

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

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| Auditor Information | | | |
| Auditor name: Marie J. Carter Calvin | | | |
| Address: 11820 Parklawn Drive, Suite 240, Rockville, MD 20852 | | | |
| Email: marie.carter@nakamotogroup.com | | | |
| Telephone number: (904) 962-4300 | | | |
| Date of facility visit: December 13-15, 2016 | | | |
| Facility Information | | | |
| Facility name: Federal Correctional Complex - Petersburg | | | |
| Facility physical address: 1060 River Road, Hopewell, VA 23860 | | | |
| Facility mailing address: (if different from above) P. O. Box 90026, Petersburg, VA 23804 | | | |
| Facility telephone number: (804) 504-7200 | | | |
| 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: Eric Wilson, Warden | | | |
| Number of staff assigned to the facility in the last 12 months: 595 | | | |
| Designed facility capacity: Medium - 1894, Low - 1210, Camp - 296 | | | |
| Current population of facility: 2922 | | | |
| Facility security levels/inmate custody levels: Medium, Low, Minimum/In, Out, Community | | | |
| Age range of the population: 19-86 | | | |
| Name of PREA Compliance Manager: Allia Lewis | | Title: | Associate Warden, <input checked="" type="checkbox"/> |
| Email address: PEX/PREAComplianceMgr@bop.gov | | Telephone number: | (804)504-7200 |
| Agency Information | | | |
| Name of agency: Federal Bureau of Prisons | | | |
| Governing authority or parent agency: (if applicable) U. S. Department of Justice | | | |
| Physical address: 320 First Street, NW, Washington, DC 20534 | | | |
| Mailing address: (if different from above) | | | |
| Telephone number: (202) 616-2112 | | | |
| Agency Chief Executive Officer | | | |
| Name: Thomas Kane | | Title: | Acting Director |
| Email address: BOP-CPD/PREACoordinator@bop.gov | | Telephone number: | (202) 616-2112 <input checked="" type="checkbox"/> |
| Agency-Wide PREA Coordinator | | | |
| Name: Jill Roth | | Title: | National PREA <input checked="" type="checkbox"/> |
| Email address: BOP-CPD/PREACoordinator@bop.gov | | Telephone number: | (202) 616-2112 <input checked="" type="checkbox"/> |

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Complex - Petersburg, VA (FCC) was conducted December 13-15, 2016 by Nakamoto Group Inc. auditors Marie J. Carter Calvin and Carolyn Rickards Williams. When the auditors first arrived at the facility, an in-briefing meeting was held with the Warden, Associate Wardens, Executive Assistant, Captain, various other support staff, ACA (American Correctional Association) auditors and a representatives from the Bureau of Prisons (BOP) Program Review Division. This is the second PREA audit conducted at FCC-Petersburg. The first audit was July 28-3, 2014, resulting in a finding that the facility was in full compliance with the standards.

A comprehensive tour of the FCC was completed. FCC is comprised of three facilities (Medium, Low and the Camp). The tour included the intake areas, all housing units, special housing unit (SHU), health care, recreation, food services, facilities support areas, education and programming areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings with the PREA auditors' contact information were also located in the same areas. There were concerns raised during the tour about the showers at the Medium not providing privacy for the inmates to shower without being observed by persons of the opposite gender; the showers were corrected by putting up shower curtains on all showers. There was one blind spot in the Medium UNICOR (prison industries) area of the facility that was corrected with a concave mirror, which was located in a manner which enhances supervision and security for staff and inmates working in the area. Finally, there were concerns raised about the toilet areas in the Medium security UNICOR area, the Low security facility housing units and the housing area at the camp. Inmates were not able to use the toilet areas without being observed by persons of the opposite gender; these areas were corrected by extending partitions and/or adding doors to the areas.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager. The National PREA Coordinator and the National PREA Contract Administrator for the Bureau of Prisons (BOP) were previously interviewed telephonically, as was the Director's designee.

During the past year, there were 21 cases involving PREA allegations of sexual abuse/harassment of which 15 were inmate on inmate and seven were staff on inmate allegations. There were also five reports of PREA allegations that took place at another facility. All the investigation packets were reviewed and found to be complete. Of the 15 inmate on inmate allegations, ten were unfounded, four were unsubstantiated and one was substantiated. Of the seven staff on inmate allegations, 4 were found to be unsubstantiated and 3 are still open pending the completion of the investigations. In addition, there were five cases of PREA allegations reported that took place at another facility and the staff properly notified the CEO of the other facility and investigations were completed in a timely manner. Inmates were notified in accordance with the standards.

A total of 94 inmates were interviewed which included three physically disabled, seven openly-identified transgender inmates, three openly-identified bisexual inmates; no LEP (Limited English Proficiency) inmates and no inmate refused to be interviewed.

A total of 101 staff were interviewed: 22 random correctional officers (from all three 8 hour shifts), 25 non-correctional random staff, 53 specialized staff, four contract staff and the SAFE/SANE representative from Saint Mary's Hospital located in Richmond, VA. The administrative staff interviewed included the Warden, Associate Wardens, the SIA (investigator) and the Human Resource Manager.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons (BOP) is to protect society by confining offenders in the controlled environment 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 Federal Correctional Complex (FCC), Petersburg to be a good employer, a good neighbor to the citizens of the Tri-Cities Area and a good public steward. The employees at the Complex are committed to the institution agenda which stresses safety of staff, inmates and the public; the fair and equitable treatment of inmates and the maximum use of resources so returning citizens will be self-sufficient and productive members of their community.

In the early 1930s, due to severe overcrowding at the United States Penitentiary, Atlanta, Georgia, eight federal road camps, one being the Camp Lee Road Camp, Petersburg, Virginia, were created. Inmates arrived on May 24, 1930 and were housed in clusters of tents. On January 1, 1932, the road camp was converted to a full independent institution and renamed the "Petersburg Federal Reformatory Camp." During 1938, a massive expansion program began in which Lee Hall, Richmond Hall and the Administrative Building were constructed. In 1954, the institution was formally designated as a reformatory and Federal Prison Industries opened a tire recapping factory. Throughout the 1960's and 1970's, additional dormitories and the gymnasium were built. In January 1994, the Federal Correctional Institution was re-designated as a low security security facility with a satellite camp. In June 1999, construction began on the Medium component of the FCC and this was completed in July 2001. The first inmates arrived at the Medium the week of November 5, 2001.

FCC Petersburg is an all-male complex with three facilities on the grounds, one medium, one low and one minimum security camp. On the first day of the audit there were 2,922 inmates at the facility. The FCC provides a variety of services for inmates, to include, but not limited to mental health and drug-related counseling, religious services, recreation, work programs, community standard medical care, re-entry programs, counseling, education and law library services.

The FCC has a diverse inmate population which administers programs to meet the needs of the population, to include a Sex Offender Management Program (SOMP), Residential Drug Abuse Program (RDAP) and the Life Connections and Threshold Programs. In addition, there is a unique partnership with the Virginia Department of Motor Vehicles (DMV) and the Veteran's Administration (VA). The partnership with Virginia's DMV allows releasing inmates to obtain state issued identification, as well as a commercial driver's license (CDL) if warranted. The partnership with the VA supports the agency's largest inmate population of veterans, providing specialized programs and resource information vital for that population.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with the Warden, Associate Wardens, Executive Assistant, Captain, various other support staff and a representatives from the Bureau of Prisons (BOP) Program Review Division. The facility was found to be fully compliant with the Prison Rape Elimination Act (PREA), with two standards found to be non-applicable (115.14 and 115.18). This conclusion was determined with a comprehensive tour, staff and inmate interviews and a thorough review of the documentary files.

The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be good and the observed staff/inmate interactions were appropriate. All areas of the facility were observed to be clean and well maintained, especially the Low and Camp considering the age of those components. At the conclusion of the audit, the auditor thanked the Warden and staff for their hard work and dedication to the PREA audit process.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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, pages 3,14,25,27,28,29 and 49 and the Institution Supplement (IS) PEX 5324.12, clearly meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and PREA Compliance Manager assigned to each regional office in the agency to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden. Zero tolerance posters are displayed throughout every area of the complex. Staff receive initial training and annual training, as well as updates throughout the year. Staff are issued a pocket sized PREA Standards/First Responder Guideline card to carry at all times for reference. Inmates are informed verbally and in writing about the zero-tolerance policy and the PREA process during in-processing procedures. The inmates are given the information in the inmate Admissions and Orientation handbook and by viewing a video which is offered in English and in Spanish. In addition, they receive a pamphlet on the PREA program and all written documents are also available in English and Spanish. There is a language line available for inmates who need further assistance. Interviews with staff, contractors and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment. There were no volunteers on duty during the audit.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03, pages 8-12 and PS 5324.12, page 17 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 staffing plan. In addition to the quarterly Workforce Utilization Meeting, the Warden, in fact, meets weekly with his executive staff, business administrator and the human resource manager to ensure that the staffing plan continues to be followed appropriately. Quarterly Workforce Utilization meeting minutes were reviewed and are on file. The facility has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, the Trust Fund Limited Inmate Computer System (TRULINCS), staff interviews and rosters. Interviews with staff 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 are visible throughout the facility. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies.

The auditor found a 'blind spot' in Medium UNICOR area. Prior to the close of the on-site audit a concave mirror was installed to correct the deficiency thereby increasing staff supervision and inmate security in that area.

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.

Non-Applicable. FCC Petersburg does not house youthful offenders.

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 PS 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas address the requirements of the standard. The facility's rated capacity exceeds 50 inmates. The agency does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches.

All inmates reported that they were aware that female staff routinely worked in the housing units. The speaker system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Inmate interviews confirmed that female staff are announced when entering housing units. The practice was observed during the tour of the FCC. During the tour and confirmed through inmate and staff interviews, the showers in the housing units, a UNICOR toilet at the Medium, toilets in Columbia, Carolina and Richmond Hall housing units at the Low and the toilets located on level 2 & 4 at the camp did not provide for inmates to perform bodily functions without non- medical staff of the opposite gender viewing. These areas were corrected during the on-site audit. Shower curtains were installed in the housing units and doors and/or partitions were installed to correct the toilet areas. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) during institution familiarization training, at the BOP training academy and during annual refresher training. 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 genitalia.

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.

PS 5324.12, pages 20-21, and IS PEX 5324.12 outlines the requirement of the standard. FCC Petersburg takes appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The facility has a contract with LanguageLine Solutions to provide translation services for inmates who have a need that exceeds English or Spanish. The above-mentioned documents were submitted and reviewed by the auditor. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues.

Standard 115.15

PS 5324.12 and PS 5521.06: Searches of Housing Units, Inmates and Inmate Work Areas address the requirements of the standard. The facility's rated capacity exceeds 50 inmates. The agency does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches.

All inmates reported that they were aware that female staff routinely worked in the housing units. The speaker system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Inmate interviews confirmed that female staff are announced when entering housing units. The practice was observed during the tour of the FCC. During the tour and confirmed through inmate and staff interviews, the showers in the housing units, a UNICOR toilet at the Medium, toilets in Columbia, Carolina and Richmond Hall housing units at the Low and the toilets located on level 2 & 4 at the camp did not provide for inmates to perform bodily functions without non-medical staff of the opposite gender viewing. These areas were corrected during the on-site audit. Shower curtains were installed in the housing units and doors and/or partitions were installed to correct the toilet areas. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex inmates) during institution familiarization training, at the BOP training academy and during annual refresher training. 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. Interviews with inmates confirmed that none of them had been visual body cavity or strip searched by female officers.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03, pages 28, 41-45; PS 3420.11 pages 6&7; Pre-Employment Guide, page 2; SF85P, Questionnaire for Public Trust Positions, page 1 and the BOP Recruitment Flyer, page 1 meets the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years, which was reviewed by the auditor. 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 employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The auditor reviewed a random sampling of hiring and promotion packets during the audit and found them to be in compliance with the 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.

Non-Applicable. FCC Petersburg has an extensive video and monitoring system in place. Since the 2012, there has not been any significant upgrades to the facilities which also includes technologies.

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, pages 4, 5, 23, 24; PS 6031.03, pages 42 & 43, Guide for First Responders/Operations Lieutenant and PREA Checklist & Instructions meets the mandates of this standard. Correctional, Mental Health, and Health Service 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 Service Administrator (SIA) and the Special Investigative Service Lieutenant (LT) conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by a SAFE/SANE through an agreement with Saint Mary’s Hospital. An interview with the service provider verified the agreement for the SANE/SAFE protocols to be performed at their hospital. There were no forensic medical exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.12, pages 44, 45 and 46 meets the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The local Special Investigative Service (SIS), the Office of Internal Affairs (OI) and the FBI may conduct investigations. The Special Investigative Administrator was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative process. There are 253 agency investigators and two facility investigators. The FBI conducts the criminal investigations for the facility. During the past year, there were 21 cases involving PREA allegations of sexual abuse/harassment of which 15 were inmate on inmate and seven were staff on inmate allegations. In addition, there were five reports of PREA allegations that took place at another facility. All the investigation packets were reviewed and found to be complete. Of the 15 inmate on inmate allegations, ten were unfounded, four were unsubstantiated and one was substantiated. Of the seven staff on inmate allegations, 4 were found to be unsubstantiated and 3 are still open pending the completion of the investigations. There were also five cases of PREA allegations reported that took place at another facility and the staff properly notified the Warden of the other facility and investigations were completed in a timely manner. Inmates were notified in accordance with the standards. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The information being tracked includes the date the allegation was reported, name of the victim/perpetrator, SHU placement/reviews, initial 2-day after-action, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring.

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 pages 14,15, 25, 26 and 27; IS PEX 5324.12 and the Annual Training Plan includes all training mandates of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all new staff must attend and successfully complete. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. In addition, all staff are mandated to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation as well as interviewed staff that indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.12, page 27 and the Annual Training Plan meets the mandates this standard. There are 98 active contractors and volunteers working at the complex. A review of the training records revealed that all have received PREA training, to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There were no volunteers available to be interviewed during the audit, however, four contractors were interviewed and were found to be well versed in the provisions of the PREA.

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 and IS PEX 5324.12 address the requirements of the standard. During in-processing procedures, each inmate receives a pamphlet describing the agency's Sexually Abusive Behavior Prevention and Intervention Program. The pamphlet identifies the key elements of the program and informs inmates of the zero-tolerance policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/harassment. The pamphlet also informs the inmate that both opposite gender staff routinely work and visit the housing units. The pamphlet is available in English and Spanish. Inmates also have access to the Trust Fund Limited Inmate Computer System (TRULINCS); the computer system provides PREA information and a reporting outlet. Staff are aware of their responsibility to assist inmates either individually or through the LanguageLine to make a confidential report. Inmates indicated at the time of arrival, they received information about the PREA, their right to be free from sexual abuse, harassment, retaliation for reporting and multiple ways how to report abuse. This information was also noted in the Inmate Handbook and on posters throughout the facility. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common areas. Interviews with staff and inmates, as well as an examination of documentation, confirm 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, page 29; SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training includes the mandates of this standard. The facility investigative staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Interviews with staff and an examination of documentation confirm 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, pages 29 & 30 and PREA Training Lesson Plan meets 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 also receive training annually and documentation is on file. The auditor reviewed the training lesson plan, training sign-in sheets and FBOP Course Completion List for Specialized PREA Training for Medical and Mental Health Care Practitioners. All cases requiring the processing of sexual assault evidence collection kits are transported to a local hospital for a forensic exam. This was confirmed through an interview with the vendor and they also confirmed that there are SAFE/SANE staff available at all times. Interviews with medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment.

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 at intake immediately upon arrival at the facility for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of their arrival. The staff reviews all relevant information from other facilities and may reassess an inmate's risk level within 30 days of his arrival. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Information received during the screening is only available to staff with a need to know and never to other inmates. Staff and inmate interviews, as well as a review of documentation, support the finding that 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, pages, 25-27 and 34 meets 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 high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

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

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

PS 5324.12, pages 34 & 35 a-d addresses the mandates of this standard. FCC Petersburg has one Special Housing Unit (SHU) at the Medium that supports all components. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of 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. Interviews with staff and an examination of documentation confirm 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, page 36 a-d; PREA Notices 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 to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. Inmates also have access to TRULINCS, a computer system which also provides PREA information and a reporting outlet. Through TRULINCS, the inmate can contact the OIG anonymously and the email is untraceable at the facility level. During the tour, a number of TRULINCS computers were observed and tested in the housing units. Staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Family and friends of inmates may report sexual abuse/harassment by using the BOP website or by contacting any BOP staff. All inmates interviewed confirmed that they were aware of multiple methods of reporting sexual abuse/assault allegations. Inmates at the complex are not detained solely for civil immigration purposes. Interviews with staff and an examination of documentation also confirm 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, pages 1-4, 6&7,14-16g meets the mandates of this standard. Inmates may file an administrative remedy/grievance; however, all allegations of abuse/sexual harassment when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the informal or formal grievance process. Facility procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. There were no administrative remedies/grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.12, page 37; IS PEX 5324.12; and the Inmate Handbook (English and Spanish) meets the mandates of this standard. The facility has secured a Gratuitous Service Agreement (GSA) with the James House, a rape crisis center, to provide the inmates with a local community organization to support them in cases of sexual assault/sexual harassment. In addition, inmates have access to the National Sexual Assault Hotline and the Inmate Handbook outlines the process to contact the Psychology Department for any immediate advocate support. Interviews with staff, inmates and a representative of the James House support the finding of compliance with 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.

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention"; Inmate Handbook; PREA Posters; posted Office of Inspector General address and Website: www.bop.gov meets the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Staff and inmates interviewed were aware of the procedures for third-party reporting. The facility also has signs in the visiting room which allows for family and friends of inmates to note the procedures for reporting allegations.

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, pages 38 & 39 a-e and PS 3420.11 address the requirements of this standard. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need-to-know because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees and contractors confirmed they were aware of their reporting duties. There were no volunteers on duty during the on-site audit. Additional compliance with all aspects of the standard was verified through document and policy review. The facility does not house inmates under the age of 18.

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, page 39 addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being at imminent risk for being 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 potential victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor, medical and psychology 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. Interviews with staff and an examination of documentation confirm compliance to this standard.

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 requirements of the standard. Policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden (or equivalent person) of the facility in which the inmate is currently housed. When the inmate reports sexual abuse/harassment from non-Bureau secure privatized facilities, jails, juvenile facilities and/or half-way houses, the Warden contacts the appropriate office of the facility or jurisdiction. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the last year, there were five cases of PREA allegations reported that took place at another facility. A review of documentation verified an investigation was initiated with appropriate measures initiated and notifications were completed. Interviews with staff and an examination of documentation 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 and IS PEX 5324.12 address the requirements of the standard. All staff interviewed were knowledgeable concerning their first responder responsibilities when learning of an allegation of sexual abuse/harassment. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations lieutenant, medical and psychology staff. The operations lieutenant would continue to protect the inmate and immediately notify investigative and administrative staff. All staff are issued and carry a pocket sized PREA first responder card for quick reference. Staff were able to describe all first responder actions when advised that an inmate had been a victim of sexual abuse. All work station computers has a PREA screen saver to assist staff with remembering their responsibilities. Interviews with staff and an examination of documentation confirm 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 and IS PEX 5324.12 address the requirements of the standard. Additionally, a pamphlet titled "One Source First Responder Reference Guide -Sexual Assault Crisis Intervention" provides guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/harassment. Lieutenants use a PREA checklist to aid in their response to allegations of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers (SAFE/SANE staff and victim advocates) and facility leadership. Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. An examination of documentation also confirms compliance to 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. The agreement does not limit 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.

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 addresses the requirements of this standard. 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 is the designated retaliation monitor. She stated she follows up on all potential cases to ensure policy is being enforced and conducts periodic status checks on the frequency of 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 she would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the previous 12 months. Compliance with this standard was determined by a review of policy and staff interviews.

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

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, pages 44-46 a-j addresses the mandates of this standard. The Supervisory Investigative Service Administrator (SIA) and the Supervisory Investigative Service Lieutenant (LT) conduct administrative investigations within the facility and refer criminal investigations to the OIA, FBI and/or the Office of the Inspector General to determine if prosecution will be pursued. There were no criminal prosecutions during this auditing period. According to the Warden and the SIA, the facility fully cooperates with any outside agency who initiates an investigation. The SIA 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, page 46a addresses the mandates of this standard. The evidence standard is a preponderance (51%) 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. During the past year, there were 21 cases involving PREA allegations of sexual abuse/harassment of which fifteen were inmate on inmate and seven were staff on inmate allegations. Of the 15 inmate on inmate allegations, ten were unfounded, four were unsubstantiated and one was substantiated. Of the seven staff on inmate allegations, 4 were found to be unsubstantiated and 3 are still open pending the completion of the investigations. There were five cases of PREA allegations reported that took place at another facility and the staff properly notified the CEO of the other facility and investigations were completed in a timely manner. Inmates were notified in accordance with the standards.

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 and PS 5324.12 address the requirements of the standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no confirmed cases of inmates engaging in sex with staff in the last twelve months. The Collective Bargaining Agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017 allows for disciplinary sanctions against staff, including termination for sexual abuse or sexual harassment of an inmate. 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, are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. During the last year, there were seven allegations of staff misconduct involving either sexual harassment or sexual abuse. Of the seven cases, four were not substantiated and three are still open pending investigations. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

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 and PS 5324.12 address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at the FCC. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

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, page 49 a-f addresses the mandates of this standard. There have been no cases of staff and inmates engaging in consensual sex during the past 12 months. There were no administrative findings or criminal findings of guilt for inmate-on-inmate sexual abuse. Policy does not allow consensual sex of any nature. The Federal 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 Supervisory Investigative Administrator and members of the executive staff support a finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12, pages 30,31,33,34 and 50 outline 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, 100% of those inmates disclosing prior victimization during screening were offered follow-up services. The procedures and staff interviews revealed that all inmates who report would be offered a follow up meeting with mental health staff. Treatment services are offered without financial cost to the inmate. FCC Petersburg utilizes the PREA Compliance Manager-Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.12, IS 5324.12A and PS 6031.04 address the requirements of the standard. Medical and mental health staff provide emergency services to the complex. Mental health providers are on-site five days per week and are available for call-back at off hours. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community when health care needs exceed the level of care available within the complex. Victim advocacy is offered through an agreement with a community provider or the trained staff members. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Inmate victims of sexual abuse while incarcerated are offered information about and timely access to information on sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided within the FCC. There has been no instances within the last year year that required outside services of SAFE/SANE staff or the community advocacy agency. Compliance with this standard was determined by a review of policy, documentation and interviews with the local hospital representative, victim advocacy agency representative and FCC staff.

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

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

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

PS5324.12, page 52 a-d outlines the mandates of this standard. FCC Petersburg offers 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. 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, pages 53&54 a-d outlines the mandates of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The Special Investigative Service staff and the FBI conduct all investigations. The Special Investigative Administrator was interviewed and found to be very knowledgeable concerning the required duties and responsibilities. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of the Associate Warden-Programs, Health Services Administrator, Chief of Psychology, SIA, a Unit Manager and the Captain. The review team seeks additional information from other staff as needed to ensure a thorough review.

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, pages 55 & 56 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 from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates all data annually and reviews it annually.

Standard 115.88 Data review for corrective action

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

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

The Federal Bureau of Prisons and FCC Petersburg reviews and assesses 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 Compliance Manager forwards data to the respective Regional PREA Coordinator. The data is then forwarded to the agency PREA Coordinator and an annual report is prepared and placed on the BOP website. The Annual Report is posted on the agency website and 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 requirements of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is retained in a secure file and published on the BOP website. The reports cover all data noted in this standard.

AUDITOR CERTIFICATION

I certify that:

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

Marie J. Carter Calvin

December 29, 2016

Auditor Signature

Date