**Disclaimer:** This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by PREA Auditors of America (PAOA), the BOP is not responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at (713) 818-9098, or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.
## Prison Rape Elimination Act (PREA) Audit Report
### Adult Prisons & Jails

- **Box Check:** Interim **X** Final

### Date of Interim Audit Report: April 29, 2021

### Date of Final Audit Report: July 6, 2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Kendra Prisk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:Kendra@preaauditing.com">Kendra@preaauditing.com</a></td>
</tr>
<tr>
<td>Company Name</td>
<td>PREA Auditors of America, LLC</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>PO Box 1071</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Cypress, TX 77410</td>
</tr>
<tr>
<td>Telephone</td>
<td>713-818-9098</td>
</tr>
<tr>
<td>Date of Facility Visit</td>
<td>March 16-18, 2021</td>
</tr>
</tbody>
</table>

### Agency Information

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

- **Website:** [https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>M.D. Carvajal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:BOP-RSD-PREACOORDINATOR@BOP.GOV">BOP-RSD-PREACOORDINATOR@BOP.GOV</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>202-616-2112</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Jill Roth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:BOP-RSD-PREACOORDINATOR@BOP.GOV">BOP-RSD-PREACOORDINATOR@BOP.GOV</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>202-616-2112</td>
</tr>
</tbody>
</table>

**PREA Coordinator Reports to:**

Sonya D. Thompson, Assistant Director, Reentry Services Division

**Number of Compliance Managers who report to the PREA Coordinator:**

0
## Facility Information

| Name of Facility: | FCI Tallahassee |
|------------------|--|---|
| Physical Address: | 501 Capital Circle, NE | City, State, Zip: Tallahassee, FL 32301 |
| Mailing Address (if different from above): | 501 Capital Circle, NE | City, State, Zip: Tallahassee, FL 32301 |
| The Facility Is: | ☒ Federal |
| Facility Type: | ☒ Prison |
| Facility Website with PREA Information: | https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp |
| Has the facility been accredited within the past 3 years? | ☒ Yes |
| If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): | ☒ ACA |
| ☐ NCCHC |
| ☐ CALEA |
| ☒ Other (please name or describe): AAAHC |
| ☐ N/A |

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: The facility has ongoing internal audits of process and programming and operational reviews.

### Warden/Jail Administrator/Sheriff/Director

| Name: | Erica Strong |
| Email: | TAL-PREAComplianceMgr-S@bop.gov |
| Telephone: | 850-878-2173 |

### Facility PREA Compliance Manager

| Name: | Kimberly Neely |
| Email: | TAL-PREAComplianceMgr-S@bop.gov |
| Telephone: | 850-878-2173 |

### Facility Health Service Administrator

| Name: | Nicole Godwin |
| Email: | TAL-PREAComplianceMgr-S@bop.gov |
| Telephone: | 850-878-2173 |

### Facility Characteristics

<p>| Designated Facility Capacity: | 812 |
| Current Population of Facility: | 753 |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>850</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>20-79</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>113 Months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>Minimum, Low, Medium &amp; High</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>1310</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1310</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1285</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates, Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</td>
<td>☒ Federal Bureau of Prisons, ☒ U.S. Marshals Service, ☒ U.S. Immigration and Customs Enforcement, ☒ Bureau of Indian Affairs, ☒ U.S. Military branch</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>263</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>53</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>5</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>25</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>72</td>
</tr>
</tbody>
</table>
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of inmate housing units:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a &quot;housing unit&quot; defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td>15</td>
</tr>
</tbody>
</table>

| Number of single cell housing units: | 0 |
| Number of multiple occupancy cell housing units: | 7 |
| Number of open bay/dorm housing units: | 8 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 43 |

| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates) | □ Yes □ No □ N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | ☒ Yes □ No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | □ Yes ☒ No |

### Medical and Mental Health Services and Forensic Medical Exams

| Are medical services provided on-site? | ☒ Yes □ No |
| Are mental health services provided on-site? | ☒ Yes □ No |
Where are sexual assault forensic medical exams provided?
Select all that apply.

- □ On-site
- ☑ Local hospital/clinic
- □ Rape Crisis Center
- □ Other (please name or describe):

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment?</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td>□ Facility investigators  ☑ Agency investigators  □ An external investigative entity</td>
</tr>
</tbody>
</table>

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- □ Local police department
- □ Local sheriff’s department
- □ State police
- ☑ A U.S. Department of Justice component
- □ Other (please name or describe):
- □ N/A

#### Administrative Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</th>
<th>253</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td>☑ Facility investigators  ☑ Agency investigators  □ An external investigative entity</td>
</tr>
</tbody>
</table>

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- □ Local police department
- □ Local sheriff’s department
- □ State police
- □ A U.S. Department of Justice component
- □ Other (please name or describe):
- ☑ N/A
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Federal Correctional Institution (FCI) Tallahassee, Federal Bureau of Prisons (BOP) in Tallahassee, Florida was conducted on March 16-18, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor. FCI Tallahassee includes two facilities, the FCI as well as the Federal Detention Center (FDC) Tallahassee.

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

The previous PREA audit was conducted by PREA auditor William Willingham on March 20-22, 2018. The previous auditor found 45 standards were met.

Pre-Audit

The auditor received an initial introduction email from the third party entity on January 25, 2021 initiating correspondence between the BOP and the auditor. Prior to the on-site portion of the audit the auditor received the Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through email and a shared folder. The auditor had correspondence via phone and email with the assigned Management Analyst from the External Auditing Branch. The Management Analyst served as the liaison between the facility and the auditor and assisted with pre-audit information and on-site audit logistics. On February 23, 2021 the auditor sent the Management Analyst questions related to the PAQ, policy, procedure and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). Additionally, the auditor provided the Management Analyst with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The Management Analyst was responsive and provided the auditor with updated and clarifying information on March 7, 2021. Facility staff ensured the audit announcement was placed throughout the facilities prior to the audit. The auditor received five emailed photos on February 14, 2021 of the PREA audit announcement posted across the facility. The auditor did not receive any correspondence from staff or inmates at FCI Tallahassee.

The auditor contacted Tallahassee Memorial Hospital related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations and that exams are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). The staff member also stated that there is a SANE house that is operated by the Refuge House that inmates can also be directly transported to that has SANE/SAFE as well. The auditor contacted the Refuge House related to victim advocacy services at FCI Tallahassee. The Assistant Director stated that they currently provide services to the facility through a Memorandum of Understanding (MOU) which was executed in 2018 and expires in 2022. She indicated that they provide inmate services through a hotline, a mailing address, forensic examination accompaniment, groups and individual sessions. The Assistant Director stated she has a point of contact at the facility and that prior to COVID-19 they were providing services. She stated she did not have any concerns about the facility’s PREA compliance nor did she have any concerns related to communication with inmates. The auditor also contacted Just Detention International (JDI) and Rape, Abuse & Incest National Network (RAINN), two national anti-sexual violence
organizations. JDI indicated that they did not have any correspondence with inmates at FCI Tallahassee. The auditor did not receive a response from RAINN related to the inquiry.

The auditor conducted a web-based search related to FCI Tallahassee. The auditor did find two negative legal documents related to the facility; however they were not associated with compliance with PREA standards. An additional article was located indicating a former FCI Tallahassee officer was charged with sexual abuse of inmates at FCI Tallahassee that occurred between March 2014 and September 2018. The auditor confirmed that both the agency website and the facility website contained PREA information. The agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website had the inmate handbook with PREA information as well as the last PREA audit report.

**On-Site**

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (753) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units across the two facilities, with the exception of those units under quarantine/isolation due to COVID-19. Inmates were interviewed from the FCI and FDC. All units that were under quarantine/isolation during the on-site portion of the audit are indicated in the housing unit table under the facility characteristics section. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening
The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Staff from both the FCI and the FDC were interviewed across all three shifts. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
   - Agency contract administrator
   - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment

---

1 Only 33 total inmate interviews were completed as some inmates answered questions related to multiple targeted interview questionnaires.
- Line staff who supervise youthful inmates, if any
- Education staff who work with youthful inmates, if any
- Program staff who work with youthful inmates, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross gender strip or visual searches
- Administrative (Human Resource) staff
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders
- Intake staff

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff</td>
<td>13</td>
</tr>
<tr>
<td>Specialized Staff</td>
<td>19</td>
</tr>
<tr>
<td>Total Staff Interviews</td>
<td>32</td>
</tr>
</tbody>
</table>

Specialized Staff Interviews

- Agency Contract Administrator                      | 1                    |
- Intermediate or Higher-Level Facility Staff        | 2                    |
- Line Staff who Supervise Youthful Inmates          | 0                    |
- Education and Program Staff who Work with Youthful Inmates | 0               |
- Medical and Mental Health Staff                    | 4                    |
- Human Resource Staff                               | 1                    |
- Volunteers and Contractors                         | 2                    |
<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigative Staff</td>
<td>1</td>
</tr>
<tr>
<td>Staff who Perform Screening for Risk of Victimization</td>
<td>2</td>
</tr>
<tr>
<td>Staff who Supervise Inmates in Segregated Housing</td>
<td>1</td>
</tr>
<tr>
<td>Incident Review Team</td>
<td>1</td>
</tr>
<tr>
<td>Designated Staff Member Charged with Monitoring Retaliation</td>
<td>1</td>
</tr>
<tr>
<td>First Responders</td>
<td>2</td>
</tr>
<tr>
<td>Intake Staff</td>
<td>1</td>
</tr>
</tbody>
</table>

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

- Mr. M.D. Carvajal (Agency Head/Director)
- Ms. Erica Strong (Warden)
- Ms. Jill Roth (PREA Coordinator “PC”)
- Ms. Kimberly Neely (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on March 16, 2021 through March 18, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the FCI and the FDC on March 16, 2021. This included housing units, intake (R&D), Health Services, Psychology Services, visitation, work, program and common areas (chapel, food service, education, vocation, commissary, laundry, facilities, UNICOR and recreation). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditors spoke to staff and inmates informally about PREA and the facility in general.

Interviews were conducted on March 16, 2021, March 17, 2021 and March 18, 2021. Day watch staff were interviewed on March 16, 2021. Evening watch staff were interviewed on March 17, 2021 while morning watch staff were interviewed on March 18, 2021. All interviews were conducted in a private setting. The auditor was provided an office at each of the facilities to conduct inmate and staff interviews.

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 263 staff assigned. The auditor reviewed a random sample of 20 personnel and training records that included five individuals hired within the previous twelve months. The sample included a variety of job functions and post assignments, including supervisors, line staff and non-custody staff. Most of the files that were reviewed were of those staff the auditor selected for interview. Thus, staff records for both the FCI and FDC were reviewed. Additionally, personnel and training files for six volunteers, four contractors and nine medical and mental health care staff (two were also contractors) were reviewed. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

**Inmate Files.** A total of 36 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 22 inmate files were of those that arrived within the previous twelve months, three were disabled inmates, four were LEP inmates, seven were transgender inmates
and seven were inmates who reported prior victimization during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews and as such files were reviewed for inmates at both the FCI and FDC.

**Medical and Mental Health Records.** During the past year, there were six allegations of sexual abuse or sexual harassment, one of which did not have a named inmate victim. The auditor reviewed the medical and mental health records of the two inmate victims with closed investigations, as well as mental health documents for seven inmates who disclosed victimization during the risk screening and one inmate identified by the risk screening of having prior sexual abusiveness. Additionally, it was determined that an additional seventeen inmate random files also included prior victimization and as such a total of 24 risk screening mental health documents were reviewed for victimization.

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

**Hotline Calls.** The agency does not have a hotline for inmate reporting. Reporting is done verbally, in writing, through email, anonymously or through a third party.

**Incident Reports.** The auditor reviewed the incident report log for the previous twelve months. The incident report codes of 114 (sexual assault), 205 (sex offense), 206 (sexual harassment), 221 (unauthorized area with a person of the opposite sex) and 229 (sexual assault) are utilized for PREA related issues.

**Investigation Files.** During the previous twelve months, there were six allegations reported at the facility. During the on-site portion of the audit three of the allegations had a closed administrative investigation. The three that were open were staff-on-inmate allegations related to a class action lawsuit against one staff member. The auditor reviewed the three closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were three allegations that involved a criminal investigation however, all three investigations were currently open and active.

<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse</th>
<th>Sexual Harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inmate on Inmate</td>
<td>Staff on Inmate</td>
</tr>
<tr>
<td>Substantiated</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Unfounded</td>
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<td>0</td>
</tr>
<tr>
<td>Ongoing</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total Allegations</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

**Post-Audit**

After the completion of the on-site portion of the audit, the Management Analyst provided the auditor with a few additional audit documents via email. The auditor spoke to the Management Analyst about the recommendations under standards 115.18, 15.51 and 115.73. Additionally, on April 9, 2021 the auditor
was provided documentation related to standards 115.33, 115.41, 115.42, 115.53, 115.82 and 115.83. During the audit, the auditor identified that while inmates at the FCI were being reassessed during their 28 day program review, there was not proper documentation indicating that the program review included the reassessment. In 2020, the BOP developed a checkbox in their electronic system that was to be utilized to document that the staff reassessed the inmate during the program review and determined if there have been any changes from the initial review. While the checkbox system has been in place for approximately a year, the staff at FCI Tallahassee were not properly marking the box. As such, the facility conducted a training with all Unit Team staff related to how to utilize the electronic system with regard to the reassessment as well as the requirement to properly document the reassessment on the Individualized Reentry Plan Program Review form. The auditor received the updated institutional supplement (TAL5290.14H) that included the updated instructions as well as a memo from the Warden and training sign in sheets for Unit Team staff. Similar to the reassessment documentation issue, was the biannual transgender/intersex inmate assessments. A review of the seven transgender inmate records revealed that the facility had conducted reviews on all seven inmates every 180 days. During the review the staff go over housing and programming as well as any issues they may be experiencing at the facility. While these reviews were completed, only two had specific documentation indicating that it was inmate’s biannual review related to safety issues. The facility provided the auditor with the updated institutional supplement (TAL5290.14H) that included the updated instructions as well as a memo from the Warden and training sign in sheets for Unit Team staff. While the exact language was not documented during the 180 day reviews, the inmates were reviewed in person and housing and programming were discussed. As such, the auditor determined that based on the training, the memo and the updated institutional supplement that the standard was corrected with training during the interim report period. For 115.53, the auditor identified that while the local rape crisis center information was posted throughout the facility and over half of the inmates interviewed were aware of the victim advocacy services, there was not information related to how to specifically contact the organization and the level the confidentiality of the communication. As such the facility provided the auditor with the updated inmate handbook related to the local rape crisis center information, how to contact them and the extent that the communication would be monitored. During the on-site portion of the audit, the auditor identified an inmate that reported a sexual abuse allegation against a staff member through SIS. Initially the inmate was named as a witness in an allegation and refused to provide any information to the OIG. The inmate later determined she wanted to speak to the OIG and contacted SIS. During the interview with SIS it was determined that while she was a witness she was also a victim. As such SIS contacted the OIG and provided the information for investigations. While the staff member was no longer employed and the allegation was referred for investigation, the inmate was never referred to medical or mental health for appropriate services. A review of the three other allegations indicated all identified inmate victims were provided medical and/or mental health services and as such medical and mental health services are accessible to inmates. However, based on this unique reporting situation, staff failed to provide the inmate with necessary medical and mental health services. During the on-site portion of the audit the facility staff took immediate action and ensured the inmate was seen by medical and mental health staff. The auditor was provided documentation post audit for standards 115.82 and 115.83, where SIS staff were trained on the appropriate steps to take when they receive an allegation under unique circumstances where allegations are being directly referred to the OIG and/or FBI. The training covered all the steps for first responders, Psychology Services, Health Services and SIS, including that medical staff will examine the inmate and provide testing, prophylaxis and follow-up services while mental health staff will conduct an assessment for vulnerability and treatment needs. The auditor determined that under normal circumstances inmate victims are provided timely access to medical and mental health care and that the situation uncovered was unique. As such, the auditor determined that standards 115.82 and 115.83 were corrected with appropriate training of SIS staff. On April 29, 2021 the auditor was provided follow-up information for standard 115.63. Initially the auditor was provided the notification memos but no documentation related to the date the actual allegation was reported to the facility. The auditor was unable to determine if the required 72 hours timeframe was met. As such, additional documentation was provided on April 29, 2021 related to the dates of the allegations.
In addition to the above, the facility provided initial corrective action documents for standards 115.33 and 115.41 related to the FDC. During the on-site portion of the audit, the auditor determined that comprehensive education and risk screening reassessments were not being completed at the FDC. The facility provided the auditor with a training memorandum, a staff sign in sheet and the form that was created to document the comprehensive PREA education and inmate reassessment for holdover and pre-trial inmates at the FDC. The facility provided comprehensive PREA education and reassessments for fifteen inmates at the FDC that arrived between March 25, 2021 through April 7, 2021. All fifteen contained comprehensive education within 24 hours of arrival and a reassessment within 30 days. The auditor notified the facility that additional examples over an extended time period would be required in order to confirm the corrective action is routine and systematic. On May 13, 2021 stating that all inmates at the institution had received comprehensive PREA education, with the exception of the inmates who have been at the institution less than 30 days. The memo further states that education at the FCI is provided via the institution admission and orientation and that it is provided face to face by Unit Team at the FDC. Additionally, on May 26, 2021 the auditor received a second memorandum from the Warden stating that all inmates at the FDC are provided with a face to face education regarding PREA immediately upon admission to the institution. The memo stated that the education includes inmates’ rights under PREA and information on agency policies. The memo further states that the Unit Team prepares a “Institution PREA A&O & Reassessment – Holdover/Pre-Trial” form and that within 21 days from the inmate’s admission to the institution, Unit Team would conduct a second interview in a private area to reassess PREA risk factors and determine if there is any new PREA risk information that needs to be addressed and documented. The facility provided the auditor with 36 examples from March 23, 2021 through May 26, 2021 related to FDC inmate’s comprehensive PREA education and reassessments. All 36 contained comprehensive education within 24 hours of arrival and a reassessment within 30 days. The auditor did note that the reassessments were being conducted a short period after the initial assessment (with most ranging from a day after the initial to seven days after the initial) and recommended that the facility wait longer to conduct the reassessments in order to allow the inmates time to settle in at the facility, get acclimated to the climate and potentially feel more comfortable disclosing additional information to facility staff.

On May 13, 2021 the auditor received a memorandum from the Warden that indicated that the inmate handbook contains information on how to contact Refuge House (the local rape crisis center) and the national sexual assault hotline and that the information is posted in the inmate housing units. Additionally, the memo stated that inmates are made aware of the level of confidentiality through the admission and orientation process. Copies of the two updated handbooks (FDC page 39 and FCI pages 25-26) indicate that the handbooks were updated to include information indicating that calls made to the toll free hotline number to the Refuge House would be recorded. It further advises that inmates should contact their unit team to make a confidential phone call.
Facility Characteristics

FCI Tallahassee is a Federal Prison under the authority of the Federal Bureau of Prisons, located at 501 Capital Circle NE in Tallahassee, Florida. FCI Tallahassee consists of the FCI and also the FDC, that houses holdover and pre-trial inmates. FCI Tallahassee houses minimum to high custody inmates. The facility is located in Leon County, approximately 12 miles northeast of the Tallahassee International Airport. The FCI opened in November 1938 as a low security male facility and converted to a female facility in 1992. The FDC opened in 1996 housing both male and female administrative security levels, however the FDC currently houses only male inmates. The total capacity for the facility is 812. The average daily population over the previous twelve months was 850. On the first day of the audit the population at the facility was 753. The FCI houses adult female inmates while the FDC houses adult male inmates. The age range of the facility’s population is 20-79 years of age. The FCI houses minimum and low custody inmates while the FDC houses medium and high security inmates. The average sentence length for inmates at the facility is 113 months.

The facility employs 263 staff. Custody staff make up three shifts; day watch works from 8:00am-4:00pm, evening watch works from 4:00pm-12:00am and morning watch works from 12:00am-8:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least one custody staff member is assigned to each housing unit along with a case manager and/or counselor. Additional staff are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical and mental health care staff and administrative staff have their own varied scheduled work hours, ranging from 6:00am to 10:00pm. The facility employs 25 contractors and has 72 volunteers that provide services to inmates.

The facility has numerous buildings located outside the perimeter. These buildings include the warehouse, garage, power plant and training building.

FCI

The FCI comprises nineteen buildings. The facility is equipped with PREA posters, including reporting information was observed throughout the facility. Additionally, red advocacy placards were located next to the phones in each housing unit with the Refuge House number and a caveat indicating that the number is not the outside reporting mechanism but rather is for emotional support services. The below describes the basics of the facility.

Administration – This area contains numerous offices, warehouses, storage, and conference rooms.

Commissary – The space has a waiting area for pickup, another area that is store style with shelves and an additional storage space with boxes and goods. The inmate restroom is equipped has a solid door for privacy.

Education – The space contains the library, law library and classrooms.

Facilities – This area encompasses numerous enclosed work spaces, housing, detain, and a separate enclosed kitchen area that is utilized for culinary arts (currently not operational). The inmate restroom has a solid door for privacy.
Health Services – This space includes medical, dental and optometry. Dental and optometry have chairs and work stations. Medical contains exam rooms, an emergency room, a laboratory and a pharmacy. Medical also has two waiting rooms with chairs. One waiting room contains a toilet with a curtain for privacy. Exam rooms have solid doors that allow for confidentiality and privacy. The main inmate restroom has a solid door for privacy.

Intake (R&D) – Includes staff offices and holding cells. The strip search space has a curtain and is behind a door with an opaque security window. The holding cells have half wall barriers that obstruct the toilets. A medical screening room is also in the area and has a solid door with a security window that affords confidentiality for the risk screening questions. Inmate files are located behind a locked door in this area.

Laundry – There is an area for clothing exchange, clothing storage, washers, dryers and folding tables.

Psychology Services – Comprises staff offices and a group room. All offices have solid doors and noise machines for confidentiality. The inmate restroom has a solid door that provides privacy.

Recreation – Both indoor and outdoor. The outdoors has handball courts, a track, basketball courts, a softball field, a weight area and a covered concrete space. The indoor area comprises a main room with cardio equipment, activity tables, televisions and chairs. There is also a hobby craft room and a ceramics room. The restroom contains shower curtains for privacy.

Religious Services – The space includes a library, classrooms and a worship area. The restrooms are public style with fully enclosed toilets.

UNICOR – Is a call center with office cubicle desks, storage enclosures, a training classroom and a break room. Restrooms are public style with fully enclosed toilets.

Visitation – Indoor visitation is open with chairs and COVID-19 barriers. Outdoor visitation includes picnic tables, vending machines and a playroom for children. The inmate restroom/strip search area is a separate building with solid doors for privacy.

Vocation – There are two programs, cosmetology and building trades, both located separately. Cosmetology contains chairs, work stations and sinks, while building trades is an open area with machines and storage space. The restroom in cosmetology is a solid door and the restroom in building trades is a door with a covered window.

A through D, single s, e, t, and h, n bay cubic style. Each living area is double bunked with lockers, chairs and a desk. Each unit has a dayroom with televisions, computers, phones and tables. A room for laundry and hair care is also located in the units. Restrooms are public style with fully enclosed toilets or have curtains for privacy. All showers are equipped with curtains for privacy.

F unit differs in that it is double occupancy cells. The s, o, d, h, e, is, o A dayroom with tables, chairs, telephones and computers is located in each unit. A multipurpose room with books and televisions is also found in the units. Cells are double bunked with a desk, chairs, toilet and sink. Showers are single person with curtains for privacy.

A suicide observation room contains a bed and a separate recessed room with a door that contains the toilet and sink. A shower is also located in the area with a full door.

The SHU has o, y, h, e, e bunked with a desk, stool, toilet and sink. s, e, d, h, d, s, y, w Single person showers are located on the wings and
are equipped with shower curtains for privacy. The SHU has its own multipurpose room, law library, laundry area and outdoor recreation enclosures.

**FDC**

The FDC comprises one building. The city is a multipurpose solid door. The marking of cells assist inmate PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – The space is a small store style area with shelves.

Commissary – The space is a small store style area with shelves.

Food Services – Only contains a kitchen. The kitchen is equipped with coolers, freezers, a baking area, a food preparation area, a butcher shop, a dish area, ovens, kettles, grills, dry storage and an office. The inmate restroom has a solid door for privacy.

Health Services – Includes medical and dental. Dental has a chair and work stations. Medical has exam rooms and a pharmacy. Exam rooms have solid doors for privacy. The inmate restroom has a solid door.

Intake (R&D) – Includes staff offices and holding cells. The strip search space is equipped with a shower curtain and solid door for privacy. The holding cells contain toilets which are partially obstructed in the corner. The cell doors are solid with a small window with lattice type material. A medical screening room is also in the area that has a solid door with a security window that affords confidentiality for the risk screening questions.

Laundry – Is a small open area with washers, dryers and tables.

Recreation – The outdoor recreation has a basketball court, a volleyball court and a covered area with picnic tables.

Visitation – Contains chairs, COVID-19 booths, vending machines and an attorney room. The strip search/restroom area has a curtain and a solid door for privacy.

Each unit is equipped with computers, telephones, a library, an exercise room and multipurpose rooms. Each unit has a food line where meals are served. Housing units have tables for activities and eating. Cells are double bunked with lockers, a desk, a stool, a sink and a toilet. Cell doors are solid with a small security window that affords privacy. Showers are single person with saloon style doors for privacy.

The SHU units are double bunked with a desk, stool, sink, toilet and shower. Showers are recessed and cannot be viewed from the cell door. Cell doors are solid with a small security window. A separate recreational area for the SHU includes outdoor enclosures with basketball hoops.

<table>
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<tr>
<th>Unit</th>
<th>Capacity</th>
<th>Style</th>
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<td>A-N</td>
<td>86</td>
<td>Open Bay</td>
<td>General Population – FCI (RDAP)</td>
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<tr>
<td>A-S</td>
<td>86</td>
<td>Open Bay</td>
<td>General Population – FCI (Work Detail)</td>
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<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>B-N</td>
<td>119</td>
<td>Open Bay</td>
<td>General Population - FCI</td>
</tr>
<tr>
<td>B-S</td>
<td>119</td>
<td>Open Bay</td>
<td>General Population - FCI</td>
</tr>
<tr>
<td>C-N</td>
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<td>General Population – FCI (UNICOR)</td>
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<tr>
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<tr>
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<td>RDAP – FCI (utilized as quarantine)</td>
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<td>F-W*</td>
<td>88</td>
<td>Double Occupancy</td>
<td>Honor – FCI (utilized as quarantine)</td>
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<tr>
<td>B</td>
<td>111</td>
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<td>General Population - FDC</td>
</tr>
<tr>
<td>D</td>
<td>82</td>
<td>Double Occupancy</td>
<td>General Population - FDC</td>
</tr>
<tr>
<td>Z</td>
<td>16</td>
<td>Double Occupancy</td>
<td>Segregation – FDC</td>
</tr>
</tbody>
</table>

2 All housing units with an asterisk (*) were under quarantine and/or isolation during the on-site portion of the audit.
## Summary of Audit Findings

<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
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<tr>
<td><strong>Standards Not Met</strong></td>
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<tr>
<td>Number of Standards Not Met:</td>
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<tr>
<td>List of Standards Not Met:</td>
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</tr>
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</table>
PREVENTION PLANNING

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

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

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

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. P5270.09
5. TAL 5324.12B
6. Inmate Admission and Orientation Handbook
7. Sexually Abusive Behavior Prevention and Intervention Program
8. Memorandum of Understanding with National PREA Coordinator

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

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: P5324.12 as well numerous other policies and procedures that supplement the PREA Plan. These include P3420.11, P5270.09, TAL 5324.12B, the Inmate Admission and Orientation Handbook and the Sexually Abusive Behavior Prevention and Intervention Program. The agency has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment which is outlined on page 2 of P5324.12 and in the inmate handbook. The policies outline the strategies on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. Agency policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (P3420.11 and P5270.09, page 45), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency’s approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position (referred to as the National PREA Coordinator) is an upper-level position and is agency-wide. The PC is a Psychologist under the Psychology Services Branch. The PC reports to the Assistant Director, Reentry Services Division. The PC provides guidance through six regional PREA Coordinators and 122 Compliance Managers. The PC was interviewed and she reported that her position is full time and that she has enough time to manage all of her PREA related responsibilities.

115.11 (c): The facility has designated an Associate Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility’s PREA efforts. The facility’s organizational chart confirms that the Associate Warden is responsible for PREA compliance and that he/she reports directly to the Warden. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility’s PREA compliance.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Contracts for Confinement of Inmates

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

Findings (By Provision):

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

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

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

**Standard 115.13: Supervision and monitoring**

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative
agencies? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes  ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes  ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes  ☐ No
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P3000.03
3. P5324.12
4. Staffing Plan
5. Annual Staffing Plan Reviews
6. Documentation of Unannounced Rounds

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

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

Findings (By Provision):

115.13 (a): P3000.03 addresses the agency’s staffing plan development. Specifically, on pages 9-10 the policy indicates that the Workforce Utilization Committee will formulate a staffing plan based on the number of allocated positions, historical turnover and anticipated vacancies. Additionally, the policy indicates that the committee will review departmental rosters, review findings of program, operational and other management reviews and recommend actions designed to increase effective use of resources. The
policy also indicates on page 11 that the vacancy rate will not exceed ten percent during any eighteen-month period. The staffing plan takes into consideration generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based off of 862 inmates. The facility employs 263 staff. Staff mainly make up three shifts: first shift works from 12:00am-8:00am, second shift works from 8:00am-4:00pm and third shift works from 4:00pm-12:00am. Each shift has a Lieutenant, senior officers, correctional officers and senior officer specialists. At least two officers are assigned to each housing unit along with a case manager. Additional officers are assigned to other areas to include recreation, intake, food service, visitation, education, vocation, etc. Additionally, medical, mental health and administrative staff have varying work schedules to supplement staffing. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden stated that she looks at general staffing weekly and that they go over it in the budget meetings. She stated that the plan considers the security level of the institution and general detention practices associated with those levels. She indicated that there have been no findings of inadequacy but if there were they would be considered in the plan. The Warden said that the facility has cameras and mirrors to monitor movement and that they ensure adequate lighting is throughout. She stated that the plan considers that they house both male and female inmates and it considers the diverse needs of those two populations. She stated that there are supervisors on all shifts and that the IDO also comes in on weekends to monitor shifts and areas. She stated that the plan also considers the programs occurring on each shift and any substantiated or unsubstantiated sexual abuse allegations.

115.13 (b): The facility indicated in the PAQ that there are never deviations from the staffing plan. The Warden provided the auditor with a memorandum of non-occurrence certifying that the facility has not deviated from the staffing plan. The interview with the Warden indicated that deviations would not occur and that they cover staffing through overtime and non-custody staff.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. The staffing plan was most recently reviewed on September 17, 2020. The staffing plan is reviewed quarterly by the Salary/Workforce Utilization Committee. The Committee comprises the Warden, the Associate Warden of Operations, the Associate Warden of Programs (who serves as the PCM), a Captain, the Business Administrator, the Human Resource Manager, the Budget Analyst and the Executive Assistant. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. A review of additional reviews indicated others were completed on March 20, 2020 and October 21, 1999. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for institutions. She did indicate that the Human Resource Management Division and the Administration Division allocates overall staffing resources.

115.13 (d): P5324.12, page 16, indicates that the Institution Duty Officer (IDO) is required to make weekly unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and forwarded to the PCM for retention. A review of the ten PAQ supplemental documentation IDO rounds indicated that announced rounds are being conducted weekly by the IDO in all locations at the facility. Additionally, P5324.12 prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. A review of ten IDO unannounced rounds indicated that rounds are
being made between the hours of 4:00am and 11:00pm each week. Additionally, the auditor confirmed that the Operations Lieutenant on each shift makes daily unannounced rounds. The interviews with the intermediate-level or higher-level staff confirm that they make rounds and that the rounds are documented in TRUSCOPE. Both staff stated that they do their rounds irregularly at different times and locations to ensure staff do not notify other staff that they are making their rounds.

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

**Standard 115.14: Youthful inmates**

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

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

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

**Auditor Overall Compliance Determination**

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

Documents:
1. Pre-Audit Questionnaire

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

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

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at FCI Tallahassee. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at FCI Tallahassee. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at FCI Tallahassee. A review of the daily population report indicated that no inmates under the age of 18 were housed at the facility within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

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

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)
- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

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

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

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

115.15 (e)

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

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

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

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

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

Site Review Observations:
1. Observations of Privacy Barriers

Findings (By Provision):

115.15(a): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented in the inmate’s central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate’s central file. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.

115.15(b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. P5521.06, page 3, states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat-search female inmates, unless exigent circumstances exist. Interviews with thirteen random staff indicated that all thirteen stated that female inmates have never been restricted access from programs or privileges due to not having a female to conduct a pat-search. Interviews with random inmates indicated that 32 out of 34 had never been restricted access. The two that indicated they had been restricted state that it was while they were in the SHU and they had to wait for a female staff member to
arrive before they could go to the shower. The PAQ indicated that there were zero pat-searches of female inmates by male staff in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

115.15 (c): P5521.06, page 4 and 5, discuss visual searches and body cavity searches. Page 4 indicates that visual searches are to be conducted by staff of the same sex as the inmate, except where circumstances as such that a delay would mean the loss of contraband. In such a case, this exception would be documented on the inmate’s central file. Page 5 indicates that body cavity searches are only conducted by qualified health personnel upon the approval of the Warden or Acting Warden and such searches are documented in the inmate’s central file. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months. A review of a sample of search logs indicated that all searches reviewed were conducted by female staff.

115.15 (d): P5324.12, page 17 states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, it states that such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Page 18 states the four ways inmates are notified of the presence of opposite gender staff, including through a posted notice on the bulletin board, through an announcement at the beginning of primary shifts, notices of the hours of work for male/female staff with offices in the housing units and by notifying inmates during intake of the requirement to remain clothes and the presence of opposite gender staff generally. The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with thirteen random staff indicated that all thirteen stated that inmates have privacy when showering, using the restroom and changing clothes. Additionally, all thirteen stated that opposite gender staff announce their presence when entering an inmate housing unit. 33 of the 34 inmates indicated they had never been naked in front of a staff member of the opposite gender and 25 of the 34 stated that staff of the opposite gender announce when they enter inmate housing units. The one inmate who stated that she was naked stated that staff have to walk through the shower area to get through the unit and a staff member had seen her. During the tour, the auditor heard the opposite gender announcement being made upon entry into the housing units. The auditor observed that all housing units provide privacy through shower curtains, saloon style doors, fully enclosed toilets and/or solid doors with small security windows.

115.15 (e): P5324.12, page 19 states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary, by learning information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with thirteen random staff indicated that twelve were aware of an agency policy that prohibits strip searching a transgender or intersex inmate for the sole purpose of determining the inmates’ genital status. Interviews with six transgender inmates indicated that none had ever been searched for the sole purpose of determining their genital status.

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

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

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. LanguageLine Solutions Contract
4. Staff American Sign Language (ASL) Memorandum
5. Memorandum from Warden
6. PREA Posters
7. Inmate Admission and Orientation Handbook

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

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

**Findings (By Provision):**

**115.16 (a):** P5324.12, page 19 establishes guidelines to providing disabled inmates an equal opportunity to benefit from all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. It states that the PCM is responsible for reaching out to local disabilities assistance offices to ensure the facility is providing effective communication accommodations when needed. The memo from the Warden stated that FCI Tallahassee utilizes the LanguageLine Solutions when needed and that the facility has access to community resources if needed for individuals with disabilities, to include hearing impaired individuals. A review of PREA posters, PREA directives and inmate distributed information confirmed that information is provided in large font, bright colors and has accompanying pictures to the word directives. The interview with the Agency Head indicated that inmates receive PREA information in a format that they can understand. Interviews with the two disabled inmates indicated that they received information in a format that they could understand. One inmate stated that staff read him the information and pointed out where the information was located on the posters. A review of the three disabled inmate files indicated that all three signed that they received and understood the PREA education materials. During the tour, the PREA signage was observed to be in large text and in bright colors.

**115.16 (b):** P5324.12, page 20 establishes the procedure to ensure meaningful access to all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). It states that the PCM is responsible for reaching out to available interpretation services to ensure the facility is providing effective communication accommodations. The memo from the Warden stated that FCI Tallahassee utilizes the LanguageLine Solutions when needed and that the facility has access to community resources if needed for individuals with disabilities, to include hearing impaired individuals. The facility has numerous staff that are bilingual and assist in translation when needed. The agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. A review of PREA posters, the inmate handbook, PREA directives and inmate distributed information confirmed that information is available in both English and Spanish. Interviews with the Agency Head indicated that inmates received PREA information in a format that they can understand. Interviews with two LEP inmates indicated that they received the inmate handbook and pamphlet in Spanish. One inmate indicated she was provided the comprehensive education many years ago and she believes it was in English. The other inmate indicated she only received the paperwork; she never received any other information. During the LEP interviews the auditor utilized staff to translate. A review of four LEP inmate files indicated that all four signed that they received and understood the PREA education materials. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

**115.16 (c):** P5324.12, page 20 and TAL 5324.12B, page 4, section 3 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual
harassment, except in limited circumstances where an extended delay could compromise the inmate’s safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with thirteen staff indicated that eleven were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants. Interviews with two LEP inmates and two disabled inmates indicated that none had another inmate utilized as a translator, interpreter or reader.

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

**Standard 115.17: Hiring and promotion decisions**

**115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

**115.17 (b)**

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No
115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes  ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes  ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes  ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes  ☐ No

115.17 (g)

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

115.17 (h)

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

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

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

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

Documents:

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

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

**115.17 (a):** P3000.03, page 28, indicates that a statement indicating eligible external applicants must meet all application criteria and conditions of employment. The PAQ indicated that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. All contractors also have a completed background check and as such the four contractors reviewed all had a background check completed prior to enlisting their services.

**115.17 (b):** The General Employment Considerations for Staff indicates on page 2 that the applicant’s character or past conduct might impose a statutory bar to employment or impede employment by adversely impacting on the Bureau’s efficiency by jeopardizing the ability to accomplish its mission successfully. The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. She stated that all pertinent information is considered and that they reach out to all previous employers.
115.17 (c): Standard Form 85P and the BOP Recruitment Flyer, indicates that employment is subject to satisfactory completion of a background investigation, which also includes law enforcement and criminal records checks, credit checks, inquiries with previous employers and personal references. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. Specifically, it stated indicated that there were 53 staff hired in the previous twelve months. 34 staff were new hires and had a background check completed while 19 were internal hires and did not require a new background check. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the National Background Investigations Bureau. Human Resource staff indicated that a background investigation is completed for all applicants and contractors.

115.17 (d): P3000.03, pages 42 and 44, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates via a check of the National Crime Information Center (NCIC). The PAQ indicated that there have been five contracts at the facility within the past twelve months. A review of four contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff indicated that a background investigation is completed for all applicants and contractors.

115.17 (e): The PAQ indicated that the agency requires either criminal background checks to be conducted at least every five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Background Investigations Bureau. All employees are fingerprinted and all subsequent FBI criminal arrest information is forwarded through NBIB back to the agency. Additionally, Security and Background Investigation Section (SBIS) tracks the timeline of background investigations for the agency. Mass emails are sent to each staff member as well as the Human Resource staff at the facility that the staff works to initiate the re-investigation process for the five-year background check. Staff are required to take the appropriate steps to complete the process by a due date to ensure the background is completed on time. The interview with Human Resource staff confirmed that an NCIC check and fingerprints are completed for all applicants and all future arrests are directly reported to the agency. She also indicated that the agency also performs a background check every five years.

115.17 (f): The PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the USAJobs Application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed an application and as such were required to answer the eligibility questions. Additionally, all staff had a background completed which included their criminal history, credit history and other record inquiries. The interview with Human Resource staff confirmed that these questions are contained on the pre-employment questionnaire on the USAJobs Application, which is required for all applicants and that they are asked again during the five year background check. The staff member also stated that the agency imposes a continuing affirmative duty to disclose such misconduct.

115.17 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. The Questionnaire for Public Trust Positions
indicates that falsifying or concealing facts is a felony which can result in fines and up to five years in prison.

115.17 (h): The Memorandum for Human Resource Managers documented that the agency provides information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Specifically, the memo indicates that all requests should be forwarded to the Office of Internal Affairs and that this office will respond to all requests. Human resource staff indicated that this information would be provided when requested through SIA.

Based on a review of the PAQ, P3000.03, Standard Form 85P, BOP Recruiting Flyer, National Background Investigations Bureau (NBIB), General Employment Considerations for Staff, Memorandum for Human Resource Manager, Mass Initiation of Staff Re-Investigations Email, the Eligibility Questions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

115.18 (b)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

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1. Pre-Audit Questionnaire

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

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility; however the agency has had modifications across other facilities. The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since the last PREA audit. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden stated there has not been any modifications to the facility since the previous PREA audit. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PAQ as well as the interview with the Warden confirmed there have not been any modifications to the facility since the previous PREA audit. The interview with the Agency Head confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modification or upgrades may enhance the ability to protection inmates against sexual abuse. The Warden stated that the whole purpose of the facility is for the safety of staff and inmates and as such the protection against sexual abuse would be considered in video monitoring and reflective mirror placement. During the tour, the observer did not observe any modifications to the facility since the previous PREA audit. Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head and Warden indicates that this standard appears to be compliant.

Recommendation:
While the facility meets the requirements under this provision, the auditor recommends that steps be taken to ensure that any future modifications or upgrades to the facility are designed, acquired or planned with the protection of inmates against sexual abuse in mind.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

### 115.21 (b)
- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ✒ Yes ☐ No ☐ NA

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

### 115.21 (c)
- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ✒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ✒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ✒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ✒ Yes ☐ No

### 115.21 (d)
- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ✒ Yes ☐ No

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

- Has the agency documented its efforts to secure services from rape crisis centers? ✒ Yes ☐ No

### 115.21 (e)
- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

**115.21 (f)**

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

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Investigation Policy Memorandum
3. P6031.04
4. TAL 5324.12B
5. Memorandum of Understanding with Refuge House
6. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
7. Qualified Staff Advocacy Training Documents
8. Letter from FBI on PREA Compliance

**Interviews:**

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse
Findings (By Provision):

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

115.21 (b): The Prison Rape Elimination Act Investigation Policy Memorandum, page 11, as well as the PAQ indicates that medical forensic examinations are conducted in accordance with standards set forth in “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013”.

115.21 (c): The Prison Rape Elimination Act Investigation Policy Memorandum, page 10, section 234.13, indicates that all inmate victims of sexual abuse are offered a forensic medical examination, whether on-site or at an outside facility, without financial cost. P6031.04, page 4, specifically states that only in institutions where extreme security concerns exist may an in-house physician be used. TAL 5324.12B, page 6 states that if the alleged victim requires a forensic medical assessment he/she will be transported to the local identified medical facility for an assessment. The memo states that inmates are transported to Capital Regional Medical Center to have an examination completed by a SANE or SAFE, however once on-site it was determined that inmates are actually transported to the Tallahassee Memorial Hospital (TMH). The PAQ indicated that during the previous twelve months there have not been any forensic examinations conducted. A review of investigations confirmed that none involved a forensic examination. The interview with the staff member from TMH indicated that they do provide forensic medical examinations by SAFE/SANE. The staff member also stated there is an outside SANE house that they sometimes require inmates to be transported to if a SAFE/SANE is not available at the hospital or to respond to the hospital.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. TAL 5324.12B, page 6 states that if the alleged victim is transported to the locally identified medical facility for forensic medical assessment, he/she shall be provided with the opportunity to have a victim advocate from the local rape crisis center accompany him/her through the forensic examination and investigatory interview process. An MOU with the Refuge House confirms that advocates are provided during forensic medical examinations. Specifically the MOU states that the appropriate Refuge House personnel accompany and support the offender victim through the forensic medical examination process and investigatory interviews. Additionally, the facility has available qualified staff members to serve as advocates if necessary. The interview with the PCM indicated that the facility has an MOU with the Refuge House and that they will respond to accompany the inmate during the forensic examination if requested. She advised that the Refuge House is the certified local rape crisis center. The interview with the inmate who reported sexual abuse indicated that she did not have a forensic examination and that she did not contact anyone, other than her lawyer, after she reported the allegation. The staff member from the Refuge House confirmed that they provide victim advocacy services during forensic medical examinations for inmates at FCI Tallahassee.
115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. TAL 5324.12B, page 6 states that if the alleged victim requires a forensic medical assessment he/she will be transported to the local identified medical facility for an assessment. Additionally, TAL 5324.12B, page 6 states that if the alleged victim is transported to the locally identified medical facility for forensic medical assessment, he/she shall be provided with the opportunity to have a victim advocate from the local rape crisis center accompany him/her through the forensic examination and investigatory interview process. An MOU with the Refuge House confirms that advocates are provided during forensic medical examinations. Specifically the MOU states that the appropriate Refuge House personnel accompany and support the offender victim through the forensic medical examination process and investigatory interviews. The facility also has available a qualified staff member to serve as advocates if needed. The interview with the PCM indicated that the facility has an MOU with the Refuge House and that they will respond to accompany the inmate during the forensic examination if requested. She advised that the Refuge House is the certified local rape crisis center. The interview with the inmate who reported sexual abuse indicated that she did not have a forensic examination and that she did not contact anyone, other than her lawyer, after she reported the allegation. The staff member from the Refuge House confirmed that they provide victim advocacy services during forensic medical examinations for inmates at FCI Tallahassee.

115.21 (f): The agency is responsible for conducting administrative investigations while the FBI is responsible for conducting criminal investigations. A review of the MOU between the BOP and the FBI as well as the letter from the FBI to the BOP dated March 2, 2014 indicate that the FBI complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71. Additionally, the FBI follows a uniform evidence protocol and utilizes the FBI Domestic Investigations and Operations Guide for training.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, The PREA Investigation Policy Memo, P6031.04, the MOU with the Refuge House, the MOU with the FBI, the letter from the FBI, the qualified staff member documents and information from interviews with the PREA Compliance Manager, SANE/SAFE hospital staff, the Refuge House staff member and an inmate who reported sexual abuse indicates that this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No
- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

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

Findings (By Provision):
115.22 (a): P5324.12, page 43, outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The AG Memo and AG Order 2835-2006 indicates that the Office of the Inspector General has the authority to conduct criminal and administrative investigations throughout the Department. Additionally, the MOU with the FBI as well as P5508.02 confirms that the FBI is responsible for conducting criminal investigations related to Title 18 and/or any criminal activities at Bureau facilities. Allegations are reported to the Operations Lieutenant and immediately forwarded to the facility investigator for investigation. The PAQ indicated that there was one allegation reported within the previous twelve months, which resulted in an administrative and/or criminal investigation. A review of documentation indicated there were six allegations reported in the previous twelve months. Three had a closed administrative investigation, while three were still active, ongoing investigations. The interview with the Agency Head indicated that all allegations are investigated. Specifically, the OIG investigates potential criminal cases involving staff-on-inmate sexual abuse; the OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment and the Special Investigative Services (SIS) Lieutenant at the facility investigates all other cases.

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

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

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

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

### TRAINING AND EDUCATION

#### Standard 115.31: Employee training
115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program Curriculum
4. Sample of Staff Training Records (Acknowledgement Form)

Interviews:
1. Interview with Random Staff

Findings (By Provision):

115.31 (a): P5324.12, pages 24-25 indicate that all staff will receive the Sexually Abusive Behavior Prevention and Intervention Program training during institutional familiarization and yearly thereafter as part of the annual refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program curriculum outline and PowerPoint slides confirmed that the training includes information on: the agency’s zero-tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates’ right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of fifteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated they receive training in institutional familiarization and/or annual refresher training. Most staff stated that the training covered the steps to take if an inmate reported an allegation. Staff confirmed all required topics were covered in the training.
115.31 (b): P5324.12, page 25, indicates that the annual refresher takes into consideration the gender of the inmate population at each facility. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Additionally, staff receive training when assigned to a female facility for handling female offenders. A review of fifteen staff training records indicated that all fifteen staff had the supplemental female offender training.

115.31 (c): The PAQ indicated that 263 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. P5324.12 indicates that new employees receive the Sexually Abusive Behavior Prevention and Intervention Program training and that current employees receive the training as part of their annual training. A review of documentation confirmed that all fifteen staff had received PREA training. Eight of the fifteen had PREA training the previous two years, three had training in 2019 but did not receive training in 2020 due to COVID-19 and four staff were new hires and had training in 2020. During the on-site portion of the audit facility staff were still completing 2021 annual refresher training.

115.31 (d): The PAQ as well as P5324.12, page 26, indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that all staff sign a training acknowledgement that states “I have received and understand the training conducted regarding the agency’s sexual abuse and sexual harassment policies and procedures”. A review of a sample of fifteen staff training records indicated that fifteen signed the acknowledgment form.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility conducts annual training and supplements annual training through emails, through the online bureau training system and other mechanisms. Interviews with staff confirmed that they were extremely knowledgeable on PREA, including policy, procedure, training and first responder duties.

**Standard 115.32: Volunteer and contractor training**

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)
- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Training for Level I Volunteers
3. Level I Volunteer Application/Training Form
4. Sample of Contractor Training Records
5. Sample of Volunteer Training Records

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

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors receive the PREA Training for Level I Volunteers. The PAQ indicated that 97 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of training documents for four contractors and six volunteers indicated that all ten had received PREA training. Additionally, the interviews with the two contract staff confirmed that they had received training on the agency’s sexual abuse and sexual harassment policies. One contractor indicated the training was completed on the computer while the other stated that it was through a video.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that they have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Volunteers and contractors are required to receive the PREA Training for Level I Volunteers. They may be required to complete the staff PREA training, Sexually Abusive Behavior Prevention and Intervention Program, if their level of contact warrants. A review of a sample of training documents for four contractors and six volunteers indicated that all ten had received PREA training. Additionally, the interviews with the two contract staff confirmed that they had received training on the agency’s sexual abuse and sexual harassment policies. Both stated they had been informed of the zero-tolerance policy and how to report incidents of sexual abuse. One contractor indicated the training was completed on the computer while the other stated that it was through a video.

115.32 (c): The PAQ and a review of ten training documents for contractors and volunteers indicated that 100% of those reviewed had signed the Level I Volunteer Application/Training form. The bottom of this form has a section that reads “I am aware and understand the Federal Bureau of Prisons zero-tolerance
policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment”.

Based on a review of the PAQ, the PREA Training for Level I Volunteers, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicate that this standard appears to be compliant.

**Standard 115.33: Inmate education**

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

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

Interim Report Period Corrective Action Documents:
1. Staff Training Memorandum
2. Staff Training Sign-In Sheet
3. Institutional PREA Admission & Orientation – Holdover/Pre-Trial Form
4. Inmate Comprehensive PREA Education Examples

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

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

Findings (By Provision):

115.33 (a): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 26 specifically states that inmates receive information on the agency’s zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the A&O pamphlet on Sexually Abusive Behavior Prevention and Intervention Program. The PAQ indicated that 1310 inmates received information on the zero-tolerance policy and how to report at intake. The is equivalent to 100% of inmates who received this information at intake. A review of the pamphlet confirmed that it includes information on the zero-tolerance policy and the reporting methods. A review of 22 inmate files of those received in the previous twelve months indicated that 20 received PREA information at intake. An additional review of fourteen inmate files of those received prior to the twelve month period indicated that all fourteen had received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and are also asked the risk screening questions during this time. The interview with intake staff indicated that inmates are provided information on the zero-tolerance policy and how to report sexual abuse and/or sexual harassment at intake. The staff member stated that information is given verbally during the risk screening and then they are provided the inmate handbook. The staff member further stated that information is posted throughout the facility and in inmate housing units. Interviews with 34 inmates indicated that 31 had received information on the agency’s sexual abuse and sexual harassment policies.

115.33 (b): P5324.12, pages 26-27, outlines the requirement for inmates to receive PREA education. Page 27 specifically discusses the comprehensive education that is provided to the inmates. The policy indicates that during the A&O Program, a designated staff member will present the Sexually Abusive Behavior Prevention and Intervention Program. A review of the six-page training document (available in English and Spanish) indicated that inmates are educated on definitions, the zero-tolerance policy, ways to prevent sexual abuse, how to report, information on the investigative process, counseling programs for victims and management programs for abusers. The PAQ indicated that 585 inmates received comprehensive PREA education within 30 days of intake and that 725 received comprehensive outside of the 30 days due to COVID-19. This is equivalent to 100%. A review of 22 inmate files of those that arrived in the previous twelve months indicated that ten inmates were either not provided comprehensive PREA education (four inmates) or the education was provided over the 30 day timeframe (six inmates). An additional review of fourteen inmate files received prior to the previous twelve months indicated that all fourteen had received comprehensive PREA education within 30 days. During the documentation review the auditor determined that the four inmates that did not receive comprehensive PREA education were housed at the FDC. The facility informed the auditor that they were unaware that FDC inmates had to receive the comprehensive PREA education. Staff indicated that upon realization they went back through and completed comprehensive PREA education (A&O) with all the FDC inmates. The facility provided the auditor, during the interim report period, with a training memo, a staff sign in sheet and the form that was created to document the comprehensive PREA education and inmate reassessment for holdover and pre-trial inmates at the FDC. Fifteen examples were sent from the facility for comprehensive PREA education and reassessments conducted from March 25, 2021 through April 7, 2021 at the FDC. The auditor notified the facility that additional examples over an extended time period would be required in order to confirm the corrective action is routine and systematic. The interview with intake staff indicated that inmates are provided information on the zero-tolerance policy and how to report sexual abuse and/or sexual harassment at intake. The staff member stated that information is given verbally during the risk screening and then they are provided the inmate handbook. The staff member further stated that information is posted throughout the facility and in inmate housing units and that they receive information during institutional A&O. The intake staff member stated that the initial information is given during intake
on the first day and that A&O is completed within 3 days. Interviews with 34 inmates indicated that 33 were provided information on their right to be free from sexual abuse, how to report sexual abuse and their right to be free from retaliation. Most inmates indicated they received the information when they arrived in the handbook and/or they received the information in A&O.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA with 725 receiving it over 30 days. Additionally, P5324.12, page 27, indicates that the agency requires that all inmates who are transferred from one facility to another be educated regarding their rights under PREA to the extent that the policies and procedures of the new facility differ from those of the previous facility. All inmates are typically educated upon transfer, whether policies and procedures differ or not. During the documentation review the auditor determined that the four inmates that did not receive comprehensive PREA education were housed at the FDC. The facility informed the auditor that they were unaware that FDC inmates had to receive the comprehensive PREA education. Staff indicated that upon realization they went back through and completed comprehensive PREA education (A&O) with all the FDC inmates. The interview with intake staff indicated that inmates are provided information on the zero-tolerance policy and how to report sexual abuse and/or sexual harassment at intake. The staff member stated that information is given verbally during the risk screening and then they are provided the inmate handbook. The staff member further stated that information is posted throughout the facility and in inmate housing units and that they receive information during institutional A&O.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and LEP inmates. The facility has staff members who are able to provide accommodations for inmates who are LEP. Additionally, the agency has a contract (#GS-10F-0460N) with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The A&O pamphlet as well as the Sexually Abusive Behavior Prevention and Intervention Program is available in English and Spanish. A review of the PREA education and documents indicated that information was printed in bright colors and contained large print. A review of a sample of three disabled inmate files and four LEP inmate files indicated that all seven had signed that they received PREA information in a format they could understand.

115.33 (e): P5290.14, page 10 indicates that inmates are required to sign a copy of the A&O pamphlet at intake and that the original is placed in the inmate’s central file. Additionally, the education is documented on the Institution A&O Program Checklist (Form BP-A0518) and the Unit A&O Program Checklist (Form BP-A0597). A review of 36 inmate files indicate that 32 were documented to have received PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the orientation handbook, the A&O pamphlet and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, P5324.12, P5290.14, the A&O pamphlet, the Sexually Abusive Behavior Prevention and Intervention Program, the inmate handbook, a review of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard requires corrective action. During the documentation review the auditor determined that the four inmates that did not receive comprehensive PREA education were housed at the FDC. The facility informed the auditor that they were unaware that FDC inmates had to receive the comprehensive PREA education. Staff indicated that upon realization they went back through and completed comprehensive PREA
education (A&O) with all the FDC inmates. The facility provided the auditor with a training memo, a staff sign in sheet and the form that was created to document the comprehensive PREA education and inmate reassessment for holdover and pre-trial inmates at the FDC. Fifteen examples were sent from the facility for comprehensive PREA education and reassessments conducted from March 25, 2021 through April 7, 2021 at the FDC. The auditor notified the facility that additional examples over an extended time period would be required in order to confirm the corrective action is routine and systematic. While staff identified the problem and immediately educated all current inmates, the auditor is unable to verify that a system is in place to ensure the process the comprehensive PREA education process at the FDC within 30 days of an inmate’s arrival. As such, the auditor requires additional information to confirm corrective action of provisions (b) and (c).

Corrective Action:

The auditor will require that the facility provide an assurance memo from the Warden stating that all current inmates have had comprehensive PREA and indicate how the education was provided. The facility will need to provide the auditor with documentation of the four inmate’s A&O as well as additional examples over the next 60 days illustrating that inmates arriving at the FDC are provided comprehensive PREA education within 30 days. The auditor will need copies of the initial risk screening form to verify the date of arrival as well as the appropriate signed 30 day comprehensive PREA training form.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:
1. Memorandums from the Warden
2. Inmate Comprehensive PREA Education Examples

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (b) and (c) under this standard. The auditor spoke to the Management Analyst via phone and email for updates regarding the implementation of the corrective action. On May 13, 2021 stating that all inmates at the institution had received comprehensive PREA education, with the exception of the inmates who have been at the institution less than 30 days. The memo further states that education at the FCI is provided via the institution admission and orientation and that it is provided face to face by Unit Team at the FDC. Additionally, on May 26, 2021 the auditor received a second memorandum from the Warden stating that all inmates at the FDC are provided with a face to face education regarding PREA immediately upon admission to the institution. The memo stated that the education includes inmates’ rights under PREA and information on agency policies. The memo further states that the Unit Team prepares a “Institution PREA A&O & Reassessment – Holdover/Pre-Trial” form and that within 21 days from the inmate’s admission to the institution, Unit Team would conduct a second interview in a private area to reprocess PREA risk factors and determine if there is any new PREA risk information that needs to be addressed and documented. The facility provided the auditor with 36 examples from March 23, 2021 through May 26, 2021 related to FDC inmate’s comprehensive PREA education and reassessments. All 36 contained comprehensive education within 24 hours of arrival and a reassessment within 30 days. Based on the information provided during the interim report period and during the corrective action period this standard has been corrected and as such compliant.

Standard 115.34: Specialized training: Investigations
115.34 (a)
- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

115.34 (b)
- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

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

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).) ☒ Yes ☐ No ☐ NA

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

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

115.34 (d)
- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. DOJ/OIG PREA Training
5. Memorandum of Understanding with the FBI
6. Letter from the FBI
7. Investigator Training Records

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations. It also indicated that four facility staff had completed the specialized training. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he received specialized training during annual refresher training and through the online training system. He stated that the training is extremely thorough and that it covers safeguarding up through housing.

115.34 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of the training curriculums confirmed they included the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations. It also indicated that four facility staff had completed the specialized training. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated all the topics were covered during the specialized training.

115.34 (c): The PAQ indicated 253 facility and agency staff complete investigations. It also indicated that four facility staff had completed the specialized training. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34.

115.34 (d): The auditor is not required to audit this provision.
Based on a review of the PAQ, P5324.12, the DOJ/OIG PREA Training curriculum, the NIC training curriculum, the MOU with the FBI, the letter from the FBI, a review of investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

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

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

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

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

Interviews:
1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): P5324.12, pages 28-29, requires that the Health Services Division or the Reentry Services Division ensure all medical and mental health care staff complete the required specialized training. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has sixteen medical and mental health staff and that 80% of these staff received the specialized training. A review of nine medical and mental health staff training records indicated that all nine had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training. Staff stated that the training covers trauma informed care, advocacy information, forensic medical examinations, mental health impact, recognizing victims and/or potential victims, risk factors, how to respond to victims and how to report.

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

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

115.35 (d): BOP medical and mental health care staff are considered correctional workers. A review of the seven BOP medical and mental health care staff training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention training. Additionally, a review of two contracted medical and mental health staff member training records confirm that both received the PREA contractor training in addition to the specialized medical and mental health training.

Based on a review of the PAQ, P5324.12, P6031.04, the two training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  ☒ Yes  ☐ No
• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

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

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

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

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

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

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

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

115.41 (e)

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

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

• In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No
115.41 (f)  
- Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

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

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Memorandum on Intake Screening Guidance
4. PREA Intake Objective Screening Instrument
5. Intake Screening Form
6. Inmate Assessment and Re-Assessment Documents
Interim Report Period Corrective Action Documents:
1. Staff Training Memorandum
2. Staff Training Sign-In Sheet
3. Institutional PREA Admission & Orientation – Holdover/Pre-Trial Form
4. Inmate Reassessment Examples

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

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

Findings (By Provision):

115.41 (a): P5324.12, pages 29-32 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. P5324.12 further states that if an inmate is determined to be at risk of being sexually victimized by or being sexually abusive toward other inmates, they will be referred to Psychology Services for a reassessment. During the tour, the auditor observed the intake area. The risk screening is conducted in private offices in intake. The interviews with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization or abusiveness at intake. Interviews with 20 inmates that arrived within the previous twelve months confirmed that eighteen had been asked the risk screening questions.

115.41 (b): P5324.12, page 30, indicates that all inmates will be assessed during the intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 1310 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. The interviews with the risk screening staff indicated that inmates are screened for risk of sexual victimization or abusiveness within 72 hours of arrival. Interviews with 20 inmates indicated that they were asked the risk screening questions the same day they arrived. A review of a 22 inmate records of those that arrived within the previous twelve months indicated that 20 were screened within 72 hours. An additional review of fourteen inmate files of those received prior to the twelve months indicated that all fourteen were screened within the 72 hour timeframe.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Screening Form indicated that inmates are asked yes or no questions and a few of these questions are then utilized on the PREA Intake Objective Screening Instrument. The screening instrument includes sections that are determined based on the inmate’s history (which can be found in his file).

115.41 (d): A review of the PREA Intake Objective Screening Instrument indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child;
whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming and whether the inmate is detained solely for civil immigration purposes. The Intake Form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. The Intake Form information is then transferred over to be included in the PREA Intake Objective Screening Instrument. Interviews with staff who perform the risk screening indicated that they review the inmates file for certain information such as history of victimization or abusiveness, prior charges and incarcerations, height, weight, etc. and that they ask yes or no questions on the risk screening form. The staff stated that they ask the inmate about any past sexual victimization, their sexual preference, their gender identity, if they have a disability, etc.

115.41 (e): A review of the PREA Intake Objective Screening Instrument confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. Interviews with staff who perform the risk screening indicated that they review the inmates file for certain information such as history of victimization or abusiveness, prior charges and incarcerations, height, weight, etc. and that they ask yes or no questions on the risk screening form. The staff stated that they ask the inmate about any past sexual victimization, their sexual preference, their gender identity, if they have a disability, etc.

115.41 (f): P5324.12, page 32 indicates that inmates would be reassessed for the inmate’s risk of victimization or abusiveness within 30 days from their arrival by facility staff, ordinarily Psychology Services and Unit Management staff. The PAQ indicated that the facility requires inmates to be reassessed and that 585 inmates were reassessed within 30 days. The PAQ indicated that 1285 inmates’ length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 28 days. Interviews with 20 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. A review of a 22 inmate files indicated that all 22 had a reassessed, however five were not within the 30-day timeframe. During the documentation review the auditor observed that all five reassessments that were late were inmates from the FDC and that all the reassessments were completed in March 2021. The facility informed the auditor that they were unaware that FDC inmates had to receive a 30 day reassessment. Staff indicated that upon realization they went back through and reassessed all the FDC inmates. The facility provided the auditor, during the interim report period, with a training memo, a staff sign in sheet and the form that was created to document the comprehensive PREA education and inmate reassessment for holdover and pre-trial inmates at the FDC. Fifteen examples were sent from the facility for comprehensive PREA education and reassessments conducted from March 25, 2021 through April 7, 2021 at the FDC. The auditor notified the facility that additional examples over an extended time period would be required in order to confirm the corrective action is routine and systematic. Additionally, the facility staff advised the auditor that inmates are not asked all of the initial risk screening questions, rather just a follow-up question, which may be attributed to many of the 22 inmates not remembering the reassessments.

115.41 (g): P5324.12, page 32, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Psychology Services staff. A review of the inmates who alleged sexual abuse indicated that none had a substantiated investigation and as such were not required to be reassessed. Interviews with staff responsible for risk screening indicated that inmates are reassessed when warranted due to referral, request, incident or sexual abuse or receipt of additional information. Interviews with 20 inmates that arrived within the previous twelve months indicated that only four remember a reassessment. The facility staff advised the auditor that inmates are not asked all of the initial risk screening questions, rather
just a follow-up question, which may be attributed to many of the 22 inmates not remembering the reassessments.

115.41 (h): P5324.12, page 32, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate’s own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interviews with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): P5324.12, page 32 as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Specifically, the policy states that information is disseminated on a need-to-know basis for staff. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained during the risk screening is limited to staff who have a need to know. The PCM stated that information is limited to the Operations Lieutenant, Executive Staff and Unit Team staff. The staff responsible for risk screening stated that the forms are kept in the inmate’s central file behind a locked door with limited access.

Based on a review of the PAQ, P5324.12, the Intake Screening Form, the PREA Intake Objective Screening Instrument, the Memo on Intake Screening Guidance, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. During the documentation review the auditor observed that all five reassessments that were late were inmates from the FDC and that all the reassessments were completed in March 2021. The facility informed the auditor that they were unaware that FDC inmates had to receive a 30 day reassessment. Staff indicated that upon realization they went back through and reassessed all the FDC inmates. The facility provided the auditor, during the interim report period, with a training memo, a staff sign in sheet and the form that was created to document the comprehensive PREA education and inmate reassessment for holdover and pre-trial inmates at the FDC. Fifteen examples were sent from the facility for comprehensive PREA education and reassessments conducted from March 25, 2021 through April 7, 2021 at the FDC. The auditor notified the facility that additional examples over an extended time period would be required in order to confirm the corrective action is routine and systematic. While staff identified the problem and immediately reassessed all current inmates, the auditor is unable to verify that a system is in place to ensure inmates at the FDC are reassessed within 30 days of their arrival. As such, the auditor requires additional information to confirm corrective action of provision (c).

Corrective Action:

The facility will need to provide additional examples over the next 60 days illustrating that inmates arriving at the FDC are reassessed within 30 days. The auditor will need copies of the initial risk screening form to verify the date of arrival as well as the appropriate 30 day reassessment documentation.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:
1. Memorandums from the Warden
2. Inmate Reassessment Examples

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (c) under this standard. The auditor spoke to the Management Analyst via phone and email for updates regarding the implementation of the corrective action.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:
   1. Memorandums from the Warden
   2. Inmate Comprehensive PREA Education Examples

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provisions (b) and (c) under this standard. The auditor spoke to the Management Analyst via phone and email for updates regarding the implementation of the corrective action. On May 13, 2021 stating that all inmates at the institution had received comprehensive PREA education, with the exception of the inmates who have been at the institution less than 30 days. The memo further states that education at the FCI is provided via the institution admission and orientation and that it is provided face to face by Unit Team at the FDC. Additionally, on May 26, 2021 the auditor received a second memorandum from the Warden stating that all inmates at the FDC are provided with a face to face education regarding PREA immediately upon admission to the institution. The memo stated that the education includes inmates’ rights under PREA and information on agency policies. The memo further states that the Unit Team prepares a “Institution PREA A&O & Reassessment – Holdover/Pre-Trial” form and that within 21 days from the inmate’s admission to the institution, Unit Team would conduct a second interview in a private area to reassess PREA risk factors and determine if there is any new PREA risk information that needs to be addressed and documented. The facility provided the auditor with 36 examples from March 23, 2021 through May 26, 2021 related to FDC inmate’s comprehensive PREA education and reassessments. All 36 contained comprehensive education within 24 hours of arrival and a reassessment within 30 days. The auditor did note that the reassessments were being conducted a short period after the initial assessment (with most ranging from a day after the initial to seven days after the initial) and recommended that the facility wait longer to conduct the reassessments in order to allow the inmates time to settle in at the facility, get acclimated to the climate and potentially feel more comfortable disclosing additional information to facility staff. Based on the information provided during the interim report period and during the corrective action period this standard has been corrected and as such compliant.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Interim Report Period Corrective Action Documents:
1. Updated TAL 5324.12B  
2. Staff Training Memorandum  
3. Staff Training Sign-In Sheet

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

Findings (By Provision):

115.42 (a): P5324.12, page 33, indicates that the agency uses the information from the risk screening to recommend housing, bed, work, education and program assignments with the goal of keeping separate
inmates at high risk of being sexual abused from those at high risk of being sexually abusive. The memo from the Warden states that if an inmate is determined to be at elevated risk of sexual victimization and/or sexual perpetration by Psychological Services, notification of this determination is provided to Unit Team staff via email. Unit Team considers this information when determining housing, bed, work, education and programming assignments. The interview with the Compliance Manager indicated that information is used for housing, job and program assignments. She stated they always look for the best house placement and what programs are needed based on the inmates’ history. The interviews with the staff responsible for the risk screening indicate that the information is vital to proper housing and program assignments as well as any accommodations. Staff stated that they would not place a victim and perpetrator together. One staff member stated that the information is utilized to keep the inmates safe, to refer to Psychology Services, if necessary, and to identify any inmates that may need additional staff monitoring for safety. A review of housing documents confirmed that information from the risk screening is utilized to house inmates appropriately.

115.42 (b): P5324.12, page 33 and the PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interviews with the staff responsible for the risk screening indicate that the information is vital to proper housing and program assignments as well as any accommodations. Staff stated that they would not place a victim and perpetrator together. One staff member stated that the information is utilized to keep the inmates safe, to refer to Psychology Services, if necessary, and to identify any inmates that may need additional staff monitoring for safety.

115.42 (c): The PAQ stated that the agency/facility makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis. P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate’s health and safety, and whether the placement would present management or security problems. All transgender and intersex inmate housing determinations are made at the Designation and Sentence Computation Center with the Transgender Executive Council (TEC). The TEC reviews each transgender or intersex inmate and clears the inmate for designation to the approved facility. The agency as a whole, houses over 1000 inmates who identify as transgender. A review of a sample of ten percent of those inmate’s housing determinations indicated that all had a review by the TEC designating a male or female facility. The interview with the PCM indicated that the agency’s male and female housing unit determinations is completed at a different level and is not decided by the facility. She stated housing at the facility is based off of what bed is best for them. She indicated housing determinations consider the safety of the inmates as well as any potential management problems from the placement. The interviews with the six transgender inmates indicated that two asked about how they felt about their safety. Additionally, all six stated that they did not feel they were placed in a housing unit specifically for LGBTI inmates.

115.42 (d): P5324.12, page 33, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate’s safety. The agency as a whole, houses over 1000 inmates who identify as transgender while FCI Tallahassee houses 59 inmates who identify as transgender. A review of eight transgender inmate files across the agency indicated that all eight had received biannual assessments in 2020 and seven had biannual assessments in 2019. An additional review of the seven transgender inmate files at FCI Tallahassee indicated that four had received biannual assessments in 2019 and 2020, two had biannual assessments in 2020 after their initial identification and one had an assessment in 2021 after initial identification. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed at least twice a year. All BOP inmates are reviewed at a minimum of every 180 days. During this review the transgender inmates are asked about their safety, their programming and their housing. While not all documentation specifically address that the reviews were transgender biannual assessments, the reviews were completed and had notes related to programming
and any issues the inmate voiced. The auditor advised the staff that while these reviews were completed, only two had specific documentation indicating that it was inmate’s biannual review related to safety issues. The facility provided the auditor with the updated institutional supplement (TAL5290.14H) that included the updated instructions as well as a memo from the Warden and training sign in sheets for Unit Team staff. While the exact language was not documented during the 180 day reviews, the inmates were reviewed in person and housing and programming were discussed. As such, the auditor determined that based on the training, the memo and the updated institutional supplement that the standard was corrected with training during the interim report period.

115.42 (e): P5324.12, page 33, indicates that the transgender or intersex inmate’s own views with respect to his or her safety is given serious consideration. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates’ views with respect to their safety are given serious consideration. The interviews with the six transgender inmates indicated that two were asked about how they felt about their safety.

115.42 (f): P5324.12, page 33, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering. All showers are single person showers and have a saloon style door or a curtain for privacy. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The interviews with the transgender inmates indicated that five of the six stated they are able to shower separately.

115.42 (g): P5324.12, page 33 states that inmates are not placed in one dorm, unit or facility based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that LGBTI inmates are not placed in one specific dorm, unit or facility. Interviews with ten LGBTI inmates indicated that nine did not feel they were placed in any specific dorm, unit or facility based on their sexual preference and/or gender identity.

Based on a review of the PAQ, P5324.12, TAL5290.14H, a list of inmates at risk of sexual abusiveness and sexual victimization, a review of inmate housing assignments, a review of transgender and intersex inmate assessments, the training memo, the training sign-in sheets and information from interviews with the PC, the PREA Compliance Manager, staff responsible for conducting risk screenings and the LGBTI inmates, indicates that this standard appears to be compliant.

**Standard 115.43: Protective Custody**

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No

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

115.43 (e)

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

Auditor Overall Compliance Determination
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. Inmates at High Risk of Victimization Housing Assignments

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

**Site Review Observations:**
1. Observations in the Special Housing Unit

**Findings (By Provision):**

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

115.43 (b): P5324.12, page 34, indicates that if an inmate was placed in segregation that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The policy indicates that the Chief of Correctional Services (Captain) is responsible for documenting any such limitations, duration and rationale. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would have access to programs, privileges, education and work opportunities to the extent possible as they are not placed in segregation for punishment. The staff member stated any limitations would be documented. During the tour the auditor did not identify any inmates at risk of victimization that were placed in the segregated housing unit.

115.43 (c): P5324.12, page 34, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The policy indicates that the Warden would review, complete and sign BP-A1002 form and place a copy in the inmate’s central file. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. She stated the length of time would depend on what was involved...
but that they are usually able to move the inmate to a different housing unit or another facility within a short period of time. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) would be arranged. The staff member stated that the inmate would remain in segregation for no more than two weeks.

115.43 (d): P5324.12, pages 34-35, indicates that if an involuntary segregated housing assignment is made that the facility will clearly document the basis for the concern for the inmate’s safety and the reasons that no alternatives means of separation can be arranged. Additionally, policy indicates that the inmate will receive mental health services at least every 30 days. The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

115.43 (e): P5324.12, page 35 and the PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, policy indicates that inmates would be reviewed weekly at the Special Housing Unit Meeting. The interviews with the staff who supervise inmates in segregated housing indicated that inmates would be reviewed at least every 30 days for their continued placement in segregation.

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

**REPORTING**

**Standard 115.51: Inmate reporting**

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
Does that private entity or office allow the inmate to remain anonymous upon request?  
☒ Yes ☐ No

Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes)  
☐ Yes ☐ No  ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. P3420.11
4. Memo from Facility Warden
5. Sexually Abusive Behavior Prevention and Intervention Program
6. PREA Posters

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

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

Findings (By Provision):

115.51 (a): P5324.12, page 35, indicates that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual
abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the Sexually Abusive Behavior Prevention and Intervention inmate education and PREA signage, indicated that there are multiple ways for inmates to report. These methods include: to any employee, contractor or volunteer; via a “drop-note” or other written communication; via a grievance (administrative remedy); to the OIG either via the inmate’s personal email or via a written letter. Additionally, inmate can report via third party. The third party can call, write or email. They are also able to voice a concern on the agency website at: https://www.bop.gov/inmates/concerns.jsp. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with 34 inmates confirm that all 34 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would tell a staff member, do it through the computer (copout or email) or via phone. Interviews with thirteen random staff confirm that they all take allegations seriously and that inmates have multiple ways (verbal, written, electronic, anonymous and third party) to report sexual abuse and sexual harassment.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. P5324.12, page 35, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the OIG via their personal email or via a written letter. Additionally, third parties can contact the OIG on behalf of the inmate. The auditor sent a letter from a BOP facility to the OIG address located on the PREA posters in order to test the outside reporting mechanism. The auditor was forwarded information from the Management Analyst confirming the letter was received by the OIG. All inmates also have access to the computer system. Inmates can send a confidential email directly to the Office of the Inspector General. The auditor had an inmate send an email to the OIG while on-site at a BOP facility to test the second OIG contact method. The auditor was forwarded a copy of the email from the facility investigator after it was forwarded to him from the OIG. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units, including the OIG information. The interview with the PCM indicated that inmates can report to the number posted in the units or they can call their family. She stated that the facility has a relationship with Refuge House and they would notify them if any inmates reported. Further communication with the PREA Management Analyst indicated that the number is not the outside reporting mechanism and that the number is for victim advocacy services only. The outside reporting mechanism is the OIG. Interviews with 34 inmates indicated that none were aware of the outside reporting entity, however this information is posted throughout the unit, found in the inmate handbook and is on the inmate computer system (TRULINCS). Inmate are not detained solely for immigration purposes and as such this part of the provision does not apply.

115.51 (c): P5324.12, page 35, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. Interviews with 34 inmates indicate that all 34 knew you could verbally report to a staff member and 29 were aware that they could report through a third party. Interviews with thirteen staff indicate that they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to the Operations Lieutenant.

115.51 (d): P5324.12, pages 35-36, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ and policy indicates staff can privately report to the Office of the Inspector General, Office of Internal Affairs or any supervisory staff. Additionally, staff are informed of the way to report via BOP PREA Notices and via P3420.11. Interviews with thirteen staff confirm that twelve were aware that they could privately report sexual abuse and sexual harassment of an inmate. Most staff stated they would notify SIS or Executive Staff.
Based on a review of the PAQ, P5324.12, P3420.11, the Sexually Abusive Behavior Prevention and Intervention Program, the Memo from the Warden, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

**Recommendation**

While inmates are informed of the outside reporting mechanism via the inmate handbook, during the Sexually Abusive Prevention and Intervention portion of A&O and through signage posted throughout the facility the auditor highly recommends that the information be emphasized during A&O and during program reviews. During inmate interviews, there were not any inmates that indicated they were aware that the OIG was the outside reporting entity. Additionally, the PCM was not familiar with the correct outside reporting entity.

**Standard 115.52: Exhaustion of administrative remedies**

**115.52 (a)**

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

**115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  ☒ Yes  □ No  □ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  ☒ Yes  □ No  □ NA

**115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  ☒ Yes  □ No  □ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  ☒ Yes  □ No  □ NA

**115.52 (d)**
- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

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

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes □ No □ NA

Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes □ No □ NA

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes □ No □ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes □ No □ NA

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P1330.18
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Grievance Log and Sample Grievances

**Interviews:**
1. Inmates who Reported Sexual Abuse

**Findings (By Provision):**

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

**115.52 (b):** P1330.18 describes the grievance process for allegations of sexual abuse and sexual harassment. Specially, page 4 indicates that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Page 4 also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Sexually Abusive Behavior Prevention and Intervention education indicated that page 3 discusses administrative remedy procedures. The PAQ indicated that...
the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process.

115.52 (c): P1330.18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Pages 6 and 14 specifically state that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the Sexually Abusive Behavior Prevention and Intervention education indicated that page 3 discusses administrative remedy procedures.

115.52 (d): P1330.18, page 14, section d, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance long indicated there were two staff misconduct grievances. The auditor reviewed these grievances and confirmed they were not related to sexual abuse. The interview with the inmate who reported sexual abuse indicated she did not report via a grievance. She stated she believe she would be informed of the outcome; however her case was still open.

115.52 (e): P1330.18, page 14, section e, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. A review of the grievance long indicated there were two staff misconduct grievances. The auditor reviewed these grievances and confirmed they were not related to sexual abuse.

115.52 (f): P1330.18, page 14, section f, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance long indicated there were two staff misconduct grievances. The auditor reviewed these grievances and confirmed they were not related to sexual abuse.

115.52 (g): P1330.18, page 16, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.
Based on a review of the PAQ, P1330.18, the Sexually Abusive Behavior Prevention and Intervention education, the grievance log, sample grievances and the interview with the inmate who reported sexual abuse, this standard appears to be compliant.

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

**115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

**115.53 (b)**

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

**115.53 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

☐ Does Not Meet Standard (*Requires Corrective Action*)
Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
5. Memorandum of Understanding (MOU) with Refuge House

Corrective Action Documents During Interim Report Period:

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

Site Review Observations:
1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): P5324.12, page 36 indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. The inmate handbook, page 36 indicates that inmates can contact the Refuge House by writing a letter to P.O. Box 20910, Tallahassee, FL 32316. Additionally the Sexually Abusive Behavior Prevention and Intervention Program explains that an MOU may exist and that a phone number and other contact information can be obtained through Psychological Services. During the tour the auditor observed that advocacy information past posted in the housing units next to the phones. Additionally, the auditor tested the advocacy number during the on-site portion of the audit. Prior to the auditor reaching the Refuge House staff member an automated message stated that the call was free and recorded. The auditor spoke to the Refuge House staff and confirmed that services were available to the inmate at the facility via the phone line that was called. Interviews with 34 inmates indicated that nineteen were familiar with outside advocacy information. Most inmates indicated they believed that any contact with these services would be confidential. The interview with the inmate who reported sexual abuse indicated that she did not receive any mailing addresses or phone numbers for rape crisis centers after she reported her allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The interview with the Assistant Director of Refuge House stated that they currently provide services to the facility through a Memorandum of Understanding (MOU) which was executed in 2018 and expires in 2022. She indicated that they provide inmate services through a hotline, a mailing addressing, forensic examination accompanied, groups and individual sessions. The Assistant Director stated she has a point of contact at the facility and that prior to COVID-19 they were providing services. She stated she did not have any concerns about the facility’s PREA compliance nor did she have any concerns related to communication with inmates. Inmate are not detained solely for immigration purposes and as such this part of the provision does not apply.

115.53 (b): P5324.12, page 36, indicates that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentially. Policy indicates that confidential is not the same as privileged communication and as such communication is monitored consistent with security practices. During the
tour the auditor observed that advocacy information was posted in housing units next to the phone. The information indicated that the number was for victim advocacy and was not the outside reporting mechanism, however there was not any information related to limits of confidentiality. A review of the inmate handbook indicated that there was not information related to the level of confidentiality with the Refuge House. Interviews with 34 inmates indicated that nineteen were familiar with outside advocacy information. Most inmates indicated they believed that any contact with these services would be confidential. The interview with the inmate who reported sexual abuse indicated that she did not receive any mailing addresses or phone numbers for rape crisis centers after she reported her allegation. The auditor identified that while the local rape crisis center information was posted throughout the facility and over half of the inmates interviewed were aware of the victim advocacy services, there was not information related to how to specifically contact the organization (the phone number is not accessible through the inmate phones, inmates have to contact Unit Team or Psychology Services to call the number) and the level the confidentiality of the communication. As such the facility provided the auditor with the updated inmate handbook related to the local rape crisis center information, how to contact them and the extent that the communication would be monitored. The updated information stated FCI Tallahassee, Florida, has established a partnership with a rape crisis center. Any inmate who is a victim of a sexually abusive behavior may contact the Refuge House. Their toll free hotline phone number is 850-681-2111. Calls made to this number are recorded. Contact your unit team to make a confidential phone call.

115.53 (c): The PAQ stated that the agency or facility does not maintain a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. A review of documentation confirms that the facility has an MOU with the Refuge House. This organization is the local rape crisis center for the area. The MOU was signed on April 9, 2019. The facility maintains copies of the MOU.

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, the MOU with Refuge House, the inmate handbook and interviews with random inmates, inmates who reported sexual abuse and the staff member from Refuge House, this standard appears to require corrective action. While the facility updated the handbook to include information on how to contact the rape crisis center and the level of confidentiality related to the communication, the current inmate population was not informed of this information. As such, provision (b) requires corrective action.

**Corrective Action**

The facility will need to educate all current inmates on the way to contact the rape crisis center and the level of confidentiality related to the communication. Additionally, they will need to ensure that information is provided to all future inmates via the inmate handbook, posted signage in housing units and verbally through the comprehensive PREA education.

**Verification of Corrective Action since the Interim Audit Report**

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

**Additional Documents:**

3. Memorandum from the Warden

After the issuance of the Interim Audit Report, the auditor and the facility discussed the corrective action related to provision (b) under this standard. The auditor spoke to the Management Analyst via phone and email for updates regarding the implementation of the corrective action. On May 13, 2021 the auditor
received a memorandum from the Warden that indicated that the inmate handbook contains information on how to contact Refuge House (the local rape crisis center) and the national sexual assault hotline and that the information is posted in the inmate housing units. Additionally, the memo stated that inmates are made aware of the level of confidentiality through the admission and orientation process. Based on the updated inmate handbooks and the memo from the Warden this standard appears to be corrected and as such compliant.

**Standard 115.54: Third-party reporting**

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire

**Findings (By Provision):**

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency’s website confirms that third parties can report on behalf of an inmate via the “voice your inmate concern” form located at [https://www.bop.gov/inmates/concerns.jsp](https://www.bop.gov/inmates/concerns.jsp). Additionally, the website states that third parties can report incidents of sexual abuse by sending information to the National PREA Coordinator (for inmate-on-inmate) or the Office of Internal Affairs (for staff-on-inmate). Addresses are included on the website for both of these offices.

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

**Auditor Overall Compliance Determination**

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

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

Findings (By Provision):

115.61 (a): P5324.12, pages 37-38, outline the staff and agency reporting duties. Specifically, it requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the Operations Lieutenant. Staff are required to provide a written follow-up memo to the Lieutenant. The Lieutenant is then required to notify the PREA Compliance Manager. The allegation is then entered into the Bureau’s intelligence database. The PAQ along with interviews with thirteen staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment to their supervisor. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): P5324.12, page 38, describes that information is on a need to know basis and that information is only utilized for the inmate’s welfare and the investigation of the incident. The PAQ along interviews with thirteen staff confirm that they take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment to their supervisor.

115.61 (c): P5324.12, page 38, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of their limitations of confidentiality and their duty to report.

115.61 (d): P5324.12, page 38, indicates that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Warden indicated that if this were to occur that they would report to the appropriate or local agencies under mandatory reporting laws.

115.61 (e): P5324.12, page 38, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the facility’s designated investigators. The PAQ along with the interview with the Warden confirmed that all allegations are reported to the facility investigator. A review of investigative reports indicate that all allegations are reported initially to SIS and then forwards to OIA, OIG or the FBI as required by policy.
Based on a review of the PAQ, P5324.12, investigative report and interviews with random staff, medical, mental health, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

**Standard 115.62: Agency protection duties**

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. P5324.12

**Interviews:**

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

**Findings (By Provision):**

**115.62 (a):** P5324.12, pages 38-39, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The policy indicates that the Operations Lieutenant will be notified and he/she will take immediate action to safeguard the inmate. This may include monitoring the situation, changes in housing assignments, changes in work assignments, placing the alleged victim and perpetrator in special housing, reassignment of staff member to another post or removal of the staff member from the facility. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency Head indicated that any inmate at risk would be immediately safeguarded from the potential danger. He stated that actions would vary depending on the severity of the threat. If the possible threat is by another inmate, the inmate may have a change in housing assignment, work assignment, or possibly placement in the SHU. If the possible threat is from a staff member, other options exist in addition to changing the staff member’s work assignment or removal from the facility while the investigation is conducted. The Warden indicated any inmate at imminent risk would be safeguarded and if the alleged perpetrator is known that he would be placed in the SHU. Interviews with thirteen staff confirmed that all would remove the inmate from the situation and contact the Operations Lieutenant.
Based on a review of the PAQ, P5324.12 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

### Standard 115.63: Reporting to other confinement facilities

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

### Auditor Overall Compliance Determination

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

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

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

### Documents:

1. Pre-Audit Questionnaire
2. P5324.12
3. Notification Memorandums/Letters
4. Investigative Reports

### Interim Report Period Corrective Action Documents:

1. Documentation of Dates of Reported Allegations (Incident Memo, Risk Screening Form and Mental Health Form)

### Interviews:

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

### Findings (By Provision):
115.63 (a): P5324.12, pages 39-40, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the appropriate staff (Warden/Office of Internal Affairs) within the agency or the appropriate office if it is outside of the agency. The PAQ indicated that during the previous twelve months, the facility had seven inmates report that they were abused while confined at another facility. A review of documentation indicated that there were only three allegations reported at FCI Tallahassee related to abuse that occurred in another confinement facility. All three were reported to the appropriate BOP Warden. It should be noted that the facility initially reported seven as they received a letter from a member of Congress with allegations related to several BOP inmates across several facilities. The facility counted these allegations under this standard. Only one inmate was housed at FCI Tallahassee and as such one would fall under provision (d) of this standard and the rest would not be applicable under this standard.

115.63 (b): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation. The PAQ indicated that during the previous twelve months, the facility had seven inmates report that they were abused while confined at another facility. A review of documentation indicated that there were only three allegations reported at FCI Tallahassee related to abuse that occurred in another confinement facility. All three were reported to the appropriate BOP Warden, however the documentation the auditor was provided did not have the date it was reported at the facility, only the date the notification was sent. On April 29, 2021 the auditor was provided follow-up information for this provision. Documentation confirmed that all three allegations were provided to the appropriate BOP Warden within 72 hours.

115.63 (c): P5324.12, page 40, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the required notification will be documented. The PAQ indicated that during the previous twelve months, the facility had seven inmates report that they were abused while confined at another facility. A review of documentation indicated that there were only three allegations reported at FCI Tallahassee related to abuse and that all three were provided via memorandum or letter to the Warden of the facility where the allegation occurred.

115.63 (d): P5324.12, page 40, indicates that the facility head or agency head that receives notification that an inmate alleges they were sexually abuse shall ensure that the allegation is investigated in accordance with these standards. The PAQ indicated that during the previous twelve months, the facility received one allegation from another facility that an inmate reported to them that she was sexually abused while housed at FCI Tallahassee. A review of investigative reports indicated one allegation was forwarded from FCC Coleman to FCI Tallahassee and was investigated by facility staff. Additionally, after review it was determined that the facility initially reported that there were seven allegations under provision (a) of this standard. A review of information determined that a letter from a member of Congress with allegations related to several BOP inmates across several facilities was forwarded to the facility. Only one inmate was housed at FCI Tallahassee and as such fell under this provision, indicating there were actually two allegations reported related to inmates that were abused at FCI Tallahassee. A review of the investigative reports revealed the allegation provided by the member of Congress had a current open investigation.
Based on a review of the PAQ, P5324.12, notification memos/letters, documentation with reported dates, a review of investigations and interviews with the Agency Head and Warden, this standard appears to be compliant.

Standard 115.64: Staff first responder duties

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
  ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  
  ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  
  ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  
  ☒ Yes ☐ No

### 115.64 (b)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
### Interviews:

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

### Findings (By Provision):

**115.64 (a).** P5324.12, page 40, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there was one allegation of sexual abuse and it required the separation of the alleged victim and abuser. The PAQ stated that it did not occur within a timeframe for evidence collection. A review of investigations indicated there were actually six allegations reported, three that had a closed investigation. Of the six, two involved the separation of the inmates through a housing change and the staff-on-inmate allegations were not applicable as the staff member was no longer working at the facility. None of the allegations occurred within a time period to collect any physical evidence.

The interviews with the thirteen random staff indicated that staff would separate the inmate, contact the Operations Lieutenant and preserve the crime scene. Four of the staff indicated that they would not allow the inmates to shower, use the restroom, change their clothes or take actions to destroy any evidence. The interview with the first responder confirmed that staff would isolate the inmate through safeguarding, contact the Lieutenant, save any evidence by not allowing the inmate to brush their teeth, wash, etc. Staff stated he would treat the area as a crime scene and call medical for an examination.

**115.64 (b):** P5324.12, page 40, describe staff first responder duties. Specifically, it requires if the first responder is not a security staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Additionally, policy indicates that the first responder must preserve the crime scene for SIS. The PAQ indicated that during the previous twelve months, there was one allegation of sexual abuse and it did not involve a non-security staff first responder. The interviews with the thirteen random staff indicated that staff would separate the inmate, contact the Operations Lieutenant and preserve the crime scene. Four of the staff indicated that they would not allow the inmates to shower, use the restroom, change their clothes or take actions to destroy any evidence. The interview with the first responder confirmed that staff would isolate the inmate through safeguarding, contact the Lieutenant, save any evidence by not allowing the inmate to brush their teeth, wash, etc. Staff stated he would treat the area as a crime scene and call medical for an examination. A review of investigations indicated that none involved a non-custody staff first responder.

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

### Standard 115.65: Coordinated response

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. TAL 5324.12B

**Interviews:**
1. Interview with the Warden

**Findings (By Provision):**

115.65 (a): The PAQ as well as P5324.12, page 40, indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of TAL 5324.12B showed that all areas are accounted for in the plan. Sections include actions and responsibilities required for each area. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, P5324.12, TAL 5324.12B and the interview with the Warden, this standard appears to be compliant.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. Council of Prison Locals – American Federation of Government Employees Master Agreement

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

**Findings (By Provision):**

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

115.66 (b): The PAQ indicated that the agency has entered into or renewed a collective bargaining agreement since August 20, 2012. Page 70 of the Master Agreement indicates that the employer may reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter.

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

**Standard 115.67: Agency protection against retaliation**

115.67 (a)

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

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

### 115.67 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No
115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports
4. Monitoring Documents

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

Findings (By Provision):

115.67 (a): P5324.12, pages 42-43, outline the agency’s method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager is responsible for monitoring for retaliation.

115.67 (b): P5324.12, page 42, addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or transfers for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head indicated that the PCM would monitor the inmate and monitoring would include housing and cell assignments, work assignments, programming changes and disciplinary action. The Agency Head indicated for staff it could include reassignment of work posts, performance evaluations and shift changes. The Warden stated that monitoring is part of the after action review. She stated that they monitor
for 90 days through following up with programming and communicating with the individual. She also stated that they would provide the inmate victim counseling, change their housing assignment, transfer to another facility or reassign a staff member, if necessary. The interview with staff responsible for monitoring indicated inmates would be monitored and the allegation would be reported to the OIG. Staff stated that they would protect an inmate by removing the threat either by reassigning staff or changing an inmate’s housing assignment. She indicated she would monitor for 90 days, typically in 30 day increments. The one inmate who reported sexual abuse stated she felt protected against retaliation because once she reported the information facility staff took care of her and didn’t make her feel like it was her fault.

115.67 (c): P5324.12, page 43, addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that the PREA Compliance Manager is responsible for monitoring. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The interview with the Warden indicated that in the event of retaliation the inmate would be relocated and they would initiate a transfer. It would also be investigated and discipline would ensue if appropriate. The interview with the staff member responsible for monitoring retaliation indicated that she monitors living quarters changes, work assignments, disciplinary records and overall well-being of the inmate. She stated she would monitor the inmate for 90 days and would continue to monitor for however long it was needed. A review of investigative reports indicated that one allegation was anonymous and did not have a victim and a second allegation was reported at another facility and as such monitoring was not applicable. The third allegation included monitoring for only 60 days, as the inmate was released from prison after the second review.

115.67 (d): P5324.12, page 43, states that the facility will monitor the inmate and such monitoring includes periodic status checks. The interview with the staff member responsible for monitoring retaliation indicated that she monitors living quarters changes, work assignments, disciplinary records and overall well-being of the inmate. She stated she would monitor the inmate for 90 days and would continue to monitor for however long it is needed. A review of investigative reports indicated that one allegation was anonymous and did not have a victim and a second allegation was reported at another facility and as such monitoring was not applicable. The third allegation included monitoring for only 60 days, as the inmate was released from prison after the second review.

115.67 (e): P5324.12, page 43, states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head indicated that if an inmate or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation. The Warden stated that monitoring is part of the after action review and would be conducted on anyone who cooperates with an investigation who fears retaliation. She stated that the monitoring would occur for 90 days through following up with programming and communicating with the individual. She also stated that they would provide the inmate victim counseling, change their housing assignment, transfer to another facility or reassign a staff member, if necessary.

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

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. BP-A1002: Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegations Form

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

**Site Review Observations:**
1. Observations of the Special Housing Unit

**Findings (By Provision):**

**115.68 (a):** P5324.12, page 43, indicates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse will be subject to the requirements of 115.43. Pages 33-34 of P5324.12 reference the requirements under 115.43 in policy. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of housing documents for the six inmate who reported sexual abuse indicated that none were placed in segregated housing. The interview with the Warden indicated that the agency has a policy that prohibits placing inmate victims of sexual abuse in segregated housing unless there is an assessment made and there are no other available alternatives to separate the inmate victim from the abuser. The Warden stated that inmates who allege sexual abuse are not placed in involuntary segregated housing unless there is no other alternative housing available at the facility. The Warden stated that the length of time for involuntary segregation would depend on what is involved. She stated that they would typically place the inmate in another housing unit or transfer them to another facility. The interview with the staff
who supervise inmates in segregated housing indicated that inmate victims who were involuntarily segregated would have access to programs, privileges and work opportunities to the extent possible as they are not in segregation for punishment. He indicated any limitations would be documented. The staff member stated inmate victims would only be placed in segregation until an alternative means of separation could be arranged and that they would typically not be back there longer than two weeks. He confirmed that if they were back there longer than 30 days they would be reviewed for continued placement.

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Prison Rape Elimination Act Investigation Policy Memorandum
4. Memorandum of Understanding with the Federal Bureau of Investigation (FBI)
5. Letter from FBI on PREA Compliance
6. Investigative Reports

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

Findings (By Provision):

115.71 (a): P5324.12, page 43, states when an agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations. The policy indicated that when it is an inmate-on-inmate allegation that the Special Investigative Services (SIS) is contacted and for an allegation that is staff-on-inmate the OIA, OIG, and when appropriate, FBI are contacted. There were six allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, three of which were closed. A review of the three investigations confirmed that all of the allegations were forwarded to SIS for investigation. All three investigations were completed within 30 days and were thorough and objective. The interview with the investigator confirmed that an investigation would be initiated immediately and that allegations are investigated the same whether they are reported anonymously or through a third party.

115.71 (b): P5324.12, page 28, and the PAQ indicates that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through two curriculums: the DOJ/OIG PREA Training or the NIC: Investigating Sexual Abuse in a Confinement Setting. A review of an email from the Administrator of the External Auditing Branch indicated that 113 OIG field agents have completed the DOJ/OIG PREA training. The PAQ indicated 253 facility and agency staff complete investigations. It also indicated that four facility staff had completed the specialized training. A review of documentation indicated that 30 facility staff were documented with the NIC specialized investigator training. The MOU and letter from the FBI indicate that they are compliant with all PREA investigatory standards to include 115.34. The interview with the investigator indicated he
received specialized training during annual refresher training and through the online training system. He stated that the training is extremely thorough and that it covers safeguarding up through housing.

115.71 (c): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that investigators shall gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were six allegations of sexual abuse or sexual harassment reported at the facility for the previous twelve months, three of which were closed. A review of the three investigations confirmed that all included statements and interviews and one involved video monitoring review; however none required physical or DNA evidence collection. The investigator stated that he would initiate an investigation by getting the basic information from staff and interviewing the inmate victim. He stated the whole investigative process would include interviews, evidence collection, a forensic medical examination (if applicable), a review of facts and findings, a threat assessment and building the case file. The investigator indicated he would be responsible for collecting physical evidence, DNA and video evidence.

115.71 (d): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the investigator confirmed indicated that he would consult with Florida Department of Law Enforcement and the FBI and they would be the ones conducting compelled interviews.

115.71 (e): P5324.12, page 44, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual’s status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. He stated that credibility is based off of piecing together the evidence. The inmate who reported sexual abuse indicated she was not required to take a polygraph or truth telling device test.

115.71 (f): P5324.12, pages 44-45, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Additionally, the policy indicates that the investigation should also include information as to whether other factors such as physical layout, staffing patterns and institutional operations contributed to the abuse. Three administrative investigations were completed in the previous twelve months. A review of the investigations confirmed that all were documented in a written report with investigatory facts and findings. The interview with investigative staff confirmed that administrative investigations would be documented in written reports and include a summary of the allegation, all the investigative steps and a conclusion. He stated that he would review everything to confirm that staff did everything they were supposed to with regard to the allegation.

115.71 (g): P5324.12, page 45, indicates that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There had been no criminal investigations completed related to sexual abuse within the previous twelve months. The interview with investigative staff confirmed that criminal investigations would be documented in written reports through the FBI or OIG and that their reports would contain similar elements as an administrative report.
115.71 (h): P5324.12, page 45 and the PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have been two allegations referred for prosecution since the last PREA audit. A review of documentation indicated that there have been three staff-on-inmate investigations (all still open) that are part of a lawsuit. Additionally, a prior allegation from 2019 was referred for prosecution. The interview with the investigator confirmed when there is an allegation they refer all information to the OIG and/or FBI to decide if they want to investigate it criminally or refer it down to facility to investigate in-house.

115.71 (i): P5324.12, page 45 and the PAQ describes that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): P5324.12, page 45, indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency’s custody.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The Office of the Inspector General and the Federal Bureau of Investigation are responsible for conducting criminal sexual abuse investigations at all BOP facilities. The MOU as well as the letter from the FBI indicate that they are compliant with all PREA investigatory standards. The PREA Coordinator stated that if the OIG is conducting the investigation, they provide updates to the institution; at the conclusion of their investigation, they inform OIA of the outcome. The Warden stated that the outside agency will communicate with the SIA and that she meets with the SIA weekly to go over cases. The PCM stated that they remain informed through communication with the SIA and Warden. The investigator stated he serves as a liaison and does whatever they need him to do, such as escort, facilitate interviews or help with paperwork.

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

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Investigative Reports

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

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

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

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Sexually Abusive Behavior Prevention and Intervention Program
4. Investigative Reports
5. Notification Memos

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

Findings (By Provision):

115.73 (a): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The policy indicates that the Special Investigative Services Lieutenant is responsible for all notification under this standard. The PAQ indicated that there was one investigation completed within the previous twelve months. Upon further review it was determined that there were six allegations in the previous twelve months, three of which were completed. Of the three closed investigations, two included victim notifications. The third allegation was anonymous and did not involve a named inmate victim. It should be noted that one of the two notifications was not completed timely as the inmate was housed at another BOP facility when she made the allegation. The investigation was completed but there was a lapse in time from when the notification was forwarded to the inmate’s current facility. The documents reviewed indicated that inmates are verbally notified of the outcome of their investigation and that they sign the document indicating they were informed of the outcome. The interviews with the Warden and the investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interview with the inmate who reported abuse indicated that she believed she would be notified and that her investigation is still open.

115.73 (b): P5324.12, page 46 and the PAQ indicate that if the agency does not conduct the investigation, that it shall request the relevant information from the investigating agency in order to inform the inmate. The OIG and FBI are responsible for criminal sexual abuse investigations. These agencies provide relevant information to the facility in order to inform inmates about the outcome of their investigations. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of information confirmed that there were three criminal investigations, however all three were still open during the on-site portion of the audit and as such no notifications under this provision were required.

115.73 (c): P5324.12, page 46 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The policy further indicates that these notifications may not be appropriate in all cases and that all notifications are made in accordance with the Freedom of Information Act/Privacy Act. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of the investigations indicated there were three open staff investigations and one closed investigation which did not required notification as the staff member resigned prior to the allegations being made.

115.73 (d): P5324.12, page 45 and the Sexually Abusive Behavior Prevention and Intervention Program, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation by another inmate, the agency will
inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been substantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months. A review of the investigations indicated there were two closed inmate-on-inmate unsubstantiated cases and neither required notification under this provision.

115.73 (e): P5324.12, page 46, indicates that all notifications or attempted notification would be documented and maintained in the investigative file. The PAQ indicated that there was one notification made during the audit period. A review of documents indicated that there were three investigations completed in the previous twelve months. Of the three closed investigations, two included victim notifications. The third allegation was anonymous and did not involve a named inmate victim. It should be noted that one of the two notifications was not completed timely as the inmate was housed at another BOP facility when she made the allegation.

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

Based on a review of the PAQ, P5324.12, the Sexually Abusive Behavior Prevention and Intervention Program, review of investigative files, notification documents and information from interviews with the Warden, the investigator and the inmate who reported sexual abuse, this standard appears to be compliant.

Recommendation:

The auditor highly recommends that it is discussed with investigative staff that timely requirement of investigative outcome notifications. While the inmate was not housed at the facility when the investigation was closed, she was still in BOP custody and as such notifications should still be timely.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Investigative Reports
5. Staff Disciplinary Documents

Findings (By Provision):

115.76 (a): P3420.11, pages 6-7 and P5324.12, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): P3420.11, pages 6-7 and P5324.12, indicate that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies and was terminated for violating these policies. Further information provided by the facility indicated that the staff member was not an employee at FCI Tallahassee, but rather a temporary reassignment from another BOP facility. The staff member engaged in misconduct at FCI Tallahassee and as such was terminated by his originating facility from employment within BOP. A review of documentation confirmed that there was a 2019 substantiated allegation where the staff member was terminated for violating the sexual abuse policies.

115.76 (c): P5324.12 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency’s sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff that were disciplined short of termination for violating the sexual abuse and sexual harassment policies.
115.76 (d): P5324.12 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies and was reported to law enforcement or relevant licensing bodies. Further information provided by the facility indicated that the staff member was not an employee at FCI Tallahassee, but rather a temporary reassignment from another BOP facility. The staff member engaged in misconduct at FCI Tallahassee and as such was terminated by his originating facility from employment within BOP. A review of documentation confirmed that there was a 2019 substantiated allegation where the staff member was terminated for violating the sexual abuse policies.

Based on a review of the PAQ, P3420.11, P5324.12, investigative reports and staff disciplinary documents, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P3420.11
3. P5324.12
4. Memorandum Related to Contractor/Volunteer Discipline

Interviews:
1. Interview with the Warden

Findings (By Provision):

115.77 (a): P3420.11, pages 6-7 and P5324.12, describe the process for corrective action for volunteers and contractors. Volunteers and contractors fall under the same category of staff and as such, any violation of sexual abuse or sexual harassment policies may result in up to termination from the facility. The policy states that engaging in this activity is a violation of Title 18, US Code Chapter 109A and that it may result in up to life in prison. Additionally, P5324.12 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ and the memo indicated that there have been no contractors or volunteers who violated the sexual abuse or sexual harassment policies and who have been reported to law enforcement or relevant licensing bodies within the previous twelve months.

115.77 (b): P5324.12 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being prohibited from entering the facility. Additionally she stated that the allegation would be investigated. The Warden stated there have been no violations by contractors or volunteers since she has been at the facility.

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

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. P5270.09
4. P5510.13
5. Memo Related to Inmate Discipline

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

Findings (By Provision):

115.78 (a): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months.
115.78 (b): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates’ disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that they would adhere to the formal disciplinary process and that inmates could lose good time, privileges, etc. She stated they would be referred for criminal prosecution, as appropriate, and that the disciplinary process includes a range of sanctions for each offense related to disciplinary histories.

115.78 (c): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser's mental health would be considered in the disciplinary hearing.

115.78 (d): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of guilt for inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they do not have a sex offender program but they do offer therapy, counseling and other services designed to address and correct underlying issues and that it is voluntary. They indicated that they do not require the inmate to participate as a condition of access to programming and other benefits and that all services are voluntary.

115.78 (e): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ and the memo from the Warden stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying, if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. The policy further states that the maintenance of an effective sexual abuse prevention policy requires inmates to be held responsible for manipulative behavior and making false allegations. As such, false reports will be considered in accordance with the P5270.09 and P5510.13. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): P5324.12, page 48, describes the disciplinary process for inmates. Specifically, it indicates that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it is determined the activity is not coerced.
Based on a review of the PAQ, P5324.12, the memo, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

### MEDICAL AND MENTAL CARE

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

<table>
<thead>
<tr>
<th>115.81 (a)</th>
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<tbody>
<tr>
<td>If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)</td>
<td>☒ Yes ☐ No ☐ NA</td>
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<tr>
<th>115.81 (b)</th>
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<tbody>
<tr>
<td>If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)</td>
<td>☒ Yes ☐ No ☐ NA</td>
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<tr>
<th>115.81 (c)</th>
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<tr>
<td>If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?</td>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.81 (d)</th>
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<tr>
<td>Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?</td>
<td>☒ Yes ☐ No</td>
</tr>
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<th>115.81 (e)</th>
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<tbody>
<tr>
<td>Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard (Requires Corrective Action)

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

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:
1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experienced prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for the 24 inmates identified who disclosed prior sexual victimization revealed that all 24 were seen by mental health within the required fourteen days. Most of the inmates were seen within a few days. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health typically immediately. The interviews with five inmates who disclosed prior victimization indicated that four were offered mental health services. One inmate stated she declined and one inmate stated she requested services but was not seen yet. The other two inmates indicated they saw mental health the same day or next day.

115.81 (b): P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates identified during the risk screening to have previously perpetrated sexual abuse are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior perpetration were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. One inmate was identified with prior sexual abusiveness. A review of documentation indicated the inmate was seen by mental health within the fourteen days. Interviews with staff responsible for the risk screening, indicated that after prior abusiveness is determined, the inmate is offered a follow-up with mental health and is typically seen immediately.
**115.81 (c):** P5324.12, page 49, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow-up with medical or mental health within fourteen days of the screening. P5324.12, pages 29, 30 and 32 indicate the requirements for the risk screening. All inmates who are identified during the risk screening to have experienced prior sexual victimization are referred to Psychology Services. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health staff maintain documents related to compliance with these services. A review of medical and mental health files for the 24 inmates identified who disclosed prior sexual victimization revealed that all 24 were seen by mental health within the required fourteen days. Most of the inmates were seen within a few days. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health typically immediately. The interviews with five inmates who disclosed prior victimization indicated that four were offered mental health services. One inmate stated she declined and one inmate stated she requested services but was not seen yet. The other two inmates indicated they saw mental health the same day or next day.

**115.81 (d):** P5324.12, page 49, states that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical files are maintained electronically and inmate classification files are kept behind locked doors with limited access by staff.

**15.81 (e):** P5324.12, page 50, states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen. The PAQ and the memo from the Warden confirmed that there have been no instances where medical and mental health practitioners required consent from an inmate over eighteen before reporting sexual victimization that did not occur in a correctional setting. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Additionally, they indicated that they do not deal with inmates under eighteen and/or vulnerable adults.

Based on a review of the PAQ, P5324.12, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, the facility appears to exceed this standard. The facility mainly houses adult female inmates. A large majority of the inmates that arrive report prior victimization during the risk screening. Facility staff provide the required mental health follow-up well within the fourteen day requirements. Due to the large volume of required follow-ups required and the facility’s efficiency in seeing the inmates (both prior victims and abusers) within a few days, indicates that they exceed this standard.

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

**115.82 (a)**

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

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

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

Corrective Action Documents During Interim Report Period:
1. Memorandum and Training Documents

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

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

Findings (By Provision):
115.82 (a): P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 50, specifically states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality. A review of documentation indicated that there were six sexual abuse allegations, one of which did not have a named inmate victim. The auditor reviewed documentation for the two closed cases with inmate victims. Both inmates were provided medical and mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement. The interview with the inmate who reported sexual abuse indicate that she was not seen by medical and mental health staff. The auditor determined that the inmate was a victim of one of the open sexual abuse investigations. The inmate reported the sexual abuse allegation against a staff member through SIS. Initially the inmate was named as a witness in an allegation and refused to provide any information to the OIG. The inmate later determined she wanted to speak to the OIG and contacted SIS. During the interview with SIS it was determined that while she was a witness she was also a victim. As such SIS contacted the OIG and provided the information for investigations. While the staff member was no longer employed and the allegation was referred for investigation, the inmate was never referred to medical or mental health for appropriate services. A review of the three other allegations indicated all identified inmate victims were provided medical and/or mental health services and as such medical and mental health services are accessible to inmates. However, based on this unique reporting situation, staff failed to provide the inmate with necessary medical and mental health services. During the on-site portion of the audit the facility staff took immediately action and ensured the inmate was seen by medical and mental health staff. The auditor was provided documentation post audit for standards 115.82 and 115.83, where SIS staff were trained on the appropriate steps to take when they receive an allegation under unique circumstances where they are being directly referred to the OIG and/or FBI. The training covered all the steps for first responders, Psychology Services, Health Services and SIS, including that medical staff will examine the inmate and provide testing, prophylaxis and follow-up services while mental health staff will conduct an assessment for vulnerability and treatment needs. The auditor determined that under normal circumstances inmate victims are provided timely access to medical and mental health care and that the situation uncovered was unique. As such, the auditor determined that standards 115.82 and 115.83 were corrected with appropriate training of SIS staff.

115.82 (b): P5324.12, page 51 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that the Operations Lieutenant would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to a local hospital for a forensic medical examination. The interview with the first responder confirmed that staff would isolate the inmate through safeguarding, contact the Lieutenant, save any evidence by not allowing the inmate to brush their teeth, wash, etc. Staff stated he would treat the area as a crime scene and call medical for an examination. A review of documentation confirmed that both of the inmate victims of the closed sexual abuse investigations were immediately seen by medical staff.

115.82 (c): P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 51 specifically indicates that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services. A review of documentation indicated that there were six sexual abuse allegations, one of which did not have a named inmate victim. The auditor reviewed
documentations for the two closed cases with inmate victims. Both inmates were provided medical and mental health services, however neither involved penetration. Interviews with medical and mental health care staff confirm that inmates receive information and access to emergency contraception and sexually transmitted infection prophylaxis. The interview with the inmate who reported sexual abuse indicate that she was not seen by medical and mental health staff. The auditor determined that the inmate was a victim of one of the open sexual abuse investigations. The inmate reported the sexual abuse allegation against a staff member through SIS. Initially the inmate was named as a witness in an allegation and refused to provide any information to the OIG. The inmate later determined she wanted to speak to the OIG and contacted SIS. During the interview with SIS it was determined that while she was a witness she was also a victim. As such SIS contacted the OIG and provided the information for investigations. While the staff member was no longer employed and the allegation was referred for investigation, the inmate was never referred to medical or mental health for appropriate services. A review of the three other allegations indicated all identified inmate victims were provided medical and/or mental health services and as such medical and mental health services are accessible to inmates. However, based on this unique reporting situation, staff failed to provide the inmate with necessary medical and mental health services. During the on-site portion of the audit the facility staff took immediately action and ensured the inmate was seen by medical and mental health staff and offered the appropriate testing. The auditor was provided documentation post audit for standards 115.82 and 115.83, where SIS staff were trained on the appropriate steps to take when they receive an allegation under unique circumstances where they are being directly referred to the OIG and/or FBI. The training covered all the steps for first responders, Psychology Services, Health Services and SIS, including that medical staff will examine the inmate and provide testing, prophylaxis and follow-up services while mental health staff will conduct an assessment for vulnerability and treatment needs. The auditor determined that under normal circumstances inmate victims are provided timely access to medical and mental health care and that the situation uncovered was unique. As such, the auditor determined that standards 115.82 and 115.83 were corrected with appropriate training of SIS staff.

115.82 (d): P5324.12, pages 50-51, describes inmate’s access to emergency medical and mental health treatment. Page 51 specifically states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, P5324.12, a review of medical and mental health documents, follow-up training documents and information from interviews with medical and mental health care staff, this standard appears to be compliant.

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

115.83 (a)

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

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

**Corrective Action Documents During Interim Report Period:**
1. Memorandum and Training Documents

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

**Site Review Observations:**
1. Observations of Medical Treatment Areas

**Findings (By Provision):**

**115.83 (a):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of an emergency room area, numerous exam rooms and offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality.

**115.83 (b):** P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health staff indicate that they provide services such as crisis intervention, baseline laboratory work, individual mental health treatment, referrals to the Refuge House and other treatment as necessary. A review of documentation indicated that there were six sexual abuse allegations, one of which did not have a named inmate victim. The auditor reviewed documentation for the two closed cases with inmate victims. Both inmates were provided medical and mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement. The interview with the inmate who reported sexual abuse indicate that she was not seen by medical and mental health staff. The auditor determined that the inmate was a victim of one of the open sexual abuse investigations. The inmate reported the sexual abuse allegation against a staff member through SIS. Initially the inmate was named as a witness in an allegation and refused to provide any information to the OIG. The inmate later determined she wanted to speak to the OIG and contacted SIS. During the interview with SIS it was determined that while she was a witness she was also a victim. As such SIS contacted the OIG and provided the information for investigations. While the staff member was no longer employed and the allegation was referred for investigation, the inmate was never referred to medical or mental health for appropriate services. A review of the three other allegations indicated all identified inmate victims were provided medical and/or mental health services and as such medical and mental health services are accessible to inmates. However, based on this unique reporting situation, staff failed to provide the inmate with necessary medical and mental health services. During the on-site portion
of the audit the facility staff took immediately action and ensured the inmate was seen by medical and mental health staff. The auditor was provided documentation post audit for standards 115.82 and 115.83, where SIS staff were trained on the appropriate steps to take when they receive an allegation under unique circumstances where they are being directly referred to the OIG and/or FBI. The training covered all the steps for first responders, Psychology Services, Health Services and SIS, including that medical staff will examine the inmate and provide testing, prophylaxis and follow-up services while mental health staff will conduct an assessment for vulnerability and treatment needs. The auditor determined that under normal circumstances inmate victims are provided timely access to medical and mental health care and that the situation uncovered was unique. As such, the auditor determined that standards 115.82 and 115.83 were corrected with appropriate training of SIS staff.

115.83 (c): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility shall provide victims medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation indicated that inmates have access to medical and mental health care when needed and they provide services consistent with a local doctor’s office. Any severe medical treatment is performed at the local hospital. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it indicates that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests. A review of closed investigative reports indicated that zero involved penetration and as such pregnancy tests were not applicable. The auditor was unable to review the three staff-on-inmate sexual abuse investigation as they were still open, however none of the inmate victims were identified as being pregnant. The interview with the inmate who reported sexual abuse indicated pregnancy was not a concern related to her allegation and as such was not applicable.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. P5324.12, page 52, indicates that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services. A review of closed investigative reports indicated that zero involved penetration and as such pregnancy tests were not applicable. The auditor was unable to review the three staff-on-inmate sexual abuse investigation as they were still open, however none of the inmate victims were identified as being pregnant. The interview with the inmate who reported sexual abuse indicated pregnancy was not a concern related to her allegation and as such was not applicable. Interviews with medical and mental health care staff indicated that if an inmate became pregnant due to sexual abuse while incarcerated she would be offered pregnancy testing and access and information to all lawful pregnancy related services as soon as they become aware of the pregnancy.

115.83 (f): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. A review of documentation indicated that there were six sexual abuse allegations, one of which did not have a named inmate victim. The auditor reviewed documentation for the two closed cases with inmate victims. Both inmates were provided medical and mental health services, however neither involved penetration and as such this provision did not apply. The interview with the inmate who reported sexual abuse indicate that she was not seen by medical and mental health staff. The auditor determined that the inmate was a victim of one of the open sexual abuse
investigations. The inmate reported the sexual abuse allegation against a staff member through SIS. Initially the inmate was named as a witness in an allegation and refused to provide any information to the OIG. The inmate later determined she wanted to speak to the OIG and contacted SIS. During the interview with SIS it was determined that while she was a witness she was also a victim. As such SIS contacted the OIG and provided the information for investigations. While the staff member was no longer employed and the allegation was referred for investigation, the inmate was never referred to medical or mental health for appropriate services. A review of the three other allegations indicated all identified inmate victims were provided medical and/or mental health services and as such medical and mental health services are accessible to inmates. However, based on this unique reporting situation, staff failed to provide the inmate with necessary medical and mental health services. During the on-site portion of the audit the facility staff took immediately action and ensured the inmate was seen by medical and mental health staff. The auditor was provided documentation post audit for standards 115.82 and 115.83, where SIS staff were trained on the appropriate steps to take when they receive an allegation under unique circumstances where they are being directly referred to the OIG and/or FBI. The training covered all the steps for first responders, Psychology Services, Health Services and SIS, including that medical staff will examine the inmate and provide testing, prophylaxis and follow-up services while mental health staff will conduct an assessment for vulnerability and treatment needs. The auditor determined that under normal circumstances inmate victims are provided timely access to medical and mental health care and that the situation uncovered was unique. As such, the auditor determined that standards 115.82 and 115.83 were corrected with appropriate training of SIS staff.

115.83 (g): P5324.12, page 52, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. The inmate who reported sexual abuse indicated she did not see medical or mental health. The facility provided these services while the auditor was on-site (related to issue indicated in numerous provisions above). The inmate was not charged for these services.

115.83 (h): P5324.12, page 52, indicates that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. There was one inmate-on-inmate sexual abuse allegation reported during the previous twelve months, however a victim was not named and the case was unsubstantiated. As such, there were no confirmed inmate-on-inmate abusers who required an evaluation under this provision. Interviews with medical and mental health staff confirm that inmate-on-inmate abusers would be offered a mental health evaluation within 72 hours.

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

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

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

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

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

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

Auditor Overall Compliance Determination

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

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

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

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

Findings (By Provision):

**115.86 (a):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the facility will conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. The PAQ indicated that one review was completed within the previous twelve months. Further review indicated that three investigations were completed within the previous twelve months and all three had a sexual abuse incident review.

**115.86 (b):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ indicated that one review was completed within the previous twelve months. Further review indicated that three investigations were completed within the previous twelve months and two had a sexual abuse incident review completed within 30 days.

**115.86 (c):** P5324.12, pages 52-53, outlines information related to sexual abuse incident reviews. Specifically, page 53 states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health staff. Additionally, policy requires that the Union President or designee be allowed input and the local union representative be authorized to review the recommendations prior to implementation. A review of the three reviews indicated that upper management leadership, the investigator and mental health were included in the reviews. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, mental health staff, medical staff, the investigator and the union representative.

**115.86 (d):** P5324.12, page 53, illustrates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. Policy indicates that Executive Staff review the incident and that the PCM documents the recommendation and forwards them to the Warden for implementation. If the allegation is substantiated a copy of the review is forwarded to the Regional PC. A review of the three reviews indicated that all required components are included in the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements under this provision. The interview with the Warden indicated that they utilize the reviews for...
recommendations and corrective action. They check to see if there is something that they need to change or add, such as monitoring devices. She also indicated they check to see if they need to modify staffing levels, training or if they need to revise policy. The PCM stated she reviews the reports and has not noticed any trends. She stated that she would follow-up on any recommendations from the incident reviews to ensure things were completed.

115.86 (e): P5324.12, page 53, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Policy also states that all recommendation must comply with current collective bargaining agreements. A review of the three incident reviews indicated that a section exists for recommendations and corrective action, however none indicated any recommendations.

Based on a review of the PAQ, P5324.12, a review of the sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

### Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Aggregated Data

Findings (By Provision):

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

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

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

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

115.87 (e): P5324.12, page 55 and the PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the annual report, which includes the aggregated data, indicated that data was reported for all eleven privately operated low security facilities.
115.87 (f): P5324.12, page 55 and the PAQ indicated that the agency provides data from the previous calendar year to the Department of Justice no later than June 30th.

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

**Standard 115.88: Data review for corrective action**

115.88 (a)

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

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

**Auditor Overall Compliance Determination**

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. P5324.12
3. Annual PREA Reports

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

**Findings (By Provision):**

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

**115.88 (b):** P5324.12, page 56 and the PAQ indicated that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicates that reports include aggregated data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action.

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

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

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

115.89 (a)
- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

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

115.89 (c)
- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

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

**Auditor Overall Compliance Determination**

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. P5324.12
3. Annual Reports

Interviews:
1. Interview with the PREA Coordinator

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

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

115.89 (c): P5324.12, page 56 and the PAQ indicated that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): P5324.12, page 56 and the PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,
were audited during the first two years of the current audit cycle? (N/A if this is \textbf{not} the \textit{third} year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

<table>
<thead>
<tr>
<th>115.401 (h)</th>
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<tbody>
<tr>
<td>Did the auditor have access to, and the ability to observe, all areas of the audited facility?</td>
<td>☒ Yes ☐ No</td>
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<th>115.401 (i)</th>
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<tbody>
<tr>
<td>Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?</td>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.401 (m)</th>
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<tr>
<td>Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?</td>
<td>☒ Yes ☐ No</td>
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<th>115.401 (n)</th>
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<tbody>
<tr>
<td>Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Auditor Overall Compliance Determination**

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

**Findings (By Provision):**

\textbf{115.401 (a)}: The facility is part of the Federal Bureau of Prisons. All BOP facilities were audited in the previous three-year audit cycle.

\textbf{115.401 (b)}: The facility is part of the Federal Bureau of Prisons. The BOP has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

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

**Standard 115.403: Audit contents and findings**

\textbf{115.403 (f)}
The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):

115.403 (a): The facility was previously audited on March 20-22, 2018. The final audit report is publicly available via their website:
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.

Kendra Prisk  __________________________  July 6, 2021
Auditor Signature  Date