

ADULT PRISONS & JAILS



Auditor Information			
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Telephone number: (850) 718-7173			
Date of facility visit: May 24-26, 2016			
Facility Information			
Facility name: Federal Prison Camp - Pensacola, FL			
Facility physical address: 110 Raby Avenue, Pensacola, FL 32509			
Facility mailing address: (if different from above)			
Facility telephone number: 850-457-1911			
The facility is:	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Angel G. Motta, Warden			
Number of staff assigned to the facility in the last 12 months: 120			
Designed facility capacity: 708			
Current population of facility: 726			
Facility security levels/inmate custody levels: Minimum Security/ In and Out Custody			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Kerry P. Kemble		Title:	Associate Warden
Email address: PEN/PREAComplianceMgr@bop.gov		Telephone number:	(850) 457-1911
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: (if applicable) U.S. Department of Justice			
Physical address: 320 First Street, N.W., Washington DC 20534			
Mailing address: (if different from above)			
Telephone number: (202) 307-3198			
Agency Chief Executive Officer			
Name: Thomas Kane		Title:	Acting Director
Email address: BOP-CPD/PREACoordinator@bop.gov		Telephone number:	(202) 514-4919
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title:	National PREA
Email address: BOP-CPD/PREACoordinator@bop.gov		Telephone number:	(202) 514-4919

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Prison Camp-Pensacola (FPC), Federal Bureau of Prisons (BOP), was conducted May 24-26, 2016 by Nakamoto Group Inc. auditor William Willingham. When the auditor first arrived at the facility, a meeting was held with the Warden, the Associate Warden (PREA Compliance Manager), the Chief Psychologist, the Captain, several support staff, an American Correctional Association (ACA) auditor and a representative from the Bureau of Prisons (BOP) Program Review Division, to discuss the audit process.

The standards used for this audit became effective August 20, 2012. The auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager prior to the audit. The Director (designee), National PREA Coordinator and National PREA Contract Administrator for the BOP were previously interviewed telephonically. As part of the audit, a review of all agency and local facility PREA policies was conducted, staff and inmates were interviewed, and a tour of the facility was completed. A total of 11 randomly selected inmates were interviewed. Two interviewed inmates were disabled, one was Gay, two were limited English proficient and one was a victim of sexual abuse (substantiated case). A total of 20 staff were interviewed (10 randomly selected and 10 specialty/administrative) as well as one volunteer, one contractor, a Victim Advocate and a SANE (Sexual Abuse Nurse Examiner) nurse. The administrative staff interviewed included the Warden, the Associate Warden, the Human Resources Manager, the Chief Psychologist, two Lieutenants, one facility investigator/Special Investigative Supervisor (SIS) and the Health Services Administrator. There were no letters received by the auditor from inmates notified of the audit. The auditor concluded, through interviews and a review of policies and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates acknowledged that they received information about the facility's zero tolerance policy against sexual abuse, upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. It is the mission of the facility to create a positive tone and physical environment by promoting personal wellness, safety and the highest levels of sanitation. All inmates are encouraged and expected to participate in many educational, vocational, work and self-improvement programs to ensure a more successful transition into the community.

The Federal Prison Camp-Pensacola (FPC) is located on Saufley Field, a Navy facility located in Pensacola, FL, and was activated in June of 1988. The FPC was established in unused Navy buildings which required renovation prior to occupancy. The facility has four housing units as part of the main facility, no Special Housing Unit (SHU) and the average length of incarceration is 3 years. The FPC has numerous administrative support operations such as Food Service, Education, Maintenance, a Medical Clinic and a Laundry etc. All inmates, who have been medically cleared, are provided work assignments, and/or participate in educational/vocational programs. Work assignments include Food Service, Education/Recreation, Laundry, Business Office (janitors), Commissary, Health Services (janitors), sanitation workers, unit orderlies (janitors), landscape workers, a prison factory (laundry) and institution maintenance.

The FPC provides an inmate workforce to support Navy operations mainly at Saufley Field, the Naval Air Station-Pensacola, Corey Station, Whiting Field and at Eglin Air Force Base. Inmates are assigned to ground maintenance duties which include landscape management, grass cutting /trimming and related equipment maintenance/repair. A prison factory called UNICOR is also operated by inmates (55) on Eglin Air Force Base (laundry operation supervised by UNICOR staff). There is also a Base Lieutenant and Base Patrol Officer (FPC staff) who monitor the work details on a rotating basis.

The Education Department provides comprehensive programs for the inmate population. Various academic and vocational training opportunities are provided to the inmate population. Academic programs include instruction from the literacy level, taught on site, to post-secondary classes, which are also available. The literacy program is mandatory for all inmates who do not possess a verifiable high school diploma or GED certificate. A comprehensive English-as-a-Second Language Program is provided for non-English speaking inmates. Inmates who do not have a verifiable high school diploma are encouraged and provided the opportunity to take the GED test in their native language. Satisfactory completion of the GED Program will merit a GED certificate. Academic classes are conducted Monday through Friday. In addition to the academic programs, a number of vocational education courses are also offered (computer applications and apprenticeships). Parenting classes are available and upon completion of the class, each inmate receives a certificate of completion. The facility also offers a five hundred hour residential drug treatment program (RDAP) and numerous programs provided by Psychology Services staff. Recreational programs offered include team and individual sports activities, hobby craft, wellness instruction, and TV viewing. The FPC also offers a number of religious programs involving numerous faith groups.

The facility has an excellent re-entry into society program which prepares inmates for release back into society. This initiative is a directed program that focuses on inmates taking responsibility for their release planning. Though this program inmates are allowed to create resumes, participate in mock interviews, and are given tips for handling adversity and rejection.

The facility also provides court-mandated legal resource materials for inmates including Bureau of Prisons policy, Institution Directives and federal law.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with the Warden and administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving three standards. One standard was not-applicable. The auditor had been provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance to the PREA. All interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very high, and the observed staff/inmate relationships were seen as excellent. The working relationship between the Navy and BOP was observed to be excellent. All areas of the facility were observed to be clean and well maintained, especially considering the age of the facility. At the conclusion of the audit, the auditor thanked the FPC-Pensacola staff for their hard work and dedication to the PREA.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Program Statement (PS) 5324.12 and the corresponding local policy (Institution Supplement or IS) address the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden, and stated he has ample time to devote to those responsibilities. Zero tolerance (including reporting procedures) posters are displayed throughout the institution. Staff receive initial employment and annual PREA training, as well as updates to policy throughout the year. All staff are issued a pocket size laminated PREA Standards/First Responder Guideline to carry at all times for reference (observed by auditor). Of special note, the FPC has established a "PREA committee" of staff, who provide extra guidance and focus on ensuring compliance to the PREA. The facility exceeds compliance to this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03, PS 5324.12 and corresponding local policies meets the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans (Workforce Utilization Meeting). In addition to the quarterly Workforce Utilization Meeting, the Warden meets weekly with his executive staff, business manager and the human resource manager to discuss staffing issues. Quarterly Workforce Utilization Meeting minutes are on file. There have been no deviations from the staffing plan (overtime is scheduled if necessary). The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones and the Trust Fund Limited Inmate Computer System (TRULINCS) inmate e-mail system. The inmate population at the time of the audit was 726. Documentation of unannounced rounds (visits to areas where inmates are found) covering all shifts by administrative staff was reviewed. Interviews with staff and inmates confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. Video cameras with monitoring capabilities (16 cameras as of the date of the audit-additional cameras are being requested) are visible throughout the facility. The cameras can be monitored at the Control Center, Special Investigative Supervisor's (SIS) office and by the executive staff. Staff and inmate interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.14 Youthful inmates

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

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

Not Applicable. FPC-Pensacola does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5324.12 and corresponding local policy cover the mandates of this standard. FPC-Pensacola is a male only facility. However, policy states cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner (none have been performed in the last 12 months). Staff indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower stalls with shower curtains for privacy purposes. Inmates, correctional officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by female staff. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit and at the beginning of the shift. The intercom system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units are posted at the entrance of living areas and throughout the units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff and inmate interviews, as well as an examination of documentation, support compliance to this standard.

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

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

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

The facility meets the mandates of this standard, in accordance with PS 5324.12 and corresponding local policy. FPC-Pensacola takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and the inmate handbook (which contains PREA information) are printed in both English and Spanish. The facility has a contract with a translator service and bilingual staff to provide assistance to inmates who need translation services. Procedures and policy are in place to assist inmates with almost any form of disability. The above-mentioned documents were submitted to and reviewed by the auditor. Staff interviewed were well aware of the policy that inmate interpreters or assistants are never to be used when dealing with PREA issues involving another inmate. Staff and inmate interviews (disabled and limited English proficient), as well as an examination of documentation, support compliance to this standard.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03, PS 3420.12, the Pre-Employment Guide, the Questionnaire for Public Trust Positions and the BOP Recruitment Flyer address the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have been carefully screened pursuant to this standard, and have had criminal background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The Agency makes its "best effort" to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring staff permanently. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

FPC-Pensacola has a video and visual monitoring system in place (16 cameras). Additional cameras have been requested, and PREA issues were considered in making the request. There have been no substantial expansions/modifications to the facility since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.12, PS 6031.03, the Guide for First Responders/Operations Lieutenant and the PREA Checklist & Instructions meet the mandates of this standard. Correctional Services (security) and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor (SIS) IG (Office of Inspector General) or FBI conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by SANE staff (interviewed by the auditor) at the local hospital. Victim Advocate services are available at the FPC, through a local rape crisis center and facility staff. There were no SANE exams conducted during the past 12 months. Staff, as well as an examination of documentation, support compliance to this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.12 and corresponding local policy meet the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS), the Office of Internal Affairs (OI), the Office of Inspector General (IG) or the FBI conduct all investigations. The Special Investigative Supervisor was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative (administrative only) process. The SIS was newly appointed and was awaiting the completion of all required training. If needed, a former fully trained SIS was on staff and would be capable of completing an investigation. The IG or FBI would conduct criminal investigations for the facility. The facility also has an SIS Technician who would be able to assist with investigations or collect evidence. There were no incidents which involved an allegation of sexual abuse/sexual harassment needing investigation during the last year. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of an investigation would be completed and be timely. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.31 Employee training

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

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

PS 5324.12, corresponding local policy, and the Annual Training Plan includes all training required of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all new staff must attend and successfully complete. Staff also receive PREA training at the FPC beginning shortly after they are hired. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive refresher training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. Interviewed staff indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. Staff interviewed had in their possession a laminated card outlining the steps they must take if a violation of the PREA was suspected or discovered. Staff interviews, as well as an examination of documentation, support the facility exceeding compliance to this standard.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.12 and the Annual Training Plan meets the mandates this standard. All contractors and volunteers (3 contractors and 42 volunteers) have received PREA training (within the last year), to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There was one contractor and one volunteer interviewed who confirmed that they have contact with inmates, that they received PREA training initially and annually, and that they signed that they understood the instruction. Staff, volunteer and contractor interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.33 Inmate education

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

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

PS 5324.12, PS 5290.14, the Admission and Orientation (A&O) Program and the A&O Checklist meet the mandates of this standard. The facility thoroughly educates inmates about the PREA. Inmates receive information during the intake process that includes a PREA handout and inmate handbook, printed in both English and Spanish. The inmates have access to the Trust Fund Limited Inmate Computer System (TRULINCS) computer program which also provides them with PREA information. There are PREA posters throughout the facility and in each housing unit a "hotline" telephone number is posted which may be called to report abuse or harassment. The Office of Inspector General's mailing address is posted in each housing unit for inmates to write to concerning any sexual abuse or sexual harassment allegation. There is a language translation program available to inmates who have difficulty communicating in English. There are procedures in place to assist disabled inmates in learning about the PREA (confirmed through an interview with two disabled inmates). The auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. FPC staff also conducted "town Hall" meetings (question and answer sessions held in each unit) to more fully inform the inmate population concerning the PREA, treatment opportunities and BOP policy. Inmates have been advised to use the "red phone", found in each unit, to contact the Control Center directly to report an emergency, which could be a PREA violation. All inmates were required to acknowledge in writing that they completed PREA education. Staff and inmate interviews, and an examination of documentation, confirmed that the facility exceeds compliance to this standard.

Standard 115.34 Specialized training: Investigations

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

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

PS 5324.12, the SIS/SIA Training Lesson Plan, the Sexual Violence PREA Training Plan and the DOJ/OIG PREA Training Plan address the mandates of this standard. The SIS staff and FBI/OI/IG investigators have received PREA specialized training at the National Institute of Corrections and/or through the Department of Justice. The SIS was newly appointed and was awaiting the completion of all required training. If needed, a former fully trained SIS was on staff and would be capable of completing an investigation. The IG or FBI would conduct criminal investigations for the facility. All investigators use a standardized protocol to conduct investigations. This auditor reviewed specialized training documentation, to include the SIS Training Instructor Guide, the FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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

PS 5324.12, corresponding local policy and the PREA Training Lesson Plan meet the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive refresher training annually and documentation is on file. The auditor reviewed the training lesson plan, training sign-in sheets and BOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners. The Health Services Administrator was interviewed and confirmed compliance to this standard. Staff interviews, as well as an examination of documentation, also support compliance to this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.12 addresses this standard. All inmates are assessed for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A unit team staff member screens all new arrivals within 72 hours with an objective screening instrument. They are almost always interviewed the first day of intake. The staff review all relevant information from other facilities and sources, and continue to reassess an inmate's risk level within 30 days of his arrival. Information received after intake is immediately reviewed. Inmates cannot be disciplined for refusing to answer PREA related questions at the time of intake. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, as well as a review of documentation, support the finding that the facility is in compliance with this standard.

Standard 115.42 Use of screening information

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

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

PS 5324.12 and corresponding local policy address the mandates of this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with staff and inmates, and a review of documentation, support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

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

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

PS 5324.12 and corresponding local policy address the mandates of this standard. FPC-Pensacola would use a local jail or the Federal Correctional Institution-Marianna for protective custody placement (SHU). Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering SHU status. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. Staff interviews and a review of documentation confirmed compliance to this standard.

Standard 115.51 Inmate reporting

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

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

PS 5324.12, PREA notices/memorandums and the inmate handbook (in English and Spanish) outlines the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates and staff to report (to BOP staff or an outside agency) sexual abuse or sexual harassment. The facility does not house inmates solely for criminal immigration violations. The facility has procedures in place for staff to immediately document all allegations when advised, which will result in a full investigation and treatment if needed. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. Staff and inmate interviews (also disabled and limited English proficient), as well as an examination of documentation, support compliance to this standard.

Standard 115.52 Exhaustion of administrative remedies

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

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

PS 1330.18 meets all the mandates of this standard. Inmates may file a grievance, however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Inmates may file an emergency grievance at any time, and may seek assistance from others to file a grievance. All required response/reporting time limits and relevant PREA issues concerning grievance processing are required by policy. There were no grievances filed involving any PREA related issue during the past 12 months. Staff and inmate interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.12 and the inmate handbook (English and Spanish) meet the mandates of this standard. The facility has a Memorandum of Understanding with a local rape crisis organization, to provide all services compliant with the PREA. Facility mental health staff also have been trained to provide counseling and victim advocacy services if needed. Inmates also have access to the National Sexual Assault Hotline. Inmates are advised of the procedures to seek assistance from outside providers and facility staff. Local rape crisis center staff were contacted and advised that services would be provided upon request, in a confidential manner. The inmate handbook outlines the process to obtain contact information through the Psychology Department and/or directly to outside sources. Staff and inmate interviews, as well as an examination of documentation, also support the facility being compliant to this standard.

Standard 115.54 Third-party reporting

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

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

PS 5324.12, the BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention", the inmate handbook, PREA posters, the posted Office of Inspector General address and the BOP web site (www.bop.gov) meet the mandates of this standard. The web site and posted notices assist third parties on how to report allegations of sexual abuse. These notices are also found in the housing units and the Visiting Room. Staff and inmates interviewed were aware of the procedures for third-party reporting (which will result in the opening of an investigation).

Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.12 and corresponding local policy meets the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. All reports would be documented. There was one volunteer and one contractor available to interview, and both stated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. All information is maintained confidentially. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

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

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

PS 5324.12 addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being at risk to be sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the alleged victim and predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.12 addresses the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received no allegations that an inmate was abused while confined at another facility or at the FPC (from another facility). Staff interviews confirm compliance to this standard.

Standard 115.64 Staff first responder duties

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

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

PS 5324.12 outlines the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, would not allow inmates to destroy any evidence, contact the operations lieutenant and advise medical staff. All staff are issued and carry a pocket size PREA guideline for reference. Within the last 12 months, there were no allegations of sexual abuse requiring first responder actions. An inmate who had been a victim of sexual harassment just over one year ago was interviewed by the auditor, and confirmed all required responses (first responder) were made. Staff and inmate interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.65 Coordinated response

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

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

PS 5324.12, corresponding local policy and the Coordinated Response to an Allegation of Sexually Abusive Behavior PREA Checklist outlines the mandates of this standard. Documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative/executive staff, in response to an incident of sexual abuse/harassment. When interviewed, the staff responses involving relevant allegations were found to be in compliance with this standard.

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

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

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

The collective bargaining agreement examined by auditor between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. That agreement does not prohibit the FPC from removing 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.

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.12 outlines the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Associate Warden-Programs (also the local PREA manager), is charged with monitoring retaliation. When interviewed, he stated he would follow up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Associate Warden indicated he would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the past 12 months.

Standard 115.68 Post-allegation protective custody

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

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

PS 5324.12 and corresponding local policy meets the mandates of this standard. Interviews with staff and an examination of the local procedures indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU-local jail or FCI-Marianna). Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.12 addresses the mandates of this standard. The SIS conducts administrative investigations within the facility and refers criminal investigations to the FBI or IG to determine if prosecution will be pursued (the FBI or IG may conduct criminal investigations). The local Assistant U.S. attorney would also be consulted. There were no criminal prosecutions or referral during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation, and would personally follow-up concerning same. The Special Investigative Supervisor serves as the facility liaison who provides requested information to the outside agency and provides access to the inmates.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PS 5324.12 addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

PS 5324.12 addresses the mandates of this standard. There were no investigations conducted within the last year requiring inmate notification per this standard. Documentation of this notification would be found in each investigation file. One victim was interviewed by the auditor (case was just over one year old), and stated he was advised in writing of the outcome of the investigation. Staff and inmate interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11 addresses the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff in the past 12 months, and no staff members were disciplined, terminated or resigned (prior to termination) for violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees dated 7/1/2014-7/20/2017, allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an inmate. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

PS 3420.11 addresses the mandates of this standard. Policy complies with all required actions concerning contractors and volunteers relevant to this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate. Staff interviews, as well as an examination of documentation, support compliance to this standard.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5324.12 and corresponding local policy address the mandates of this standard. There were no cases of alleged inmate-on-inmate sexual abuse or sexual harassment investigated at the facility during the last year. There have been no investigations of staff and inmates engaging in sex during the past 12 months. There were no criminal findings of guilt for inmate-on-inmate sexual abuse within the last year. Therapy services would be available for victims and abusers at the facility. The local rape crisis center would also provide therapy services for victims. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the SIS investigator and a review of documentation support the finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12 and corresponding local policy outlines the mandates of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, all inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. The FPC utilizes the PREA Compliance Manager Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially, and interviews with staff and inmates support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.12 and the PREA Guide for First Responders/Operations Lieutenants address the mandates of this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. All emergency decisions and care would be fully documented. Interviews with staff, a SANE nurse and a inmate victim support a finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12 outlines the mandates of this standard. The FPC offers ongoing medical and mental health evaluations and as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. Known inmate abusers are evaluated and treatment is offered as indicated. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.12 and corresponding local policy outlines the mandates of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse/sexual harassment (within 30 days). No incidents were investigated within the last year. The Special Investigative Supervisor was interviewed and found to be very knowledgeable concerning his duties and responsibilities, and provides information to the incident review team. The facility would conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review would be conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team would also make a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. The sexual abuse incident review reporting form would be completed as required. A member of the incident review team was interviewed, and confirmed compliance to this standard.

Standard 115.87 Data collection

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

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

PS 5324.12 meets the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, inmate data and SENTRY (BOP data management system) data. The data collected includes the information necessary to answer all questions needed to complete the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually (including data provided from contractors). The FPC provides the required information to the Regional and BOP PREA Coordinator.

Standard 115.88 Data review for corrective action

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

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

The Bureau of Prisons and the FPC staff review and assess all sexual abuse/sexual harassment data at least annually, to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any trends, issues or problematic areas and take corrective action if needed. The facility PREA Manager provides data to the respective BOP Regional PREA Coordinator, which is forwarded to the National Coordinator. An annual report is prepared and placed on the BOP web site. The Annual Report was reviewed by the auditor.

Standard 115.89 Data storage, publication, and destruction

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

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

PS 5324.12 outlines the mandates of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP web site. The report covers all data required by this standard.

AUDITOR CERTIFICATION

I certify that:

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

William Willingham

June 8, 2016

Auditor Signature

Date