

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

Auditor Information			
Auditor name: Diane Lee			
Address: 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
Email: diane.lee@nakamotogroup.com			
Telephone number: 301-468-6535			
Date of facility visit: October 18-20, 2016			
Facility Information			
Facility name: Federal Correctional Institution- Phoenix			
Facility physical address: 37900 N. 45th Avenue, Phoenix, Arizona 85086			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 623-465-9757			
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: Kathryn Tracy, Warden			
Number of staff assigned to the facility in the last 12 months: 305			
Designed facility capacity: 1049 - Main 688/ Camp 272			
Current population of facility: 1207 Main 920 / Camp 287			
Facility security levels/inmate custody levels: Medium/In Custody - Minimum/Out or Community Custody			
Age range of the population: 20-86			
Name of PREA Compliance Manager: Leslie Jones		Title:	Associate Warden
Email address: PHX/PREAComplianceMgr@bop.gov		Telephone number:	(623) 465-9757
Agency Information			
Name of agency: Federal Bureau of Prisons			
Governing authority or parent agency: <i>(if applicable)</i> U.S. Department of Justice			
Physical address: 320 First Street, N.W., Washington DC 20534			
Mailing address: <i>(if different from above)</i>			
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) 616-2112
Agency-Wide PREA Coordinator			
Name: Jill Roth		Title:	National PREA
Email address: BOP-CPD/PREACoordinator@BOP.GOV		Telephone number:	(202) 616-2112

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) second compliance audit of the Federal Correctional Institution and Federal Prison Camp - Phoenix, Arizona (FCI/FPC) was conducted October 18-20, 2016 by Nakamoto Group Inc. auditor Diane Lee. When the auditor first arrived at the facility, an "in-briefing" meeting was held with the Warden; Associate Warden of Programs/PREA Compliance Manager; Associate Warden of Operations; Captain; Camp Administrator/ Executive Assistant; Unit Manager; Safety Manager; Psychologist; Health Services Assistant; Associate Warden Secretary; Management Analyst, External Auditing Branch, Central Office; Chief, External Auditing Branch, Central Office; Administrator, External Auditing Branch, Central Office; Assistant Director, Program Review Division; the Reviewer in Charge of the Facilities Department Program Review; 4 review team members and two American Correctional Association (ACA) auditors, to discuss the audit process. The PREA audit for this facility was conducted in conjunction with the ACA Intensive Review Program Audit, which requires a tour of the entire facility.

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 during the audit. The National PREA Coordinator and National PREA Contract Administrator for the Federal Bureau of Prisons (BOP) was previously interviewed telephonically, as was the Director's designee. 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 conducted.

During the tour, the auditor observed among other things the facility configuration, location of cameras, staff supervision of offenders, housing configurations (including shower/toilet areas), placement of posters and PREA informational resources, security monitoring, offender entrance and search procedures, and offender programming. Modifications that have been made throughout the facility were pointed out during the tour; including areas where blind spots were closed off, doors which are now kept locked, additional lighting, mirrors and additional cameras. The auditor noted that shower areas allow offenders to shower separately and shower stalls have either partial metal or plastic curtains for additional privacy. Toilet stalls are also covered with privacy curtains and/or doors. These partitions and curtains still allow visibility for staff to see the top and bottom of the stall or shower. Notices of the PREA audit were posted throughout the facility in common areas. The auditor talked informally to staff and offenders during walk-throughs of the facility during the course of the visit. Upon completion of the tour the first day, I requested a listing of offenders by housing units and randomly selected inmates from each housing area as well as any inmates who were limited English speaking or had hearing/vision impairment to be interviewed. In addition, I requested to interview any trans-gender/inter-sex, which none were at the facility at this time. Interviews were scheduled for inmates as well as interviews with staff, both random and specialized. Staff interviews were conducted on all shifts utilizing staffing rosters.

A total of 18 inmates were interviewed. One was an alleged victim of sexual abuse, one had made a prior report of sexual abuse at the facility, five female inmates interviewed were housed at the camp, one was self identified as gay, one was self identified as homosexual, one was trans-gender, one had limited hearing, one was limited English speaking and the remainder randomly selected from all housing units. 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.

A total of 22 staff were interviewed (10 randomly selected and 12 specialized/ administrative). The administrative staff interviewed included the Warden, Associate Warden/ PREA Compliance Manager, two Human Resource Specialists, Lieutenant/ Special Investigator Agent (SIA), Corrections Counselor, Contract Staff, Chief Psychologist, Psychologist, Unit Manager, a volunteer and the Health Services Administrator. During the auditing period there were nine allegations of sexual abuse and sexual harassment. Three of the cases was concluded to be substantiated and six were unsubstantiated. The auditor concluded, through interviews and the 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

It is the mission of the Federal Bureau of Prisons to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and 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 Institution (FCI), Phoenix, Arizona, to provide a safe, secure, and humane environment for staff and inmates. Opportunities for self-improvement including work, education, vocational training, religious, and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as, to facilitate the orderly operation of the institution. FCI Phoenix is a male Medium security level correctional institution with an adjacent female Minimum security federal prison facility. The Federal Correctional Institution is located approximately 10 miles north the Phoenix city limits amid the Sonoran Desert. FCI Phoenix was constructed in 1984 and became fully operational in May 1985. Outside of the secure perimeter of the institution, there is an Outside Warehouse, Vehicle Maintenance Shop and Water Treatment Facilities. the Federal Prison Camp was dedicated on June 16, 1989 and is located about one quarter mile east of the main institution, FCI Phoenix is accredited by the American Correctional Association and the Health Services Department by the Joint Commission for Ambulatory Care.

The institution grounds span 225 acres of land of which approximately 44 acres are inside the fence line. At the FCI here are seven general housing units which house between 134-150 inmates each and a Special Housing Unit which has 79 beds. The Satellite Prison Camp has four housing units with 34 cubicles each.

The Camp is comprised of five structures. The main structure contains the visiting room, administration offices, officer's station, health services, unit management offices, laundry, commissary and food service. The second building contains UNICOR, Consolidated Legal Center and Recreation Departments. The third and fourth structures contain four housing units. The recreation yard is located between the rear of the housing units. The fifth structure contains the Education, Religious Services and Psychology Departments. The Camp inmates provide labor to support the operation of the FCI in such areas as grounds keeping and exterior facility maintenance.

The Education Department offers a variety of educational programs including General Education Development (GED), English as a Second Language (ESL), Vocational Training, release preparation, Adult Continuing Education, Parenting, Apprenticeship and Law/Leisure Library Services. The Recreation Department program activities consist of team sports such as team billiards, basketball, flag football, softball, soccer, tennis, handball, and racquetball which are offered throughout the year. Individual wellness programs such as, yoga, spinning, insanity, core stability, fitness and diet information, and the National Federation of Professional Trainers certification are also available. There is also hobby craft and music programs available. Psychology Services provide comprehensive psychological and drug treatment. The 500 hour Residential Drug Abuse Program is offered at both the FCI and Camp. UNICOR employees 216 full time and 21 part time inmates in the manufacturing of electronic components primarily for the Department of Defense.

SUMMARY OF AUDIT FINDINGS

The interviews of offenders reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. They receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, offenders are provided more comprehensive education on PREA that includes personal instruction in addition to an orientation video. Offenders indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Offenders were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Offenders consistently indicated to the auditor that they felt safe in the facility. All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff were knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for offenders and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and staff could clearly articulate exactly the steps they would follow if they were the first responder to an incident. In summary, after reviewing all pertinent information and after conducting offender and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of offenders on all the key aspects of PREA. Discussions with executive leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of offenders and staff at FCI Phoenix.

When the on-site audit was completed, another meeting was held with administrative and other available staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving two standards. The auditor had been provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance with 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. All areas of the facility were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the FCI Phoenix staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 2

Number of standards met: 40

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.

The agency and the facility exceed the standard with policies and practice. Program Statement (PS) 5324.12 and the corresponding local policy (Institution Supplement or IS), 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, and stated she has ample time to devote to those responsibilities. Zero tolerance posters are displayed throughout every area of the institution. Staff receive initial training and annual 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.

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 substantiated the agency 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, 5324.12 and local policy meet 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. In addition to the quarterly Workforce Utilization Meeting, the Warden meets weekly with the executive staff, business manager and the human resource manager to discuss staffing issues. Quarterly Workforce Utilization Meeting minutes are on file. Deviations from the staffing plan are due to funding levels, hard to fill positions and unqualified staff, but overtime is scheduled as necessary to always maintain minimum staffing requirements. 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 average daily inmate population within the last year was 1376. Documentation of unannounced rounds (visits to areas where inmates are found) covering all shifts by administrative staff was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. Additional mirrors have been added in areas where there was limited visibility of inmate activity. Video cameras with monitoring capabilities are visible throughout the facility. Currently, the facility has an adequate number of cameras strategically placed to ensure the safety and security of both inmates and staff.

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 - FCI Phoenix 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. 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. Staff indicated they received cross-gender pat search training during initial and/or annual training. The auditor observed that each unit has individual shower stalls with shower curtains and partial metal doors 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. New shower curtains and half curtains in inmate cells have been installed to provide better visibility as well as proper privacy. 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 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 trans-gender or inter-sex inmate for the sole purpose of determining the inmate's genital status.

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 local policy. FCI Phoenix 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 inmate handbooks (which contain PREA information) are printed in both English and Spanish. The facility employs numerous bilingual staff to provide assistance to inmates and in addition, there is a language line available, if needed. Procedures and policy are in place to assist inmates with 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, under no circumstances, inmate interpreters or assistants are to be used when dealing with PREA issues involving another inmate.

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 Specialist was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers 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 previous employers for information on substantiated allegations of sexual abuse prior to promoting or hiring staff permanently.

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.

FCI Phoenix has an extensive video and visual monitoring system in place. There have been no substantial expansions/modifications to the facility or installation of updated monitoring technology 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 meets 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 generally aware the Special Investigative Agents, the Office of Internal Affairs (OI) and the FBI conduct all investigations. All forensic medical examinations are conducted by SANE nurses provided from the local Honor Health facility. They would report to the prison to conduct the exam as requested. This service is part of the medical services agreement with Honor Health. Victim advocate services are available at FCI Phoenix by the Psychologists. The facility is still trying to finalize a Gratuitous Services Agreement with a local victim advocate service to provide victim services to inmates. Documentation was reviewed of numerous attempts to secure an agreement with community advocate services. There were no SAFE/ SANE exams conducted during the past 12 months. The facility has contracted with a local hospital to provide these services (the inmate will not be charged for any services related to PREA compliance). The facility also has a Memorandum of Understanding (MOU) with the Federal Bureau of Investigation (FBI) to conduct investigations.

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) and/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 IG or FBI would normally conduct the criminal investigations for the facility. The facility has an Evidence Recovery Team, which includes staff specially trained in evidence preservation and recovery, and would be called to complete those duties if necessary. One Special Investigative Agent was interviewed and found to be very knowledgeable concerning their responsibilities in the investigative process. There are 253 agency investigators and four trained institution investigators. The BOP/FBI Memorandum of Understanding, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act. There were nine allegations of sexual abuse/harassment during the September 31, 2015-October 1, 2016 auditing period of which two involved staff. The staff related cases were substantiated and referred to the U.S. Attorney's office for prosecution. One inmate on inmate allegation was substantiated and resulted in an administrative investigation. The six remaining cases involved allegations that were found to be unsubstantiated. All allegations have been thoroughly investigated and documentation of the investigations was reviewed by the auditor. 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 review, 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, 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 beginning the day they are hired. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. 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. Staff interviewed had in their possession a laminated card outlining the steps they must take if a violation of the PREA was discovered.

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. There are 127 contractors and volunteers who 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. One contractor and one volunteer were interviewed who confirmed that they have contact with inmates and that they received PREA training annually.

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 Involvement and the A&O Checklist meet the mandates of this standard. The facility thoroughly educates the inmates about the PREA (1228 within the last year). 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 service which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "hot-line" telephone number which may be called to report abuse or harassment, is posted on the bulletin boards. 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 line available to inmates who have difficulty communicating in English. There are procedures in place to assist disabled inmates in learning about the PREA. 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. All inmates were required to acknowledge in writing they completed PREA education. Staff and inmate interviews confirmed 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 addresses the mandates of this standard. The SIS staff (4 staff total) and FBI/OI/IG criminal investigators have received PREA specialized training at the National Institute of Corrections and/or 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. The SIA was interviewed and confirmed 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 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. The Health Services Administrator was interviewed and confirmed 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 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 72 hours with an objective screening instrument. The facility has procedures in place which allows inmates to self identify their sexual orientation, gender, identity, any disabilities and /or self-perception of vulnerability". In addition, the staff review all relevant information from other facilities 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. Placement in a housing unit with additional supervision or other appropriate action would then be considered to address the inmate's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Status reassessments, by policy, will occur within 30 days of arrival. Staff and inmate interviews, a review of documentation, and observations of the intake process confirmed this information.

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. Weekly PREA meetings are held following the Special Housing Unit meetings to discuss any PREA issues. The minutes from several of these meetings was reviewed by the auditor. Interviews with staff 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. FCI Phoenix has one Special Housing Unit (SHU) with 79 beds which is considered protective custody placement. 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 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. Staff interviews 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. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods.

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 concerning grievance processing are required by policy. There was one grievance filed involving any PREA related issue during the past 12 months and it was immediately referred to the PREA Investigative procedure. Staff interviews confirmed compliance to this policy.

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 made several attempts to develop a Gratuitous Services Agreement with local Victim Advocates to provide victim services to inmates. They continue on a quarterly basis to attempt to secure a Gratuitous Services Agreement with local Victim Advocates. Psychology facility staff have been trained to provide counseling and victim advocacy services, if needed. Inmates have access to the National Sexual Assault Hot-line. Inmates are advised of the procedures to seek assistance from outside providers and facility staff. Staff also provide contact information and confidential communication services, as reasonably as possible. "Confidential" communications under this section are distinguished from privileged communications, such as in attorney-client relationship. The inmate handbook outlines the process to obtain the contact information through the Psychology Department.

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", 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. Staff and inmates interviewed were aware of the procedures for third-party reporting.

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 includes the mandates of this standard. All information is maintained confidentially. A review of policy and staff interviews support the finding that the facility is in compliance with this standard. The officers interviewed stated their duties and responsibilities if they became aware of an inmate being at imminent risk for abuse (first responder or otherwise), and that certain immediate, mandatory actions to protect the inmate would take effect. Several Officers produced a card during the interview, issued by the facility, outlining all actions to be taken by a correctional officer who became aware of potential sexual abuse or harassment.

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 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 victim/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 has received two allegations that an inmate was abused while confined at another facility. These were reported to the other facility per policy for investigation. They have also not received any allegations from other facilities that an inmate was abused while confined at FCI Phoenix. Staff interviews and a review of policy 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, no allegations of sexual abuse resulted in first responder actions.

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. The 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 staff, in response to an incident of sexual abuse/harassment.

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 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. There have been no changes to the local agreement.

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 or sexual harassment or cooperated in any related investigation. The Associate Warden/PREA Compliance 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 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 meets the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU). 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.

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 SIA conducts administrative investigations within the facility and refers criminal investigations to the FBI or IG to determine if prosecution will be pursued. The local assistant U.S. attorney would also be consulted. There were three criminal prosecutions during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The Special Investigative Agent serves as the facility liaison who provides requested information to the outside agency and provides access to the inmate.

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. All investigations conducted within the last year, requiring inmate notification per this standard, were made. The documentation supports the finding that the facility is in compliance with 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 two reported cases of staff who violated agency sexual abuse policies with inmates in the past 12 months. The two staff members were disciplined, terminated or resigned (prior to termination) for violation of agency policy. Both cases were referred for criminal prosecution. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an inmate.

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.

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. FCI Phoenix has not issued any disciplinary sanctions to inmates as a result of sexual conduct with other inmates or staff. There have not been any cases of inmates engaging in sex with staff in the past 12 months, nor have there been any substantiated cases of inmates engaging in sex with other inmates. Therapy services are available for victims and abusers at the facility. 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. Interview with the SIA investigator supports 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 and corresponding local policy outlines the mandates of this standard. Interviews with medical and specialized 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 or being an abuser (during screening) were offered a follow up meeting with medical or mental health staff. Treatment services are offered without financial cost to the inmate. Sexual perpetrators are offered to be placed on the list to be transferred to a facility with a sex offender program. FCI Phoenix 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 and a review of the investigations 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. FCI Phoenix 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 offered evaluation and treatment. A review of documentation and interviews with medical/mental health staff support the finding that this facility meets 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). The Special Investigative Agent was interviewed and found to be very knowledgeable concerning his duties and responsibilities, and provides information to the incident review team. 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 upper-level management. The sexual abuse incident review reporting form is completed as required.

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).

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 FCI Phoenix 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 forwards data to the respective BOP Regional PREA 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.

Diane Lee

November 07, 2016

Auditor Signature

Date