance Manager provides an orientation to all new inmates concerning their PREA rights, responsibilities, and reporting procedures. This orientation is normally done in person as part of the process, but during the COVID pandemic, the PREA orientation has provided a comprehensive training and education video produced by the PREA Compliance Manager. A transcript of the video was provided to the auditor.

The auditor reviewed printed materials, including the inmate handbook, pamphlets, and posted signs prior to the on-site visit. While on site, he confirmed that these materials were continuously available to inmates. Both staff and inmate interviews confirmed that this information was also available via the TRULINCS electronic system.

Inmates may report incidents of sexual abuse and harassment by a variety of methods, to include 1) notify a correctional officer orally, 2) notify a correctional officer or higher-ranking staff person via an inmate communication form, 3) notify the PREA Compliance Manager, 4) write the Bureau of Prisons (BOP), or 5) through the offender grievance program. The telephone system can be used to notify a family member or other approved contact to call the Warden, the BOP, or other officials.

During the site review (tour) female staff announced their presence when they entered a male housing unit where female staff were not already present or an announcement had not already been made. On the large cell block units a public address system is used to make these announcements, which are more easily heard when the noise level is high on the unit. While inmate answers to this interview question ranged from “no”, to

"sometimes" to "yes, always", it appears from staff interviews and auditor observations that gender announcement by opposite sex staff is in regular practice.

The on-site phase of the audit concluded with an out-briefing for administrative staff on February 11, 2021.

### Post On-site Audit Phase

In the week following the on-site visit, the auditor began the process of triangulating the evidence to arrive at the standards compliance findings below.

A draft final report was completed and provided to the facility on March 18, 2021. All 45 standards were found to be applicable and all were met. One standard was found to exceed the requirements of the standard and none were found to be non-compliant. No corrective action period was found to be necessary. Technical corrections were received and incorporated into this final report.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Federal Correctional Complex (FCC) Petersburg is located at 1060 River Road, Hopewell, VA and is operated by the Federal Bureau of Prisons (BOP). It includes FCI Petersburg Medium, FCI Petersburg Low, and the Satellite Camp. The three units operate as separate adult correctional facilities and are overseen by a single warden, Justin Andrews. Together they have a designated capacity of 2,210 beds, housing 2,129 adult male inmates at the time the Pre-Audit Questionnaire was completed on December 15, 2020. On the first day of the on-site audit, the population of FCI Petersburg Medium was 1,492, FCI Petersburg Low was 397, and the Satellite Camp was 193, for a total of 2,092. The complex employs 529 full-time staff, including 9 administrators, 242 custody staff, and 131 program staff.

The three facilities combined have a total of 68 buildings situated on 560 acres. Housing at the facility is both cell block and dormitory style. The Special Housing Unit (SHU) provides segregated housing for up to 144 inmates in 2-man cells. Separate buildings house dining, laundry, chapel, medical, and educational programming functions. An inmate-training program is operated by Federal Prison Industries (UNICOR) at FCI Petersburg Low. Operations are at a reduced level due to COVID-19 restrictions.

At the time of the facility's completion of the pre-audit questionnaire, 59 volunteers were approved to assist inmates at the complex, but due to COVID-19 restrictions, none of them were active between March 2020 and the time of the on-site audit.

## Summary of Audit Findings

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

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

## Standards Exceeded

Number of Standards Exceeded: One  
List of Standards Exceeded: 115.67

## Standards Met

Number of Standards Met: 44  
List of Standards Met: 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

## Standards Not Met

Number of Standards Not Met: None  
List of Standards Not Met:

# PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance decision for this standard:

### Documents

- BOP Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, dated June 4, 2015
- Complex Supplement PEX 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, dated September 16, 2019
- BOP Program Statement 5270.09, Inmate Discipline Program, dated July 8, 2011
- Memorandum of Understanding regarding the duties of the National PREA Coordinator, signed March 11, 2013
- Organizational Chart, Reentry Services Division, Assistant Director's Office
- Posted signs
- Inmate handbooks
- PREA information packets

### Interviews

- Interviews with the Robert Wilson, Associate Warden, Programs (Serves as the Facility PREA Compliance Manager)
- Notes from Interview with BOP National PREA Coordinator
- Inmate interviews
- Staff interviews

### Site Review Observations

- Interactions between staff and inmates
- Posted signs
- Discussions of staffing levels

### Video Transcript

- Transcript of PREA Video

The agency's primary document which outlines its commitment to zero tolerance and its policies, procedures, and approach to prevent, detect, and respond to sexual abuse and sexual harassment is

the Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, dated June 4, 2015.

Policies, posted signs, staff and inmate interviews, observations of interaction between staff and inmates all support the conclusion that a culture of zero tolerance is well established at the facility. A review of the transcript of a training video provided to all inmates within 30 days of arrival strongly supports this conclusion.

The agency's PREA Coordinator is Jill Roth. Her position is full-time, dedicated to overseeing the agency's efforts to comply with PREA standards. She was interviewed by another auditor from PREA Auditors of America, and the notes were provided to this audit team.

The primary evidence that the PREA Compliance Manager has sufficient time and authority to complete his job is the achievement of 100% of the standards being found to meet the applicable standards (and one exceeded). The response from almost every interviewed inmate that they felt safe being housed at FCC Petersburg is further evidence that the purpose and intent of the standards is being met.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Memorandum concerning Private Prison Contracts, dated July 12, 2013
- Memorandum concerning Residential Reentry Center Contracts, dated July 12, 2013
- Examples of Contract Award documents
- Example of form modifying Contract documents
- Example of letter from private prison operator agreeing to comply, dated November 27, 2012

#### Interviews

- Notes from telephone interview with Agency Contract Administrator

The agency provided examples of contract award documents and contract modification documents which clearly require compliance with PREA standards. The memoranda from 2013 require that all private prisons and Residential Reentry Center contracts include this requirement.

The interview with the agency contract administrator indicates that these practices continue in force, supporting a finding of full compliance with this standard.

### Standard 115.13: Supervision and monitoring

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

##### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, dated June 4, 2015 – excerpt regarding unannounced rounds
- Program Statement 3000.03, Human Resource Management Manual, dated December 19, 2007
- Memo from Associate Warden, Subject: PREA Annual Assurance Memo, dated December 17, 2020
- Memo from Acting Business Administrator regarding quarterly salary committee meeting
- Memorandum regarding Third Quarter Salary Committee Meeting, dated June 27, 2019
- Memo from Warden asserting (without detail) that substandard (b) (1) is not applicable, dated January 14, 2020
- Memo from Acting Warden providing assurance regarding financial integrity, dated September 19, 2019
- Memo from Executive Assistant regarding Complex Duty Officer (CDO) Schedule and Responsibilities, dated October 8, 2019
- Memo from Warden regarding CDO responsibilities to conduct unannounced rounds, dated January 14, 2020
- Calendar 2019 Annual Agency PREA Report
- Random check of "Unannounced Institutional Rounds Forms"
- Memo from Warden regarding review of staffing levels dated January 21, 2021

### Interviews

- Interview with Warden
- Supervisory Staff interviews

### Site Review Observations

- Observations of staff on duty in housing units, program and workspaces, and other assignments
- Discussion with the administrators conducting tour on the units of minimum staffing at each location

The facility provided a detailed staffing plan that outlines the minimum staffing levels for both line and supervisory staff. Upon questioning by the auditor, an agency representative outlined how each of the requirements – (a) (1) through (11) was met in setting the minimum staffing levels. In addition, the facility provided documentation of an annual meeting in which the staffing plan was reviewed for each of the required 11 factors in a meeting which in 2021 was attended by the Warden, the PREA Compliance Manager, and others. A memo written by the Warden outlined how each of the 11 factors was considered.

The auditor confirmed the minimum staffing levels of each housing unit during the site review. At each housing unit, he questioned facility staff as to the minimum level of staff that was always present on each unit. At the medium facility, staffing levels were supplemented by a video camera system. Clear sight lines allow for staff to either view all areas of the units directly or via the video camera system. Each cell at the medium facility is equipped with a “panic alarm” button which an inmate can push to obtain immediate assistance in the event of a medical emergency or in the event of a sexual or other attack. Custody staff are required to make regular rounds, viewing each cell within each 30-minute period on an irregular schedule. These rounds are documented.

At the low facility and the satellite camp these documented rounds are more critical. There are numerous blind spots in each of the housing units; [REDACTED], and no panic alarm buttons. While these areas are minimally staffed with one correctional officer on night shifts, in the opinion of the auditor, the housing units are adequately staffed – i.e., the staffing levels met the minimum necessary to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

The auditor also reviewed the adequacy of security staffing in work, program, and chapel areas. Here also the staffing levels appeared to be at least adequate, including in some critical areas – specifically the kitchen and laundry areas.

The auditor also noted that there are a significant number of unit management staff, mental health providers, education staff, religious services staff, and treatment service staff, all of whom contribute to the safety and security of inmates.

The 2019 agency annual report, after an analysis of the 10 substantiated cases (systemwide) of that year, included the following statement: “Staffing levels did not appear to have caused or contributed to the sexual abuse cases.”

The total absence of substantiated reports of sexual abuse and sexual harassment for the one-year period prior to the on-site visit is further evidence of the adequacy of the staffing levels. Likewise, inmate interviews that uncovered zero incidents of sexual abuse or harassment and the high percentage of inmates feeling safe is evidence that the facility meets this standard.

## **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

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

#### **115.14 (b)**

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Pre-audit Questionnaire (PAQ)
- Inmate rosters

#### Interviews

- Staff interviews

#### Site Review Observations

- Observation of apparent age of inmates

The facility provided inmate rosters showing the age of inmates; none were under 18 years of age. On the site review (tour) the auditor observed no inmates whose youthful appearance required him to ask for verification of age.

Forty-one inmate interviews were conducted of inmates chosen at random. Many documents were reviewed which contained the ages of inmates. None of these interviews or records indicated that an inmate was under the age of 18.

All evidence leads to a finding of compliance with standard 115.14.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

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

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, dated June 4, 2015
- BOP PS 5500.14, Correctional Services Procedures Manual, dated August 1, 2012
- BOP Program Statement 5324.12, pages 17-18
- Memos from Warden verifying no exigent circumstances requiring deviance from standard, dated January 14, 2020

- Memo from Warden regarding completion of training regarding cross-gender searching of transgender inmates, dated January 14, 2020

### Interviews

- Staff interviews
- Inmate interviews

Statements of facts, staff interviews, and auditor observations consistently indicated that the facility does not conduct cross-gender visual body searches. One hundred percent of inmate interviews indicated that the interviewed inmates had not been subject to such searches.

BOP Program Statement 5324.12 requires that correctional officers make their best efforts to allow offenders to shower, perform bodily functions, and change clothing without 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. The auditor observed physical barriers including fences (outdoors) and curtains in every toilet and shower facility and in areas where searches are conducted.

The BOP Correctional Services Procedures Manual also requires that staff of the opposite gender announce their presence when entering an offender housing area. The auditor verified that this occurred consistently during the site review. In large units, announcements are made via a public address system; when this announcement has been made, or when female staff are already present on the unit, announcements are not always made.

Staff interviews also indicated that this practice was consistently followed. Inmate answers to this interview question ranged from “No”, to “sometimes” to “every time”. In the auditor’s judgment, the facility substantially complies with this aspect of the standard.

The auditor confirmed that proper means of conducting inmate pat searches were a part of both preservice and in-service training. All interviewed staff confirmed that they had received this training.

Upon review of all of the evidence, the auditor concluded that the facility complies with each provision of this standard in all material ways.

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

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

#### 115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No

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

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### **Auditor Overall Compliance Determination**

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

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

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

#### **Documents**

- BOP Program Statement 5324.12
- Memo from Warden regarding Inmates with Disabilities and Limited English Proficiency, dated January 14, 2020
- Letter from Warden to Virginia Board for People with Disabilities, dated January 9, 2020
- BOP Memo re: on demand language translations contract

#### **Interviews**

- Agency head interview
- Staff interviews
- Inmate interviews

#### **Site Review Observations**

- Observations of Spanish versions of posted signs

#### **Research Observations**

- Transcript of PREA Video

BOP Program Statement 5324.12 outlines the agency's requirements to effectively communicate with inmates with disabilities. Targeted inmate interviews with each of these groups – blind or low vision, deaf or hard of hearing, and intellectual or psychiatric limitations – indicated that the interviewed inmates understood their rights and the means of reporting abuse or harassment.

Staff interviews indicated that the facility does not rely solely on printed materials in English to communicate with inmates; intake, education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/inmate contact so that an assessment can be made of the inmate's understanding of the communication.

Policy statements, inmate and staff interviews, all indicate compliance with this standard.



## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

### **Documents**

- Agency responses to PREA Pre-Audit Questionnaire
- Full listings of all staff, including dates of hire
- BOP Program Statement 3000.03
- BOP Program Statement 3420.11, Standards of Employee Conduct, dated December 6, 2013
- Email Correspondence from BOP Human Resources
- Employee Acknowledgment Forms
- Pre-employment guide – General Employment Considerations for Staff
- Memo from Human Resource Manager re: Hiring and Promotion Decisions for FCC Butner

### **Interviews**

- Interview with PREA Compliance Manager
- Interview with Human Resource representative

Review of documents and staff interviews indicate that the facility ensures that it does not hire or promote anyone who will have contact with inmates who has engaged in prior sexual abuse or harassment at a correctional facility by the following means:

- Criminal background checks
- Signed staff acknowledgment of affirmative duty to disclose such behavior.
- Criminal background checks of all staff upon 5<sup>th</sup> anniversary of hire

The facility provided a copy of a memo from a Human Resource representative, who described the process both for a new employee and one who has been there more than 5 years. The auditor reviewed the files to find that these procedures are followed at FCC Petersburg. The facility had difficulty producing documentation of the last step of the background checks prior to hire. The records showed that the final step of the process; a full background check, had been successfully completed after hire. The HR representative interview indicated that they cannot get to this step without a waiver approval (example provided).

These same procedures are followed for volunteers and contractors who have contact with inmates. The auditor chose five names at random to verify that these procedures had been followed.

The auditor's review of all of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A)

if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- Agency responses to PREA Pre-Audit Questionnaire

### Interviews

- Agency head interview
- Warden interview

### Site Review

- Observation of video camera system

The interview with the Warden indicated that there has not been any substantial expansion or modification of facilities, but there was a significant software upgrade to the video monitoring equipment since the last PREA audit, approximately three years ago. The upgrade provided significantly clearer video images of inmate and staff activities at the Medium unit, ( [REDACTED] )

Because the facility has a process in place to consider the need for video cameras and other factors related to the prevention of sexual abuse when undertaking such expansion or modification and it followed this process in the case of its video upgrade, the facility complies with this standard.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

### Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Four Memos from Warden re: Evidence Protocol and Forensic Medical Examination, all dated January 14, 2020
- MOU between FBOP and James House
- Five completed Sexual Abuse Investigations
- Completed Injury Treatment Reports (Health Care Staff)
- Completed Referral to Medical / Mental Health Services forms
- Completed Administrative Review Checklists

### Interviews

- Staff interviews

### External Interviews

- Interview with James House Representative

BOP policy requires procedural steps required for an investigation. When used, the form documents the steps required by this standard –

- Access to forensic medical examinations
- Examination by SAFE or SANE practitioners where available
- Access to a victim advocate where available

The auditor reviewed the documentation all five of the investigations performed in the last year. In all cases, the documentation indicated that the inmate was offered access to a forensic medical examination when appropriate.

The facility does not employ SAFE or SANE staff. Inmates are transported to St. Mary's Hospital in Richmond, VA which provides SAFE practitioners to conduct such forensic examinations as may be necessary. The interview with the James House Community Relations Director indicated that this hospital has SAFE/SANE forensic practitioners.

The auditor's review of all of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

#### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5508.02 , Hostage Situation or Criminal Actions Requiring FBI Presence, dated December 12, 1996
- Memo of Understanding between the FBI and the BOP
- Documentation of investigations for five recent allegations



## Interviews

- Interview with two staff assigned to investigations
- Interview with Warden
- Agency head interview

The agency has the above-listed policy statement by the BOP and the BOP/FBI MOU which require administrative and criminal investigations in the event of inmate or third-party allegations of sexual abuse or harassment. The facility provided documentation of the five randomly chosen investigations requested by the auditor. The auditor verified in documents and interviews that these five recent allegations were thoroughly investigated, and that the procedural steps required by the standard were met.

The policies clearly delineate the responsibilities of facility administrative staff and that of the investigative agency, the FBI. The role of the FBI is specified on a website at [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp), where it is available to the public. The auditor verified that the link functions as appropriate during the post-on-site phase of the audit.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### **Documents**

- BOP Program Statement 5324.12
- Complex Supplement PEX 5324.12b, Sexually Abusive Behavior Prevention and Intervention Program, dated September 16, 2019
- Employee Training Acknowledgment Forms
- Training Subject Outlines – Preservice and in-service

#### **Interviews**

- Staff interviews

BOP policies and directives require that all staff who have contact with inmates receive PREA training upon hire (before being assigned to work on a unit), and annually thereafter. The training includes

- Zero tolerance
- Prevention, detection, reporting, and response
- Inmates' rights
- Retaliation
- Sexual abuse and harassment in confinement
- Common reactions of victims
- Detection and response to threatened or actual abuse
- Inappropriate relationships with inmates
- Communication with LGBTI inmates
- Mandatory reporting

BOP policies require, and auditor interviews and document review indicate that all staff receive this training and understand its content.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

#### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12
- Complex Supplement PEX 5324.12b
- Agency responses to PREA Pre-Audit Questionnaire
- Contract Employee or Intern Training Acknowledgment Forms
- Acknowledgment of Volunteer Training / Orientations

#### Interviews

- Volunteer and intern interviews

BOP policies and directives require that all volunteers, contractors, and interns who have contact with inmates receive PREA training upon acceptance (and before being assigned to have contact with inmates). The training includes, but is not limited to

- Zero tolerance
- Prevention, detection, reporting, and response
- Inmates' rights
- Reporting

BOP policies require, and auditor interviews and document review indicate, that all volunteers, contractors, and interns receive this training and understand its content. A reduced number of volunteers are currently providing services at the facility due to COVID-19 restrictions. Interviews with a randomly chosen volunteer and a psychology intern indicated a good understanding of this training. Documentation review also indicated that all current volunteers have received this training. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- BOP Program Statement 5324.12
- Complex Supplement PEX 5324.12b
- Completed Admission and Orientation Checklists
- Randomly chosen forms documenting inmate receipt of information
- Transcript of PREA Video

### Interviews

- Inmate interviews
- Staff interviews

### Site Review Observations

- Posted signs

Approximately once per month, and normally within 30 days of arrival, the Assistant Warden / PREA Compliance Manager provides an individual inmate orientation to PREA rights, responsibilities, and reporting

procedures. In recent months, this orientation includes the inmate watching the comprehensive training video produced by the facility. The auditor reviewed randomly chosen forms documenting the receipt of this orientation. In one instance, due to COVID-19 concerns, the admission and orientation process occurred 32 days after one inmate's admission date.

The auditors interviewed twenty inmates chosen at random; approximately 60% indicated that they remembered receiving the required information upon intake. Approximately the same percentage indicated that they remembered the subsequent education sometime within the ensuing 30 days, with a typical response of "within a couple weeks". Staff interviews also indicated that this is the normal process.

Documentation review of the same randomly chosen inmates indicated that 100% of the randomly chosen inmates signed a form indicating that they had received the educational materials upon intake. Documentation further indicated that all but one of the randomly chosen inmates had received the subsequent education within 30 days. The lone exception received the orientation on the 32d day following his admission. Clearly, the practice is institutionalized, and the staff normally conduct the subsequent education materials in virtually all cases within the 30-day period.

Inmates who are unable to understand the materials for reasons of limited English proficiency or disability can have an interpreter or other assistance to help them understand the facility's policies and procedures.

Targeted inmate interviews included one inmate whose primary language was Greek, one who was blind, one who was hard of hearing (but not deaf), and one who had a physical disability. All were able to understand the auditor's questions without additional assistance and all verified that they had received and understood the required educational materials.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- Training Records

### Interviews

- Interviews with two staff assigned to investigations

The agency requires specialized training of administrative staff in the conduct of sexual abuse investigations. The facility provided documentation that an extensive list of staff had completed this training in the last year. This list was compared to the names of those who conducted the five randomly chosen investigations; all had completed the training.

Interviews of two randomly chosen investigators indicated that they understood the content required by this standard.



The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes    No    NA
  
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes    No    NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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**Documents**

- BOP Program Statement 5324.12
- Complex Supplement PEX 5324.12b

**Interviews**

- One randomly chosen health care staff
- One randomly chosen mental health care staff

BOP policies and procedures require that this specific training is mandated and provided to all employees at both New Employee Orientation and in-service training no less frequently than annually. The training includes:

- How to detect and assess signs of sexual abuse and harassment
- How to preserve physical evidence
- How to respond effectively and professionally
- How and to whom to report allegations or suspicions of sexual abuse or harassment

Documentation of this training is contained in employees’ files. An interview with a randomly chosen health care and a randomly chosen mental health care employee, and a review of documentation indicated that this training was received and understood.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Documents

- BOP Program Statement 5324.12
- Complex Supplement PEX 5324.12b
- Agency responses to PREA Pre-Audit Questionnaire
- Completed inmate screening forms
- Five randomly chosen investigative files

#### Interviews

- Interviews with a randomly chosen member of a unit team
- Staff interviews
- Inmate interviews

The auditor reviewed twenty completed inmate screening forms; the form requires that the intake officer ask specific questions and make his or her observations of the presence of risk factors. In the auditor's opinion, these criteria are objective in nature, and they are applied objectively. The criteria include:

- Whether the inmate has a mental, physical, or developmental disability
- The age and physical build of the inmate
- Whether the inmate has previously been incarcerated
- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses
- Whether the inmate identifies or appears to the intake officer as LGBTQI or otherwise gender nonconforming
- Previous sexual victimization
- The inmate's own perception of vulnerability

Note: the facility does not house inmates solely for civil immigration purposes.

In addition to screening inmates for their vulnerability and risk factors for victimization, the form and intake process are used to assess inmates' risk for being sexually abusive. Prior acts of sexual abuse, prior convictions for violent offenses, and prior history of institutional violence are considered.

Most interviewed inmates reported that they had been asked these questions on the first day of their arrival. Interviews with a randomly chosen member of the unit team also supported that the practice conforms with Bureau policy and the standard.

Bureau policy and procedure require that inmates be reassessed between day 15 and day 30 of their time at the facility. The facility complies with this requirement. Document review and inmate and staff interviews indicated that this practice is consistently followed.

An inmate's risk level can be reassessed by at least two different means, if warranted:

- Referral to the Unit Team
- Following an investigation of report or allegation of sexual abuse or harassment

Interviews with an unit team manager, the PREA Compliance Manager, and two staff members involved in investigations all indicated that these means are used. The review of the five randomly chosen investigations indicated that risk was re-evaluated in each case.

Bureau policy prohibits discipline of inmates for refusing to answer screening questions, or for not disclosing complete information in response to screening inquiries. No examples of such discipline were uncovered in inmate or staff interviews. Likewise, the auditor found no instances of inappropriate dissemination of screening information.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

## 115.42 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12
- Complex Supplement PEX 5324.12b
- Completed Offender Screening Forms

#### Interviews

- Staff interviews



- Inmate interviews
- Interview with Assistant Warden / PREA Compliance Manager

Bureau policies and procedures govern the use of screening information in making housing, bed, work, education, and other program assignments. All describe an individualized process designed to ensure the safety of inmates, staff, and the overall facility. Staff and inmate interviews consistently indicated that the process is followed and nearly unanimously indicated that inmates feel safe at this facility. Completed Offender Screening Forms records and other inmate records indicated referrals to various assignments were made on an individualized, case-by-case basis.

Four transgender inmates were interviewed at the facility at the time of the on-site audit. Two were chosen at random for an interview, and two more were chosen for targeted interviews. Their interviews indicated that the process was followed and that they felt safe in their current housing and program assignments. They all indicated that they are allowed to shower separately from other inmates.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12

- Complex Supplement PEX 5324.12b

### Interviews

- Staff interviews
- Inmate interviews

### Site Review Observations

- Observation of Special Housing Unit

A review of applicable BOP policies, plans, and procedures indicates that alternatives are considered for all at risk offenders, not just those at risk of sexual victimization, prior to involuntary placement in segregated housing. Likewise, all inmates in segregation have access to programs to the extent that they can be adequately supervised in program areas, or where programs can be brought to them.

Segregated housing logs and daily activity logs document the degree to which opportunities are limited and the duration of the limitation. The segregated housing review process is conducted no less frequently than monthly. One area is equipped with restraint chair / desk units which allow for a potentially disruptive inmates to participate with other inmates receiving program services.

The agency documents the basis for the facility's concern for the inmate's safety and the reasons why alternative means of separation cannot be arranged. Staff and inmate interviews indicated that these procedures are followed in actual practice.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12
- BOP Program Statement 3420.11
- Posted signs
- Inmate handbooks
- Forms signed by inmates acknowledging receipt of handbook and other materials

#### Interviews

- Staff interviews

- Inmate interviews
- Warden interview
- Agency head interview

### **Site Review Observations**

- Posted signs

Inmates learn of the multiple ways they can report sexual abuse or harassment in multiple ways. The ways they learn include:

- Inmate handbook
- Posted signs
- Admission and Orientation Briefing (PREA Video)
- Brochures and pamphlets

The internal ways include:

- Verbal report to a correctional officer or other staff
- Written report via inmate communication form to any facility staff person
- Verbal or written report to the PREA Compliance Manager
- TRULINCS
- Filing an offender grievance

The external ways include:

- Letter to the Agency PREA Coordinator
- Letter to the FBI

A PREA Auditor of America DOJ-certified auditor interviewed the Agency Head. Based on these discussions, and a review of BOP policies, the auditor believes that the FBI operates independently in its investigative role. None of the 15 investigative files offered for review were criminal investigations conducted by the FBI.

A written complaint can be submitted anonymously; an anonymous report is accepted and investigated. A letter to a “special correspondent”, which includes the FBI by policy, can be submitted sealed and without the inmate’s name.

Inmate interviews consistently verified that inmates know of the various internal and external ways of reporting. Staff interviews confirmed that they understand the importance of documenting verbal reports and the requirement to promptly pass all reports up the chain of command to be addressed. Staff interviews also verified their knowledge of policy regarding their own methods of privately reporting sexual abuse and harassment of inmates.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 1330.18. Administrative Remedy Program, dated January 6, 2014
- Agency responses to PREA Pre-Audit Questionnaire
- Inmate Handbook

#### Interviews

- Staff interviews
- Inmate interviews

The auditor's review of BOP Policy and the Inmate Handbook indicates that the facility has plans and procedures in place to ensure the following:

- No time limit is imposed on when an inmate may submit a grievance regarding an instance of sexual abuse
- Inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse
- Inmates are not required to submit a grievance to a staff member who is the subject of a complaint
- Such grievances are not referred to a staff member who is the subject of a complaint
- The agency issues a final decision within 90 days of the initial filing of the grievance, such 90-day period not including the inmate's time preparing an administrative appeal
- If the agency claims an extension of time to respond, it will notify the inmate in writing of the extension and provide a date by which a decision will be made
- Third parties are permitted to assist inmates in filing requests for administrative remedies, and to file such requests on behalf of inmates
- The agency will document an inmate's decision to decline assistance
- Emergency grievances may be filed if an inmate alleges that he is at substantial risk of imminent sexual abuse
- Emergency grievances are immediately forwarded to a level of review at which corrective action can be taken, a response is provided within 48 hours, and a final agency decision is issued within 5 calendar days.
- The determination of substantial risk and the action taken are documented

Although there were no cases to review to test these plans and procedures in practice, interviews with responsible administrative staff indicated that such procedures would be followed. In the auditor's judgment, the facility complies in all material ways with this standard.



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

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

#### 115.53 (a)

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

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

### Documents

- BOP Program Statement 5324.12
- Inmate Handbook

### Interviews

- Telephone interview with James House representative
- Inmate interviews – Random
- Inmate interviews – Inmates who had reported prior sexual abuse
- Staff interviews
- Interview and discussion with Warden

### Site Review Observations

- Posted signs

### External Research

- Web site of James House <https://thejameshouse.org/>

FCC Petersburg has had a long-standing (more than 3 years) relationship with the James House, which provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The mailing address and telephone numbers, including a toll-free hotline number are available. The auditor confirmed this service is available by interviews and tests of the phone numbers and website.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Website

- [https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

### Interviews

- Staff interviews

BOP and facility policy directives require that the facility receive reports of sexual abuse and harassment from third parties, including other agencies, public officials, family members, or a member of the public. This policy is communicated to inmates by way of the inmate handbook and to these groups by way of a general information guide, which can be easily accessed on the BOP website. Staff interviews confirmed that grievances are handled in accordance with these policies. Inmate interviews also supported the conclusion that the facility complies with this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes    No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes    No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes    No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes    No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Employee Acknowledgement Forms
- Contract Employee Training Acknowledgment Forms

#### Interviews

- Staff interviews
- Interview with randomly chosen health care staff
- Interview with randomly chosen mental health staff
- Interview with BOP Agency PREA Coordinator

BOP policies and directives, and staff training require immediate reporting of circumstances placing an inmate in immediate risk of sexual abuse, and action to protect the inmate in danger. These same policies clarify that such reporting is limited to the extent necessary to allow administrators to make treatment, investigation, and other management decisions. Staff interviews and signed Employee Acknowledgement Forms consistently demonstrated an understanding of these requirements.

Likewise, medical and mental health providers are required by policy, procedure, and initial training to report such circumstances, and to inform inmates of this duty and the limits of confidentiality. The targeted medical staff interview and signed training acknowledgement forms demonstrated an understanding of these practices.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12

#### Interviews

- Agency head interview
- Warden interview

BOP policy, executive and administrative directives, and staff training require immediate response to circumstances placing an inmate in immediate risk of sexual abuse, including action to protect the inmate in danger. Staff interviews and signed Employee Acknowledgement Forms consistently demonstrated an understanding of these requirements.

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire

#### Interviews

- Supervisory staff interviews
- Agency head interview

The auditor's review of BOP Policy indicates that the agency has plans and procedures in place to ensure the following:

- Reports to and from other facilities within the agency are communicated immediately.
- Allegations of abuse at facilities outside the BOP are telephonically reported to the head of that facility, no later than 72 hours after the receipt of the allegation.
- Such notifications are documented.

Supervisory staff interviews verified that these policies are carried out in practice. One documented example of compliance in practice was provided.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents**

- BOP Program Statement 5324.12

#### **Interviews**

- Staff interviews
- Contract staff interviews

BOP Program Statement 5324.12 and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. Policies also require these actions of non-custody staff if they are the first responders to the incident. Staff and contract staff interviews and signed employee and contract staff acknowledgement forms consistently demonstrated an understanding of these requirements. The auditor's review of this evidence leads him to a conclusion of full compliance with this standard.

## **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

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

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

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

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

#### **Documents**

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire



## Interviews

- Investigative staff interviews
- Medical staff interview

BOP Program Statement 5324.12 outlines the 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.

The auditor reviewed the documentation of five of the last 15 incidents at the facility which required this formal process. In his opinion, the process appears to be smoothly coordinated and well-documented. Investigative staff and medical staff interviews confirmed this opinion.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Documents

- Agency responses to PREA Pre-Audit Questionnaire
- Master Agreement between BOP and the Council of Prison Locals, American Federation of Prison Employees

## Interviews

- Agency head interview
- Warden interview
- Staff interviews

The auditor's review of the above-listed master agreement found no evidence of a 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.

In fact, the directives require this separation and prohibit retaliation by accused staff against inmates bringing such complaints. Interviews confirmed that this is the policy and procedure that is followed in the event of an inmate complaint of sexual abuse by staff.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Completed Offender 90-day Monitoring Forms

#### Interviews

- Staff interviews
- Interview with Warden
- Agency head interview

BOP Program Statement 5324.12 outlines the plan to monitor an inmate's housing, program, and disciplinary status for 90 days following the investigation of an incident of sexual abuse. Policies dictate the prohibitions against retaliation and the disciplinary consequences for those who do so.

The auditor reviewed the documentation of five of the last 15 incidents which were investigated. Although none of the allegations or reports were found to be substantiated, retaliation review was included and documented for each of these incidents. This exceeds the requirements of the standard, because such review is not required by this standard in the case of unsubstantiated or unfounded findings. PREA Compliance Manager interview confirmed that 90-day retaliation review is conducted whether allegations are determined to be founded or not.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and exceeded in actual practice.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents**

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Examples of Investigative Reports

**Interviews**

- Staff interviews
- Inmate interviews

**Site Review Observations**

- Observation of Segregated Housing Unit

A review of applicable BOP policies, plans, and procedures indicates that alternatives are considered for all at risk offenders, not just those at risk of sexual victimization, prior to involuntary placement in segregated housing. Likewise, all inmates in segregation have access to programs to the extent that programs can be brought to them. Segregated housing logs and daily activity logs document the degree to which opportunities are limited and the duration of the limitation. The segregated housing review process is conducted no less frequently than monthly.

This process documents the basis for the facility’s concern for the inmate’s safety and the reasons why alternative means of separation cannot be arranged. Targeted staff and inmate interviews indicated that these procedures are followed in actual practice.

**INVESTIGATIONS**

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

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

**115.71 (a)**

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Records Retention Schedule
- Training records of staff who are involved in investigations
- Review of five of the 15 most recent investigation reports and supporting documentation

### Interviews

- Staff interviews

BOP policies and directives require the following:

- Prompt, thorough, and objective investigations
- Investigation of all allegations, including those from third parties
- Use of available physical and DNA evidence and available electronic monitoring data (video)
  - Interviews of alleged victims, suspected perpetrators, and witnesses
- Review of prior reports and complaints of sexual abuse involving the suspected perpetrator
- Assessment of the credibility of an alleged victim, suspect, or witness on an individual basis
- Efforts to determine whether staff actions or failures to act contributed to the abuse

Further, BOP policies and directives require

- Investigations performed by persons who have received specialized training to conduct such investigations
- Written reports which contain a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings
- That the departure of an alleged abuser or victim from the employment or custody of the agency does not provide a basis for terminating an investigation

Records retention policies require that such records “must be retained.”

Staff interviews, and the review of recent investigations indicate that these policies and procedures are consistently followed.

The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s*



conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Five randomly chosen investigative files.

### Interviews

- Investigative staff interviews

BOP policies, training materials, and staff interviews indicate that the standard determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence. A review of five randomly chosen investigations revealed no instances of applying a higher standard.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Five randomly chosen investigative files, including proof of offender notification

## Interviews

- PREA Compliance Manager Interview
- Staff interviews

BOP policies and directives require notification of the reporting inmate of the results of administrative investigations, investigations by the OIG, and investigations referred for criminal prosecution. Each of the five randomly chosen investigative files included proof of offender notification.

Following an inmate's allegation that a staff member has committed sexual abuse against him these same policies require that the agency subsequently inform the inmate

- When the staff member is no longer posted within the inmate's unit;
- When the staff member is no longer employed at the facility;
- When the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- When the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility

unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody. The randomly chosen files did not include a case where the allegation was against a staff member, so the latter parts of the standard could not be confirmed in practice.

Further, BOP policies and directives require notification of the reporting inmate following his allegation that he or she has been sexually abused by another inmate, that the agency subsequently inform the alleged victim

- When the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and/or
- When the agency learns that the alleged inmate abuser has been convicted on a charge related to sexual abuse within the facility.

These notifications are documented by one or more of the following forms:

- Attachment M, UCC Notification of OPI Outcome
- Attachment F, Staff-on-Offender Sexual Abuse Investigative Worksheet
- Attachment J, Offender Protection Investigation
- Offender Notification Brochures

Staff interviews, examples of completed documentation of notification, and a review of recent investigations indicate that these policies and procedures are consistently followed. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 3420.11

### Interviews

- Agency head interview
- Supervisory staff interviews

The language of the standard is repeated in BOP Program Statement 3420.11. No instances of staff violations of agency sexual abuse or sexual harassment policies have occurred in the time period covered by this audit (3 years). The agency head and supervisory staff interviews indicate that these policies and procedures are consistently followed within the agency and would be followed in the event of these occurrences at FCC Petersburg.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 3420.11

## Interviews

- Staff interviews
- Contract staff interview

BOP policies, plans, and directives all require that contractors and volunteers who have been found to engage in sexual abuse be prohibited from contact with inmates. Likewise, they require that incidents of sexual abuse be reported to law enforcement and the appropriate licensing agencies.

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, policy requires that the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates.

Staff and contract interviews indicate that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12

### Interviews

- Staff interviews

BOP policies, plans, and directives require that

- Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse.
- Sanctions are appropriate to the nature of abuse committed, the offender's disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.
- The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.
- The facility offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, and consideration is made to determine if participation should be a requirement for access to programming or other benefits.
- An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

- Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations are handled in accordance with BOP Policy
- Sexual misconduct between offenders is prohibited and when discovered, it results in disciplinary sanctions in accordance with the BOP policy. However, sexual misconduct between offenders is not considered sexual abuse if it is determined the activity is consensual.
- Engaging in consensual sexual acts with others, defined as “intentional contact between the genitals of one person and the genitals, mouth, anus, or hands of another person with the consent of both participants” is considered a lesser disciplinary violation.
- A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not in itself constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the BOP policy.

Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or psychiatric patients. These procedures are followed when dealing with developmentally disabled offenders or psychiatric patients.

Staff and contractor interviews indicate that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure



that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Review of completed Offender Screening forms

#### Interviews

- Staff interviews
- Medical staff interview
- Targeted inmate interviews with four inmates who had reported previous sexual abuse

BOP policies require that if the screening pursuant to this section indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, medical staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The screening forms included in these policies (as attachments) are used daily at the facility. Four targeted inmate interviews confirmed that this referral was made.

BOP policy requires that the use of any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, who are assisting with making treatment plans and other management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

BOP policy requires medical staff to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Agency responses to PREA Pre-Audit Questionnaire

#### Interviews

- Staff interviews
- Inmate interviews

#### BOP Policies require

- That offender 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 in accordance with BOP medical policies.
- That if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.
- That offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance with BOP medical policies.
- That treatment services are provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

##### 115.83 (a)

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

##### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12

#### Interviews

- Staff interviews
- Medical staff interview
- Inmate interviews

#### BOP Policies require

- All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit are offered medical and mental health evaluation and treatment, as appropriate.
- The evaluation and treatment of such offender victims include follow-up services, treatment plans, and, when necessary,
- Referrals for continued care following transfer to, or placement in other units in accordance with BOP medical policies or their release from custody.
- Offender victims are provided medical and mental health services consistent with the community level of care.
- Offenders who become victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- A mental health evaluation of all known offender-on-offender abusers is attempted within 60 days of learning of the abuse and initial treatment.

Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- Documentation of review of the five randomly chosen investigations

### Interviews

- Staff interviews

BOP policies require an administrative review of all alleged sexual abuse and sexual harassment incidents, unless determined unfounded. The warden is required to obtain input from supervisory staff, investigators, and medical or mental health practitioners when completing the review. The review team includes upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The facility is required to implement recommendations that result from the review, or to document the reasons for not doing so.

Although each of the five reviewed cases (and the other 10 investigations conducted in the past year) were found to be unfounded, an administrative review was conducted and documented.

BOP Program Statement 5324.12 requires the warden or designee to conduct a prompt, thorough investigation, after reporting a serious or unusual incident and to complete an Administrative Incident Review. The review is required to include:

- A review of the circumstances of the incident
- The name(s) of the person(s) involved
- Events leading up to and following the incident
- A consideration of whether the actions taken were consistent with BOP policies and procedures
- A review of whether lesser alternative means of managing the situation were available
- An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs
- A determination of whether Incident Command System levels or response levels were used during the incident
- A determination of whether employee action or inaction was a factor
- Corrective action taken

The review is required to be submitted with 20 days of notification. Although not specifically required by the policies cited, the reviews reviewed by the auditor included:

- Consideration of whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consideration of 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

- Examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- An assessment of the adequacy of staffing levels in that area
- An assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff

The auditor's review of incident review records and staff interviews indicates that these policies and the other requirements of the standard are followed in practice. The auditor's review of the evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Agency responses to PREA Pre-Audit Questionnaire
- BOP Program Statement 5324.12
- CY 2019 Annual report
- Contract documents – private facilities

#### Interviews

- Interview with agency contract administrator

BOP Policy, administrative directives, plans, and operational manual require these statistics to be collected in accordance with Bureau of Justice Statistics (BJS) guidelines. The most recent annual report is for calendar year 2019, accessed online at

[https://www.bop.gov/inmates/custody\\_and\\_care/docs/cy2019\\_annual\\_prea\\_report.pdf](https://www.bop.gov/inmates/custody_and_care/docs/cy2019_annual_prea_report.pdf)

In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Agency responses to PREA Pre-Audit Questionnaire

#### Interviews

- Agency head interview

BOP Policy, administrative directives, plans, and operational manual require these statistics to be used to evaluate and improve operations to enhance inmate safety. The most recent annual report, for calendar year 2019, was accessed online at

[https://www.bop.gov/inmates/custody\\_and\\_care/docs/cy2019\\_annual\\_prea\\_report.pdf](https://www.bop.gov/inmates/custody_and_care/docs/cy2019_annual_prea_report.pdf)

No material is noted as redacted from the annual report.

In the auditor's judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

### Documents

- BOP Program Statement 5324.12
- Agency responses to PREA Pre-Audit Questionnaire
- Contract documents

BOP Policy requires the maintenance of a retention schedule. That schedule requires PREA related data to be maintained for 10 years. No personally identifiable data is included in the information made available to the public.

The 2019 annual report includes all aggregated sexual abuse data, from facilities under its direct control.

In the auditor's judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents

- Email attachments, notably
  - Time-stamped photographs of signs posted prior to audit
  - Photographs taken during site review
- Diagrams of facility layouts
- Three letters received by auditor prior to on-site visit
- Inmate handbook

#### Interviews

- Staff interviews
- Inmate interviews, including two of the three inmates who wrote the auditor

#### Site Review Observations

- Auditor notes taken during the on-site review

The previous audit report for this facility, dated December 29, 2016, approximately three years ago, can be accessed at

[https://www.bop.gov/locations/institutions/pet/PEX\\_prea.pdf](https://www.bop.gov/locations/institutions/pet/PEX_prea.pdf)

The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor access to and copies of all requested relevant documents (including electronically stored information). Private interviews were conducted with 41 inmates.

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Three letters were received.

The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). However, on the second day of the on-site audit, he was informed by the BOP representative that he may not be allowed to remove certain records containing personally identifiable information (PII) from the facility. On the third and final day of the audit, he was informed that this decision had been made.

There is an official response to an FAQ for standard 115.401(j), which states “An auditor ‘retains and preserves’ all documentation when: 1) the auditor has the continued ability to identify and access the documentation for 15 months following the issuance of the final audit report; and 2) the auditor can, upon request, provide the documentation to the Department of Justice or direct that the documentation be provided to the Department of Justice.”

In compliance with this response, the auditor was able to adjust his practices to overcome this barrier. He created a system whereby each record containing PII and which was relevant to the compliance decisions of this report was viewed and reviewed and described in a handwritten table of the auditor’s findings. Having viewed these records for content relevant to the standards, the auditor then permitted to facility to redact the names and other PII from the documents. Upon completion of the on-site audit, he removed the redacted documents from the facility. The Warden agreed to keep on file the records which the auditor was not permitted to remove. The auditor or the Department of Justice could view these records at any time in the subsequent 15-month period.

## **Standard 115.403: Audit contents and findings**

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

#### **115.403 (f)**

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

### **Auditor Overall Compliance Determination**

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

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

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

### **Documents**

- Prior audit report, dated December 29, 2016, accessed at [https://www.bop.gov/locations/institutions/pet/PEX\\_prea.pdf](https://www.bop.gov/locations/institutions/pet/PEX_prea.pdf)

The previous PREA audit report was issued approximately three years ago, and it is available on the BOP website. This standard is in compliance.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Bruce Kuennen

March 27, 2021

**Auditor Signature**

**Date**

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

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.