

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

Interim Final

Date of Interim Audit Report: January 23, 2022 N/A

Date of Final Audit Report: April 4, 2022

Auditor Information

Name: Jennifer L. Feicht Email: jennifer@preaauditing.com

Company Name: PREA Auditors of America

Mailing Address: P.O. Box 1071 City, State, Zip: Cypress, TX 77410

Telephone: (724) 679-7280 Date of Facility Visit: December 7-9, 2021

Agency Information

Name of Agency: Federal Bureau of Prisons

Governing Authority or Parent Agency (If Applicable): United States Department of Justice

Physical Address: 320 First Street NW City, State, Zip: Washington, D.C. 20534

Mailing Address: SAA City, State, Zip: SAA

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information:
https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: M.D. Carvajal, Director

Email: BOP-RSD/PREACoordinator@BOP.GOV Telephone: (202) 616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator

Email: BOP-RSD-PREACoordinator@bop.gov Telephone: (202) 616-2112

<p>PREA Coordinator Reports to: Sonya D. Thompson, Assistant Director, Reentry Services Division</p>	<p>Number of Compliance Managers who report to the PREA Coordinator: 0</p>
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Facility Information

Name of Facility: Federal Correctional Complex (FCC) Terre Haute

Physical Address: USP: 4700 Bureau Road South
FCI/SCP: 4200 Bureau Road North

City, State, Zip: Terre Haute, IN 47802

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

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

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

ACA

NCCHC

CALEA

Other (please name or describe: AAAHC – Health Services)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
None

Warden/Jail Administrator/Sheriff/Director

Name: Acting Complex Warden: Brian Lammer

Email: THX-PREAComplianceMgr@bop.gov

Telephone: 812-244-4400

Facility PREA Compliance Manager

Name: USP: Christine Hilliard FCI & SCP: Jeff Dixon

Email: THX-PREAComplianceMgr@bop.gov

Telephone: 812-244-4400

Facility Health Service Administrator N/A

Name: Shauna Smiledge, Health Service Administrator

Email: THX-PREAComplianceMgr@bop.gov

Telephone: 812-244-4400

Facility Characteristics

Designated Facility Capacity:

2111

Current Population of Facility:

2497

Average daily population for the past 12 months:	2333
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-83
Average length of stay or time under supervision:	605.66 days
Facility security levels/inmate custody levels:	USP: High/In-Maximum-Out --- FCI/SCP: Medium-Medium/Community-In-Out
Number of inmates admitted to facility during the past 12 months:	2593
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2320
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1713
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	738
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	25
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	20
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	49
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	59

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	80 Buildings – 43 Structures
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	32
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	21
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	364
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>0</p>
<p>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.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>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?</p>	<p>253</p>
<p>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</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The Bureau of Prisons (BOP) contracted with PREA Auditors of America (PAOA) to have a PREA audit conducted at Federal Correctional Complex (FCC) Terre Haute located in Terre Haute, IN. This audit was scheduled for three, eight-hour days and conducted on December 7-9, 2021. Two DOJ Certified PREA Auditors were assigned to this complex due to the large number of inmates and the large number of buildings and housing units to view during the onsite portion of the audit.

PREA audit notices were hung throughout all the institutions for over six weeks prior to the beginning of the onsite audit. The staff at the complex hung those notices as required in all housing units, areas where inmates and staff members gather and visiting areas of the complex.

Headquarters staff and PREA staff at the complex completed the pre-audit documentation and provided that information to the contract holder, PAOA. In turn PAOA shared these documents and files through a secure shared drive. Review of this documentation allowed both Auditors to develop questions for the onsite audit visit.

The onsite portion of this audit was conducted at the same time as the American Corrections Association (ACA) audit. The initial meeting included facility staff, the ACA auditors as well as PREA Auditors. The following positions were present at the meeting.

- Acting Complex Warden
- Acting Warden - USP
- Associate Warden – PREA Compliance Manager (PCM) @ USP
- Associate Warden – PREA Compliance Manager (PCM) @ FCI
- Associate Warden - USP
- Acting Associate Warden/Trust Fund Supervisor
- Executive Assistant/Camp Administrator
- Complex Captain
- Deputy Captain
- Clinical Director
- Safety Administrator
- Chief Psychologist
- Health Services Administrator
- SCU/CMU Unit Manager
- Facilities
- General Foreman - Facilities
- Regional PREA Coordinator (joined remotely)
- ACA Auditors (2)
- PREA Auditors (2)

On the first day of the audit, the inmate population count for the USP was 1195, population for the FCI was 1128 and the SCP was 174. This was a total inmate population of 2497. The staff count was 733. Based on the number of inmates at the complex, it was determined based on the PREA Auditor's Handbook, that there would be a minimum of 50 inmate interviews conducted. Of those, twenty-five would be randomly selected and twenty-five would be targeted interviews.

After the initial meeting, both Auditors were provided lists of all inmates and staff members. From those lists, all interviews were chosen. It was determined, based on the population counts of the facilities, that there would be approximately 20 inmate interviews at the USP, 20 inmate interviews at the FCI and 10 inmate interviews at the SCP.

The next phase of the onsite audit was to conduct the tour of the complex and begin interviewing inmates. The lead Auditor began the tour of the complex, starting at the USP. The staff provided a thorough tour and allowed this Auditor to have access to all areas which inmates have access to. The tour began at the USP, moved to the FCI, then SCP and then moved to the outside areas. The tour included visiting the following areas and took approximately 1.5 days to complete.

- All housing units, excluding those used to quarantine for COVID-19
- Receiving and Discharge (R&D) in both the USP and FCI
- Health Services Department in both the USP and FCI
- Facilities Department
- Safety Department
- Laundry
- Commissary
- Education
- Recreation
- Chapel
- Psychology Department
- Food Services in both the USP and FCI
- Visitation
- Maintenance/Recycling
- Powerhouse
- Garage
- National Bus Center

The supporting Auditor began the inmate interviews at the USP at the same time as the tour started. All USP interviews were conducted and then the Auditor moved to the FCI and then to the SCP. Once those interviews were conducted, the secondary Auditor assisted in completing staff interviews. These interviews were all conducted in a private, confidential setting.

After the conclusion of the onsite tour with the lead Auditor, staff interviews were started. These interviews were conducted in a private, confidential setting. Random staff interviews from all shifts were conducted with twelve staff members.

There were seventeen specialized staff members interviewed for different functions required by the audit process. As the BOP only allows for three days onsite, six of the specialized staff interviews were conducted over the phone the following week.

Three contractors were interviewed during the audit, one from each of the facilities. Due to COVID, there have not been volunteers in any of the facilities since approximately March 2020. There were no volunteers interviewed as part of this PREA audit.

Agency level staff members not based at the complex were not interviewed directly. However, in the information provided prior to the audit, questions and answers from those individuals were included with that information for review.

As noted above, there was a minimum of 50 inmate interviews required to be conducted based on the total number of inmates in the complex on the first day of the audit. The initial breakdown was 25

random interviews and 25 targeted interviews with a mixture of inmates that were identified as the following:

- Youthful Inmates
- Inmates with physical disability
- Inmates who are blind, deaf or hard of hearing
- Inmates who are LEP (limited English proficiency)
- Inmates with cognitive disability
- Inmates who identify as lesbian, gay or bisexual
- Inmates who identify as transgender or intersex
- Inmates in segregated housing for high risk of sexual victimization
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening

After reviewing all of the available inmates, on the day of the on-site audits, there were no youthful inmates or those segregated in housing for high risk of sexual victimization.

Also, once the interviews began, some of the random inmates ended up being interviewed based on targeted criteria too because they may not have been flagged upon intake or hadn't disclosed the information prior to meeting with the auditor. In essence, there was a total of 22 random and 28 targeted interviews conducted.

The targeted categories of inmates included the following areas.

- Inmates who are Limited English Proficient (LEP)
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during the risk screening
- Inmates who identified as transgender
- Inmates who are hard of hearing/deaf
- Inmates who have a visual disability
- Inmates with a physical disability
- Inmates with a cognitive disability

An exit meeting was held in the afternoon of the last day of the onsite audit visit. This exit meeting included information on issues and corrections made while this Auditor was onsite, as well as a discussion about the remaining in-person interviews which needed to be conducted. Those interviews would be scheduled through the Executive Assistant and the Regional PREA Coordinator.

Following the onsite audit, the Regional PREA Coordinator did email information requested during the onsite audit to document the correction of items of non-compliance noted during the onsite audit. Those items will be noted within the report in the identified standard it coordinates with.

Facility Characteristics

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

FCC (Federal Correctional Complex) Terre Haute is located in Terre Haute, IN. Terre Haute is located approximately 75 southwest of Indianapolis, IN, the state capital. And it is approximately five miles from the Indiana/Illinois state line.

This complex is very unique in the Bureau of Prisons. The complex is situated on approximately 1,200 acres in Terre Haute, IN. It is comprised of three separate institutions. The United States Penitentiary (USP) is the high security component of the complex. The Federal Correctional Institution (FCI) is the medium security facility. As well as a Satellite Camp (SCP) which is the minimum security component of the complex. FCC Terre Haute also houses the National Bus Center. The is the central transportation hub for the entire United States.

Each of these institutions are physically separate from each other. They are stand-alone facilities on the same property. While these facilities are physically separate, however the staff are assigned to the complex overall and can work at any of the three facilities. Security staff bid for their posts on a quarterly basis and will work that post until the next bid cycle. However, if they work overtime, they can work a post anywhere in the complex.

United States Penitentiary (USP)

The main part of this facility was opened in March 2005. It has a rated capacity of 1,126 with six housing units. It has a total of 719,000 square feet.

One of the housing units is designated for the Special Confinement Unit (SCU). This unit holds inmates who have received a sentence of death from the federal court system. This unit has a rated capacity of 50 inmates, and these are all single cells. In addition to the SCU, there is also a Restrictive Housing Unit (SHU) for individuals for administrative custody, disciplinary custody and protective custody.

Other housing units are designated for specific purposes as well. One of those specialized units is designated as the Challenge Program. This is a modified therapeutic community utilizing groups and other forms of programming. This is program takes approximately nine months for inmates to complete.

Another unit is designated for the Life Connections Program. This is a faith based program and is the only one operating at a high security level facility in the entire bureau. The rest of these units are designated for general population inmates or have been vacated.

Lastly, there is one of the units which is designated as a Level 3 unit. This is designated for both medical and mental health Level 3 Care inmates.

Other areas in the physical plant of the USP include a visitation area, kitchen and dining area, health services, commissary areas, maintenance shops, education areas, vocational training areas, laundry area, chapel, counseling area and recreational areas.

And lastly, the complex has a Federal Prison Industries UNICOR Factory. This is a Cut & Sew Factory which employs 180 inmates. This factory makes inmate uniforms, towels, and washcloths. The factory

also has contracts with the Department of Defense (DoD) to make a variety of items, including uniforms.

Federal Correctional Institution (FCI)

This facility was built in 1940 and formerly as USP Terre Haute. A “fun fact” about this facility is that it was the first penitentiary built without a wall. It is built in a “telephone style” design where all of the 10 housing units open into a long central corridor. This facility has three specialized housing units, the STAGES program unit, RDAP unit and the Communications Management Unit (CMU).

The STAGES Program has a rated capacity of 48 inmates. This is a program that is specifically for behavioral health issues. The RDAP unit houses up to 96 inmates. This is a residential, nine-month program based on a community-centered treatment model. After completion of the program and a 180-day Residential Reentry Center placement, inmates who have a history of non-violence can receive up to a 12-month sentence reduction. And finally, the CMU is a single cell unit for inmates whose communications are all to be monitored. This includes phone calls, mail, verbal communications within the facility, and emails. It also has a small SHU of six cells within the unit.

Physical plant components of the FCI are very similar to the components of the USP. In addition to the ten housing units, the FCI has a visitation area, large recreation yard, kitchen and dining room, health services area, maintenance shops, laundry area, commissary area, educational and vocational areas, a chapel and a UNICOR factory.

Satellite Camp (SCP)

This facility was constructed in 1960 and has a rated capacity of 331. The main building holds the inmate living quarters, dining area and gymnasium. The camp has additional buildings which house areas where these inmates are allowed to go to. Buildings which are next to the main building includes additional housing units, chapel, UNICOR warehouse, education and vocational areas, and the National Bus Center. There are eight housing units at the camp and the multi-man cells hold either two, eight or twelve men in each.

While this is a smaller facility, there are still basic services available to the inmates such as health services, psychology services and religious services. These areas are typically not fully staffed 24/7 but share the service with the FCI. If additional staff are needed at the SCP, then those staff will be brought over to assist.

The camp also operates a dog training program. This is a program where dogs come in when they are approximately three months old and learn basic commands, are house broken and are prepared for the next phase of the training to become assistance dogs.

Additionally, since the inmates at the camp have the ability to work at the National Bus Center, there is also a diesel mechanic vocational program available at the camp.

As noted, all three of these facilities have educational programs which inmates may participate in. These programs include the following:

- General Education Development (GED) Program
- Adult Continuing Education (ACE) Program
- English as a Second Language (ESL) – this program is mandatory for non-English speaking inmates

FCC Terre Haute is a unique correctional complex in the Bureau of Prisons. Due to the unique composition and layout of the complex, there is also a unique administrative staffing structure.

There is a Complex Warden who is responsible for the overall functioning of the entire complex, and all of its facilities, staff and inmates. This Warden also serves as the Warden over the USP which is where his office is located. In addition to the Complex Warden/USP Warden, there are two Associate Wardens at the USP. There is an Associate Warden of Programs, who fulfills the PREA Compliance Manager (PCM) role for the USP and there is an Associate Warden of Operations.

At the FCI, there is a Warden, Associate Warden of Programs, who fulfills the PREA Compliance Manager (PCM) role for the FCI and Camp and there is an Associate Warden of Operations.

The Executive Assistant for the complex also serves as the Camp Administrator.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded:

115.11 – Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The Federal Bureau of Prisons (BOP) has developed operating procedures for compliance with PREA standards. This policy, *PS 5324.12 – Sexually Abusive Behavior Prevention and Intervention Program*, provides guidance for the BOP on the requirements of the Prison Rape Elimination Act (PREA) of 2003 and compliance with the *Prison Rape Elimination Act National Standards*.

This policy contains the agency's zero tolerance policy statement. It is noted as follows.

"The intent of this policy is to ensure that:

- Staff and inmates are informed that this policy implements the Bureau's "zero tolerance" of sexually abusive behavior, and sexual harassment, as defined in this policy;
- Standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities;
- Victims of sexually abusive behavior and sexual harassment receive timely and effective response to their physical, psychological and security needs;
- Allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report; and
- The perpetrators of sexual abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law."

The BOP employs one National PREA Coordinator and six Management Analysts/Regional PREA Coordinators at the agency level. These regional coordinators work with specific facilities to assist with PREA compliance.

As required, each facility at the complex has a PREA Compliance Manager (PCM). The Associate Warden of Operations at the USP serves in this role for the USP. The Associate Warden of Operations for the FCI fulfills this role for the FCI and SCP.

For both of these positions, the role of the PCM is just one of the duties the AW of Operations is responsible for on a daily basis. Other duties include, but are not limited to, overseeing the following departments.

- Food Service
- Employee Development
- Human Resources
- Safety
- Facilities
- Business Office
- Health Services

The Associate Warden of Operations for the USP has been at FCC Terre Haute since January 2021. Just prior to arriving at FCC Terre Haute, she held a regional position. It was clear throughout the onsite audit and during the interview with the AW/PCM that she is very familiar with PREA and PREA policies of the BOP.

The Associate Warden of Operations for the FCI and SCP has been at FCC Terre Haute since January 2021 also. Just prior to taking this position, he was an Associate Warden at FCI Loretto. Both AW/PCM's are well versed in PREA and the PREA policies of the BOP. Throughout the tour of the complex, there was good discussion about PREA and PREA related issues which face the complex and how the staff have handled these issues.

This standard is considered to exceed the standard because of the multi-layered approach the BOP has implemented to oversee PREA compliance at FCC Terre Haute.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The BOP holds contracts with multiple organizations for the housing of inmates. However, the new directive requires that all current contracts with private prison organizations are terminated or not renewed. The agency provided a sample of three contracts with the following private prison companies, The GEO Group, Corrections Corporation of America (now known as CoreCivic) and Management and Training Corporation (MTC).

Each of the contracts provided for review have had the language in the contract updated to include language which requires the facility to abide by all PREA standards.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Institution Supplement (IS) THX – 5502.11C – Institution Duty Officers policy addresses elements of this standard. This policy was updated effective October 2, 2019. It reads as follows.

“VI. Responsibilities

E. The IDO will visit the Special Housing Unit(s) (SHU), Special Confinement Unit (SCU) and the Communication Management Unit (CMU) daily during the tour of duty to observe institution operations, sanitation, and programs. The IDO is to inspect all other housing units and all occupied and unoccupied areas of the institution(s) weekly. This is accomplished by utilizing the Prison Rape Elimination Act (PREA) Rounds form for each institution (Attachments 5-7). The IDO will operate within established policies and procedures.”

Interviews with upper-level staff from all the facilities confirmed they are required to conduct rounds throughout the compound on each shift. Unannounced Institutional Rounds forms were provided to demonstrate the completion of this requirement, as well as viewing those forms during the onsite tour in random areas.

Minutes from the Quarterly Workforce Meetings were provided in the pre-audit information for review. This quarterly meeting discusses the staffing levels for each facility and the complex overall. Additionally, information was provided regarding any changes to the duty rosters. The BOP does not have any issues noted regarding deviations from the work plan. If there is a deviation, the administration will ask for volunteers to pick up overtime (OT). If no one volunteers, then overtime will be mandated to ensure the required coverage.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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FCC Terre Haute does not house any inmates under the age of 18, therefore this standard does not apply.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PREA Standards provide that all inmates have the right to not be viewed by the opposite gender when showering, changing clothes and performing bodily functions. Throughout the tour, attention was paid to places in the complex where there may be physical spaces which are blind spots creating a dangerous space. Those spaces were identified throughout the tour and the discussion was had at that time with the staff on how to correct those areas. Those areas are as follows.

USP:

- Receiving & Discharge (R&D) – In this area, there were three areas which required correction.
 - Holding Cell #1: This area needs a curtain placed so that inmates using the toilet are not visible to the opposite gender staff members in the area.
 - Holding Cell #2: This area needs a curtain placed so that inmates using the toilet are not visible to the opposite gender staff members in the area.
 - Holding Cell #4: This area needs a curtain placed so that inmates using the toilet are not visible to the opposite gender staff members in the area.
 - The facility corrected each of these items by putting up curtains in each of these holding cells. Photographs of each one were taken and sent to this Auditor to demonstrate the correction and compliance with this item.
- Laundry Area – In this area, there are rows of clothing ready for distribution to inmates. There is a blindspot in the third row of this area. A mirror being placed in this area was discussed with the staff members accompanying this Auditor on the facility tour. This correction was agreed upon at that time. --- ***This correction was made before the end of the onsite phase of the audit concluded. This Auditor was able to review this correction and deemed it to be satisfactory. No further action is required for this item.***

FCI:

- CMU Dayroom/Laundry Area – There is a laundry area in the dayroom. There is a small room with a washer which is a blindspot as there is no ability for staff to view in that room from the doorway of the dayroom. A mirror being placed in the area was discussed with

staff members accompanying this Auditor on the facility tour. This correction was agreed upon at that time. And it was subsequently installed. Photographs were sent to this Auditor to demonstrate the installation and compliance with this item.

- G-Unit – There are two items to correct in this area.
 - The urinals in this unit are open to view by any staff that walk into the unit. There must be covers put in front the urinals to allow for privacy from the opposite gender staff. The correction was agreed upon at that time. Covers were installed in front of these urinals. Photographs were taken and sent to this Auditor. This item is now in compliance.
 - G-Unit – At the top of the stairs to the second floor, there is a storage closet. This closet is large enough to have at least two people in the space. During the onsite tour, this closet was left completely open. It is required for the facility to ensure this closet is closed and locked and only opened by a staff member when necessary. The staff members were immediately addressed and closed and locked this door.
- Facilities – In the facilities area, there is an “L-shaped” room. This room has multiple uses; however, it does present a blindspot area in another space that is just as large. In order to correct this issue, it was discussed to put up a mirror to be able to view that area from the doorway into the room. This mirror was installed, and a photograph was taken to demonstrate the installation and compliance with this item. This Auditor concurs with compliance with this issue.
- Carpentry Vocational Area – There is an inmate bathroom in this area in which one of the toilets was not covered to restrict views of the area from opposite gender staff who may be conducting rounds. The group of staff escorting this Auditor on the tour of the facility indicated that it would be possible to either install a curtain or actual door around the toilet to allow for that privacy while performing bodily functions. The staff determined that it would be best to build a wooden stall around this area. It was constructed with a door for privacy. Photographs were taken to show the construction and sent to this Auditor. This item is now in compliance.
- Staff Kitchen/Dining Area – In this area, there is a small storage area down a small hallway and behind a cooler. This area is a blindspot as there is currently no way to view who is in the area and what they are doing. In order to correct this, the staff and this Auditor discusses putting a mirror up that could be seen from the main area and would not allow for someone to be back there without being seen. A mirror was installed in this area and a photograph taken to demonstrate the installation. This photograph was then sent to this Auditor as verification. This item is now in compliance.
- Kitchen Warehouse Area – During the tour, it was observed that inmates were unobserved in the warehouse area of the kitchen. In order to correct these issues, the facility will limit one inmate at a time working in the back warehouse area and one inmate working in the locked butcher shop. The staff will ensure the duress button in the butcher shop is in working order. And the facility will notify staff of the changes taking place and of their new responsibilities. *These corrections have been made as described. The staff were made aware of these changes through email. This information was sent to this Auditor as verification that this was completed.*
- Dish Room – The area where the dishwasher is housed does not allow for a clear view to all sides of this equipment. The staff accompanying this Auditor on the facility tour had discussion with this Auditor that they could try to put a mirror up in the room, however, they are not sure that this will work due to the high condensation level in that room. The staff will work to determine the best solution to this identified issue. Staff did determine that a mirror was the best solution. It was installed and photographs were taken to show installation. These photographs were sent to this Auditor and this item is now in compliance.

- Receiving & Discharge (R&D) – There are two items in this area which will need to be corrected.
 - Holding Cell #4 – There are two windows in this area which allow for a view into the toilet area by anyone passing by those windows. Through discussion with the staff, it was determined that a film would be placed on the windows part way up to allow for privacy while the inmate is using the toilet.
 - Holding Cell #5 - There is one window in this area which allows for a view into the toilet area by anyone passing by that window. Through discussion with the staff, it was determined that a film would be placed on the window part way up to allow for privacy while the inmate is using the toilet.
 - These two items in R&D were corrected during the onsite visit. This Auditor observed this correction directly. No further action is required on these two items.
- Outside Bathroom in Recreation Yard – There are urinals and a toilet in the rec yard for inmates to use while outside. However, there is no cover on the area to allow for privacy while performing a bodily function in the presence of an opposite sex staff member. There were many ways discussed to correct this issue. It was finally determined that the best option would be to build walls around the area to provide for that privacy. This item was corrected during the onsite visit. This Auditor observed this correction directly. No further action is required for this item. The facility did send photographs of this correction to demonstrate compliance with this item.

SCP:

- Housing Unit S08 – The fire exit to this housing unit was not secured and was difficult to close and secure. This door will need to be fixed to ensure it closes and locks.
- Gymnasium – There is a urinal in the gymnasium which is in open view. This urinal needs to have a type of privacy enclosure installed such as a door/wall or curtain.
- Commissary – When walking into the commissary area, some of the merchandise was stacked to prevent being able to see the entire area. It was decided with the staff on the tour with this Auditor that by removing the first two rows of merchandise, this would allow for appropriate viewing. The inmate worker began moving that merchandise while this Auditor was still in the Commissary area.

Interviews with staff and inmates confirmed that cross gender strip searches do not occur at the facility. Inmates who identify as transgender or intersex are provided the opportunity to indicate what gender of staff member, they would prefer to conduct strip searches.

Training curriculum documents were provided for review in the pre-audit information. This training contained information about cross gender searches and searches of transgender and intersex individuals. Through interviews with staff members, it was determined that information on working with transgender or intersex inmates is a recently added topic for the BOP. There are transgender inmates at the facility. At the time of the onsite audit, the number was very small compared to the total number of the population.

During the tour of the facility and through interviews with staff and inmates at the USP, it was determined that the staff was not making the required cross gender announcements when a female staff person enters the housing unit.

The facility does have signs throughout the institution indicating that there are both male and female staff members working at the facility. Even with this reminder, interviews with BOTH inmates and staff indicated that the announcement was not always occurring.

Administration was required to provide direction to all staff regarding the cross gender announcements. This information was provided through email. The email and listing of read receipts was provided to this Auditor as verification.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The BOP and FCC Terre Haute work to provide PREA information to inmates in many formats to ensure that all inmates are able to understand what PREA is and how they can report sexual abuse or sexual harassment at any of the facilities at the complex.

All written materials are provided in both English and Spanish for all inmates. PREA posters were hung in all three facilities in both English and Spanish.

When conducting the required interviews for this facility, the assigned Auditor had the opportunity to interview inmates who did not speak English as their first language. The facility provided that Auditor with the information on how to access the translation line and was able to connect and use it to conduct interviews.

A memo was provided in the pre-audit information regarding the language line. This service is provided by LanguageLine Solutions. This memo provided directions on how to reach the service, hours of operation and the situations which this service is being provided for.

Also, when questioned, staff indicated that they would not use inmate interpreters when it comes to finding information out about issues related to PREA. They indicated they would either find a staff member that spoke the language, or they would utilize the translation line. When asked, most staff believed there are staff at the complex that are bi- or multilingual. While staff were not sure who those staff members were, they did indicate they would contact the shift commander to ask for assistance with locating one should the need arise.

Interviews with staff indicated that if there was an inmate who had an intellectual disability, this inmate would be seen one to one and the information provided verbally by a staff member and questions would be asked to ensure the inmate does understand the information provided.

The complex does have policy directing the actions of staff regarding working with the disabled population. According to THX – 5324.12.C, Page 3,

“The Complex CMC will ensure this information is provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.”

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The BOP requires that all applicants apply for any positions online through www.usajobs.gov. Included in the employment application are the (3) required PREA questions. If any of those questions are answered with a "yes", the system will automatically mark the application as ineligible for employment.

The application also contains a statement that must be acknowledged that the applicant understands that any false information provided could result in termination and/or prosecution.

The complex will run an initial background check on those that are chosen to move forward through the interview/hiring process. The NCIC system is used for this initial background check. If an applicant is selected for employment, their information is then sent to the Office of Internal Affairs (OIA) and then to the Office of Personnel Management (OPM) for an extensive background investigation. This is the point in the process where references are checked and if the applicant has worked at another

correctional facility, this office reaches out to that institution to ask the required questions regarding any incidents of sexual abuse while working at that facility.

PS 3000.03, Chapter 7, Page 9, states the following regarding the frequency of background checks being conducted for all staff members.

“All positions are subject to five-year re-investigations.”

The computer technology utilized by the Human Resource Office tracks the timeline for conducting all subsequent background checks. An email is sent to the staff member, and they are required to complete the e-QIP questionnaire. This completion then puts the staff member in the queue for the background re-investigation to take place.

Contractors and volunteers are also required to have background checks prior to contact with inmates.

During the onsite audit visit, this Auditor randomly selected 10 employee personnel files to review. It is noted by this Auditor that 5-year re-investigations may be ordered for staff members; however, these investigations may not be completed for 12 to 24 months after the process is initiated. All background checks were either up to date currently or were pending for the files chosen.

Additionally, the Standard of Conduct that all employees of the BOP are required to abide by directs staff that they must report any interaction with law enforcement to the administration at the facility within 24 hours of the contact.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The complex has not made any major upgrades, additions, or renovations to the physical plant of the facility in the timeframe reviewed for this audit.

According to interviews with administration, the complex has made upgrades to the electronic surveillance system in the past twelve months. Upgrades have been made to the type of cameras installed in the USP and FCI.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Investigations at the complex are conducted both administratively and criminally, when appropriate. In relation to the operation of the facilities at the complex, there is one SIS Lieutenant who investigates allegations at the USP and another SIS Lieutenant who is assigned to conduct investigations at the FCI and SCP.

If either of the investigators feel the allegation may be of a criminal nature, the information is forwarded to the Federal Bureau of Investigations (FBI), depending on the elements of the allegation, to determine if it will move forward with a criminal investigation.

If there is an allegation of sexual abuse made, the victim will be taken to the medical department for a preliminary, non-invasive examination. The medical department will determine if the inmate goes out to the local hospital for a forensic medical examination.

If medical personnel determine a forensic medical examination is required, the inmate will be taken to Union Hospital Emergency Room in Terre Haute, IN. This facility has trained SAFE/SANE nurses on staff.

In addition, the local rape crisis center will be contacted if the victim would like those services. The Council on Domestic Abuse (CODA) provides services to this area.

In the pre-audit information, the complex provided a memo and MOU between the complex and the Council on Domestic Abuse (CODA) for providing rape crisis services to inmates from FCC Terre Haute. The Memo is dated May 10, 2021.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency ensures that all sexual abuse and sexual harassment cases are investigated administratively and criminally, if applicable to the situation.

During the onsite audit visit, there were thirteen PREA investigation files were reviewed between all three facilities. These files were very thorough and organized. All required information was included in the documentation. The allegations were quickly reported to the SIS departments and promptly investigated.

Processes for investigations are contained in the PS 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, dated June 4, 2015. This is available for public viewing on the BOP website at https://www.bop.gov/policy/progstat/5324_012.pdf

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All employees of the BOP are required to participate in PREA education. There are several levels of training provided. All new employees are required to participate in the two-week Introduction to Correctional Techniques (ICT) training. This training includes PREA information.

Second, all employees are required to participate in Annual Refresher Training (ART). This training includes a variety of topics, one of which is PREA. Typically, this training is an in-person training. However, with COVID-19 restrictions in place, this training was given via computer for most of 2020. Training staff did indicate that they will try to do in person training this year.

All training information is documented via training sign in sheets which are then entered into a software program which tracks all training provided at the complex.

During the onsite audit visit, ten training files were reviewed and found to include the required information for each person. A copy of the training documentation was retained by this Auditor.

Interviews were conducted with staff and three contractors for the facility. At the time of this report, this Auditor has not been able to speak with a volunteer for the facility. However, volunteers have not been able to be in the facility since March 2020 due to COVID-19 restrictions.

All of those interviewed were able to provide information regarding the PREA training they have received. This information included a broad overview of the topics that have been covered in this training. When asked more specific questions regarding content, most staff were able to discuss, with detail, the topics covered.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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According to agency operating procedures and directives, all volunteers and contractors who may have contact with inmates are required to participate in PREA training.

Contractors, such as medical personnel, are required to participate in the same level of training as a staff member since they have as much contact with inmates as regular employees do. They are required to participate in annual in-service training.

All contractors and volunteers are also required to participate in training before they have contact with inmates at the complex.

FCC Terre Haute utilizes a large number of contractors, especially in the medical services department. While at the onsite audit visit, three contractors were interviewed who work in the medical department. Those individuals were able to speak to the training provided by the complex/agency and discuss the topics covered in the training.

All training curriculums were provided to this Auditor in the pre-audit phase for review. These trainings provided all required information under this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency provided the inmate education curriculum for review as part of the pre-audit information. All required elements of the standard are included in the inmate education. Also provided with the pre-audit information was the "Sexually Abusive Behavior – Prevention and Intervention – An Overview for Offenders" material. This was sent in both English and Spanish. This document is dated July 2018.

When inmates arrive at the complex, they are processed in through the R&D department. During this process, inmates are provided an Admission & Orientation (A&O) Booklet/Inmate Handbook. This booklet contains information on PREA such as what it is, what the zero-tolerance policy is and how to report.

Inmates do receive a more comprehensive training on PREA within the first two weeks at the actual A&O training. Each inmate has a sheet with all topics listed on the page. Different staff members from different departments come to the training to provide information on each department and give any relative information about the facility and its operation. During the restrictions of COVID-19, this was sometimes difficult to do with all individuals required to quarantine. During the onsite audit visit, this Auditor randomly selected 15 inmates to view the signed acknowledgement forms. This information was provided electronically to this Auditor.

In addition, during interviews with inmates, questions were asked regarding the education they were provided on PREA, what it is, how to report, etc. The inmates were able to provide information on PREA and able to discuss how and when the facility provided this information.

As noted in §115.16, different formats of information are available to ensure that all inmates are able to receive education and understand PREA and reporting methods at the facility.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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Sexual abuse and sexual harassment investigations are completed for all allegations at FCC Terre Haute. These administrative investigations are completed by staff in the Special Investigative Services (SIS) department. The complex provided documentation of the training for staff in this department, as well as others that have taken this training between October 1, 2020 and August 10, 2021. These staff positions include the following.

- Captain - Complex
- Deputy Captain - Complex
- Special Investigative Agent (SIA)
- SIS Technician
- Senior Correctional Officer
- Lieutenants
- Unit Managers
- Registered Nurse
- Employee Development Specialist
- Staff Psychologist
- Correctional Counselor
- Advanced Care Level Psychologist
- Specialty Program Coordinator

In talking with the investigator at the USP, he indicated that not everyone on this list participated in investigations. However, if there is a need for some reason, there are additional people trained to conduct these investigations.

The staff have completed the National Institute of Corrections (NIC) online training titled "Prison Rape Elimination Act (PREA) Investigating a Sexual Abuse in a Confinement Setting (NIC)" and noted in the training system as course number (NIC-5187-BXX). These staff members are required to update this training periodically according to BOP policy.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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FCC Terre Haute provides both medical and mental health services to the inmates housed at this complex. The complex has all medical and mental health professionals participate in the online specialized training. This course is entitled "PREA for Medical and Mental Health Care – BOP (CPG-0233-BXX)".

A list of all medical and mental health personnel who have completed this training from 2013 through August 10, 2021, was provided to this Auditor. This list includes both staff and contractors.

The positions of staff members who have participated in this training include the following.

- Staff Pharmacist
- Predoctoral Psychology Intern
- SIS Technician
- Chief Pharmacist
- RHU Psychologist
- Quality Improvement/Infection Prevention Coordinator
- Drug Abuse Treatment Specialist
- Assistant Health Services Administrator
- Internship Program Coordinator
- Drug Abuse Program Coordinator
- Specialty Treatment Program Specialist
- Specialty Program Coordinator
- Registered Nurse
- Drug Abuse Treatment Specialist
- Health Services Assistant
- Associate Warden
- Paramedic
- Psychology Technician
- Correctional Officer
- Senior Officer
- Medical Officer
- Budget & Accounting Officer
- Lieutenant
- Mid-Level Practitioner
- Advanced Care Level Psychologist
- Dental Hygienist
- Accounting Technician
- Financial Specialist
- Medical Technician
- Trust Fund Specialist
- Transitional Care Social Worker

- Clinical Director

These medical and mental health professionals do participate in additional PREA trainings. Documentation of some of these other trainings was provided. These included “PREA Medical and Mental Health Care: Trauma Informed Approach, PREA Specialty Training” and “PREA Medical and Mental Health Care: Trauma-Informed Approach, PREA Specialty Training Modules 1-4, and Why PREA Matters – Understanding Sexual Trauma in Custody”.

Forensic examinations are not conducted at this facility; therefore, no specialized training is needed for this function.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The BOP and FCC Terre Haute have implemented a screening tool and questions that encompass the requirements of this standard.

As inmates are brought into either of the R&D areas, they are screened by Unit Team, Health Services, Psychology and SIS staff. Only unit team staff completes the “*PREA Intake Objective Screening Instrument*” with the inmate. During interviews with inmates and staff, it was determined that inmates were not always informed that they are not required to answer all the questions on the risk assessment, and they would not be punished for not answering the questions. In order for the complex to come into compliance with this standard, all staff who conduct PREA Risk Assessments were required to have additional education on the requirement to inform inmates they are not required to answer all questions on the assessment, and they will not be punished for refusing to answer those questions. The facility has implemented the correction required for this deficiency. The PCM sent an email to all the Unit Managers directing that they were to inform inmates of their right to not be required to answer specific questions on the risk assessment and they would not be punished for refusing to answer those specific questions. In turn, the Unit Managers provided this direction to all Unit Team members who directly administer the risk assessment.

If information is provided regarding sexual abuse or sexual harassment, a referral is immediately made to Psychology. The inmate will then have a follow up meeting with the psychology department staff to discuss any PREA related information within 14 days as required by the standard. Usually, this interaction occurs much quicker than the required 14 days and, in some cases, that initial discussion will occur in the meeting with the psychology staff during this initial receiving process.

Due to prior PREA audits conducted throughout the BOP, it was discovered that the 30-day risk assessments were not being conducted for all inmates, only those that were identified to have a PREA indication. However, FCC Terre Haute took the information gained from those prior audits and has started to implement the 30-day risk assessments during the required 28-day team meeting with every inmate at the facility who is there for at least 28 days. This process will ensure that all inmates receive both required assessments in the appropriate timeframes.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Information obtained through the administration of the assessments and reassessments are used by the staff to inform decisions about housing, education, programming and work placements. The complex has started to allow more opportunities for work, education and programming as the country moves through the COVID-19 pandemic.

As noted in 115.41, not all staff have access to the assessment information. The Unit Management staff, classification staff and Psychology Services staff have access to this information to assist in decisions regarding these placements. Staff members interviewed indicated they are careful in placement of inmates in the housing areas to ensure potential victims are not housed with potential abusers. Staff are also careful in placement for work assignments, especially those that work in the UNICOR or kitchen areas. Those inmates that work in these areas are also housed together so those placements become even more important.

At the time of the onsite audit visit, there were sixty two transgender inmates being housed at the complex, with the majority of those housed in the USP. The second Auditor assigned to this audit had the opportunity to interview inmates throughout the USP and FCI. Based on the information provided by staff, there were no transgender individuals being housed in the SCP.

Because of the larger number of transgender inmates at the complex, there were ten inmates interviewed who identified as transgender. The majority of these inmates indicated they felt that staff were conscientious about their housing and work placements. They were not placed with those that were more aggressive towards individuals who identified as transgender.

It is the assessment of both Auditors that there are no dedicated housing units specifically for those who are part of the LGBTI population.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with staff and review of provided documentation both indicated that inmates are not placed involuntarily in segregated housing for being at risk of sexual abuse initially.

A memo was provided from the Complex Warden and Warden of the FCI and SCP in the pre-audit information regarding involuntary placement in restricted housing. This memo, dated September 13, 2021, states the following.

“The Federal Correctional Complex, Terre Haute, Indiana defers to National policy as delineated in P.S. 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, in which FCC Terre Haute will not place inmates in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made there is no available alternative means of separation from likely abusers. In the event FCC Terre Haute deems it necessary, and all alternatives have been exhausted, a review will be conducted every 30 days to determine if there is a continuing need for separation from the general population. The inmate’s status will be reviewed during weekly Special Housing Unit meetings. FCC Terre Haute has not placed any inmates at high risk for sexual victimization in involuntary segregated housing.”

The interview with the PCM was clear that if there is an allegation of sexual abuse made at the facility, victims are not automatically placed in protective custody. There is an evaluation completed of where the safest place for the inmate will be.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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Inmates in the BOP have multiple methods of reporting sexual abuse and sexual harassment. During interviews with both inmates and staff, it was clear that these options are well publicized. The main method of reporting for inmates is to tell a staff member.

Many of the inmates interviewed were able to name several reporting methods. The most named methods were as follows.

- Telling a staff member
- Writing a "cop out" – a note to a staff member
- Report through an email on the computer

Additionally, there are other reporting options for inmates that some, but not all named during the interview process. These methods were as follows.

- Writing to the Office of the Inspector General (OIG)
- Using the phone system

The information on reporting methods is told to inmates during the A&O process and can be found in the A&O Handbook that is given to inmates upon arrival at the facility. It is clearly written in this handbook that OIG is part of the Department of Justice but not part of the Bureau of Prisons.

The handbook also clearly states that emails sent to OIG are anonymous. The handbook states the following.

“Note: These e-mails:

- Are untraceable at the local institution,
- Are forwarded directly to OIG
- Will not be saved in your e-mail ‘Sent’ list
- Do not allow for a reply from OIG,
- If you want to remain anonymous to the BOP, you must request it in the e-mail to OIG.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Inmates at FCC Terre Haute have the option of filing a grievance, known in the BOP as an Administrative Remedy, as a method of reporting sexual abuse. The procedures for filing an Administrative Remedy are found in PS 1330.18, *Administrative Remedy Program*.

This policy states that an inmate may file an administrative remedy to report sexual abuse. The inmate has the option to file this grievance with the facility, or if the inmate feels his well-being will be compromised by filing at the facility level, the grievance may be filed at the regional level through a BP-8. And inmates are not required to file a grievance with the person who the grievance is written about, and the allegation is not to be investigated by either staff alleged to be involved or by staff under their supervision.

If the inmate wishes to file at the facility level, this may be done on a BP-9. And if this filing is to be filed as an emergency, the inmate must clearly mark “Emergency” on the BP-9. Policy directs that an expedited BP-9 response shall be provided to the inmate within 48 hours. The PS 1330.18 also directs that best efforts to provide a determination should be made within five calendar days and in accordance with the provisions of exhaustion in the policy.

For those that are not marked as “Emergency”, the facility has up to 90 days to make a determination and notify the inmate of the determination. The facility may claim an extension of time to respond, up to 70 days, if the normal time is insufficient to make a decision.

Inmates may receive assistance in filing the grievance from a third party, or a third party may file on the inmate's behalf according to policy. The inmate will be asked to approve or decline those remedies filed on his behalf. However, the inmate is required to personally file any subsequent appeal but may receive assistance in preparing the appeal.

The Complex Warden provided a memo in the pre-audit information stating that no investigations in the last twelve months has required an extension because a final decision was not reached within 90 days.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

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As noted in 115.21, the facility provided two MOU’s with the signature of the BOP Regional Office, and signed by the local rape crisis center, the Council on Domestic Abuse (CODA). The first MOU was dated November 2017. The second MOU was signed and dated May 10, 2021.

The MOU outlines the responsibilities of the rape crisis center and the responsibilities of the correctional complex. These agreements are good for a period of five years.

Institution Supplement (IS) THX 5324.12C, Sexually Abusive Behavior Prevention and Intervention Program states the following in regard to the MOU with the rape crisis center.

“Psychology staff are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and other treatment options related to the alleged victim. Psychology staff may also contact the community victim advocate, if necessary, to assist the inmate. FCC Terre Haute maintains a Memorandum of Understanding (MOU) with the Council on Domestic Abuse (CODA) which is updated on an annual basis.”

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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The BOP has established a third-party reporting method which is found on their website at the following address: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Depending on what type of abuse is being reported, there are two options to write to. If the abuse is inmate abuse on other inmates, third parties should write to National PREA Coordinator, Reentry Services Division. If the abuse is staff abuse of inmates, third parties should write to the Office of Internal Affairs. Respective addresses are found on the website.

During interviews with inmates, many were aware that other people (3rd parties) could make a report for them if they did not feel safe doing so. Some were aware of the options to write to outside agencies and where they could find them on the TRULINCS computer system.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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IS THX-5324.12C, *Sexually Abusive Behavior Prevention and Intervention Program* requires that all staff report sexual abuse and sexual harassment immediately to a supervisor and/or the Operations Lieutenant on duty.

Once the abuse is reported, staff are required by PREA Standard not to discuss the situation/allegation with anyone else, unless those staff are investigating, making security decisions, or providing services to the victim. This information is required to be a part of the complex's policy. However, upon review of IS THX-5324.12C, *Sexually Abusive Behavior Prevention and Intervention Program*, it does not appear that this requirement is being met. The complex was required to revise this policy to include language directing staff not to discuss the situation. The facility did revise the institution policy as required to bring this standard into compliance. This correction can be found on page 2 of THX-5324.12F, *Sexually Abusive Behavior Prevention and Intervention Program* and reads as follows.

“.....All staff will be made aware of the requirement to accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties and their requirement to safeguard information relating to the victim and the allegation.”

When interviewed, all staff were clear that they should report any suspicions they have regarding sexual abuse or sexual harassment of an inmate for the safety and security of the institution.

This Auditor interviewed medical and mental health providers at the facility. When questioned about their responsibility to report sexual abuse or sexual harassment, all staff members were clear they are required to report all incidents reported to them which occurred in a correctional setting. Upon further inquiry those staff were also aware that they must inform inmates of this requirement and the limits of confidentiality.

There are no youthful inmates housed at FCC Terre Haute, therefore child welfare reporting laws do not apply to this facility.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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All staff were able to answer questions appropriately regarding what immediate action they would take if they became aware of an inmate who was at imminent risk of sexual abuse.

Higher level staff, Lieutenants and above, were able to discuss what options they have available to protect inmates. These options include moving the inmate to another housing unit, offering protective

custody or moving facilities all together, if necessary. Any of these options are determined on a case-by-case basis and with the safety of the inmate in mind.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PS 5324.12 outlines the responsibility of the facility regarding reports of sexual abuse which occurred at another facility and reports of sexual abuse received from another facility that occurred at FCC Terre Haute.

The investigator indicated that if there was a notification made to the facility regarding an abuse occurring at FCC Terre Haute, he would do the investigation the same as if it was reported directly at the facility.

For allegations received about sexual abuse occurring at another facility and reported to staff, the PREA Compliance Manager and other higher-level staff were clear about the timeframe of reporting to the other facility within 72 hours of receiving the report.

A memo from the Complex Warden was included in the pre-audit information indicating three inmates reported at FCC Terre Haute that they were sexually abused at another facility. Basic information was included for review.

Documentation was provided to this Auditor to review to support the compliance of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Staff interviewed as part of this onsite audit visit were all well versed in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment. Responses were primarily the same including but not limited to the following.

- Keep the victim with them and separated from the abuser.
- Request assistance from staff nearby to assist in the separation.
- Notify the immediate supervisor.
- Direct the inmates not to destroy any evidence that may be on their person.
- Secure the crime scene if they are able.
- Follow the direction of their supervisor.

Staff interviewed, who were not part of the corrections officer staff, were also asked the question regarding what steps they would take should an inmate disclose to them that they were being sexually abused were all able to answer the question regarding what their first steps would be.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The complex provided the written coordinated response plan for review in the pre-audit information. This plan is an Institution Supplement (IS) to the Sexually Abusive Behavior Prevention and Intervention Program. This plan indicates that the "Responsible Department" for appropriate implementation is the Chief Psychologist.

This plan, IS THX 5324.12.C, dated November 15, 2019, is specific to FCC Terre Haute. It discusses prevention, first responder duties, supervisory duties, investigations, medical and mental health services and follow up services, sexual abuse incident reviews and monitoring the inmates.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Federal Bureau of Prisons has a Master Agreement between the Federal Bureau of Prisons and Council of Prison Locals, American Federation of Government Employees.

In this Master Agreement, Article 30 – Disciplinary and Adverse Actions, Section (g) states, “.....The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.”

The facility also provided a memo indicating that it has not entered into any collective bargaining agreements since June 2016, prior to the PREA Audit in 2017, except for the Master Agreement.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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IS THX-5324.12C indicates that each institution's PREA Compliance Manager is responsible to ensure that the retaliation monitoring is completed for a minimum of 90 days for the victim, reporters and anyone that has participated in the investigation if they request monitoring.

The complex holds a bi-weekly meeting in which the group, including all AW's, psychology, health services, security and unit team, and anyone else who may be involved with an investigation. They discuss any ongoing cases and any items that have come up during the retaliation monitoring process. Staff are responsible for determining if there is a need for the monitoring to continue past 90 days. If there is a need, that monitoring will also be documented.

Policy indicates that if the investigation determines that the allegation is unfounded, the monitoring is not required to continue.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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As noted in §115.43, the facility does not place any inmates in involuntary protective custody, only as a last resort. The same procedures apply to involuntary protective custody after an allegation is made as before it is made. The same processes would apply.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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Investigations of sexual abuse and sexual harassment are taken seriously and investigated promptly. As indicated earlier in this report, there are separate SIS Lieutenants who are responsible for investigating allegations at the USP and another who investigates allegations at the FCI and SCP. Between these two SIS Offices, thirteen investigation files were reviewed. All investigations appeared to be completed thoroughly and promptly.

As noted in §115.34, numerous staff have completed the required specialized investigations training. However, it is the primary responsibility of the SIS Lieutenants to conduct the administrative investigations of sexual abuse and sexual harassment.

If the SIS Department determines that the allegation may be criminal in nature, it will be referred to the Federal Bureau of Investigations (FBI). It will be up to the FBI and the Assistant United States Attorney (AUSA) to determine whether the case will proceed with criminal charges.

If the allegation of sexual abuse involves a staff member, the Office of Special Investigations (OSI) will conduct the administrative and criminal investigations. OSI is a separate entity from the BOP and is assigned to investigation all criminal allegations in the BOP. Local SIS department staff will not be involved in those investigations for conflict of interest reasons.

SIS staff are trained in the collection of evidence, along with members of the Evidence Recovery Team (ERT) and will ensure that the any evidence is collected appropriately from the crime scene. These staff will also ensure that any evidence which may be on the victim and/or abuser will also be collected appropriately.

No matter if the inmate is released or transferred from the facility, any PREA related investigation will continue through to the conclusion. Additionally, if the investigation involves a staff member and that staff resigns, the investigation will continue through to the conclusion and a determination is made.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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Federal BOP directs that this standard is implemented in accordance with the disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.

During the interviews with the SIS staff and other higher level staff, all were able to discuss the level of evidence for PREA cases and how that is applied.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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When an investigation is completed, notification is required to be made to the victim regarding the determination of the investigation, and any of the following, if applicable.

- The determination of the administrative investigation
- If criminal charges are filed
- If there is a conviction of criminal charges
- If the perpetrator was a staff member, if the staff member was removed from the post, facility or no longer works for the agency

As noted earlier in this report, the complex's SIS Departments have an OSI Agent who works with them on any criminal cases. This relationship allows for a flow of information regarding active cases, so the department stays up to date on any actions occurring.

Notifications may be provided via a written format outlining any information the inmate is entitled to. The copy of the letter is put into the investigation file. This is true for those that are still at the facility, or those that have transferred to another BOP facility. That information will be provided as soon as feasibly possible after the conclusion of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

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

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The BOP holds all staff accountable to several policies regarding personal conduct. PS 3420.11, Section 5: Personal Conduct, Item b. Sexual Relationships/Contact With Inmates states the following. *"Employees may not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or person known (or who should have been known base on circumstances) to the employee as a family member or close friend of inmates or former inmates.*

Chaplains, psychologists, and psychiatrists may continue a previously established therapeutic relationship with a former inmate in accordance with their codes of professional conduct and responsibility.

Bureau staff may not serve as program volunteers in religious services and educational programs. Under no circumstances are staff volunteers authorized to participate in inmate programs on a regular or occasional basis.

An employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. There is never any such thing as consensual sex between staff and inmates.

Title 18, U.S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened. Sexual contact is defined as the intentional

touching of genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.

Penetration is not required to support a conviction for sexual contact. All allegations of sexual abuse will be thoroughly investigated and, when appropriate, referred to authorities for prosecution.

Employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for misconduct of a sexual nature.”

In addition to Standards of Employee Conduct, staff are subject to the Program Statement, the Master Agreement, and employment-based laws, rules, and regulations.

The facility provided a memo in the pre-audit information indicating that in the previous 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies at FCC Terre Haute. This memo was dated September 15, 2021.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Volunteers and contractors are held to the same standards as BOP staff regarding sexual offenses. As noted in standard 115.76, PS 3420.11 applies the same to this group.

Disciplinary sanctions for volunteers or contractors are also similar to those of the disciplinary sanctions for staff members. If there is an investigation, and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies.

In the pre-audit information, the facility provided a memo indicating that in the previous 12 months to the onsite audit, there were no volunteers or contractors who violated agency sexual abuse or sexual harassment policies. This memo was dated September 15, 2021.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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The BOP has zero tolerance for any type of sexual abuse or sexual harassment of inmates or staff. PS 5324.12 clearly states that consensual sexual activity among inmates is prohibited. If an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action.

If an inmate reports sexual abuse and that report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, the inmate will not be charged for making false reports.

If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

During the initial screening process when an inmate arrives at FCC Terre Haute, Unit Team staff will ask PREA questions, and if the inmate indicates they have been a victim of sexual abuse, they will receive an automatic referral to Psychology Services. According to the psychology staff at FCC Terre Haute, they will try to see the inmate who is referred for PREA purposes as soon as possible after the referral. This usually means within the week of arrival, but it can be as soon as their arrival in R&D.

Additionally, if the inmate indicates, or staff has knowledge that the inmate has been a perpetrator of institutional sexual abuse, a referral will be made to Psychology Services for a full mental health evaluation. Again, this is done as soon as possible according to the psychologist.

Both medical and mental health staff were able to confirm that they provide inmates, prior to asking any PREA related questions, with information about the limits of confidentiality and requirements for reporting. Staff were able to clearly articulate what they are mandated to report, versus what they must receive permission to report from the inmate.

Any sexual abuse or harassment related information which medical and mental health have control over or access to is strictly controlled by those staff members. This information is only shared to investigate any incidents of sexual abuse or harassment or to provide services to the inmate. Medical and mental health staff keep all inmate information in the Bureau Electronic Medical Record (BEMR) system.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

FCC Terre Haute does operate a medical department. The main medical department is located in the USP. There is a tertiary medical department located at the FCI. There is a small medical area located at the SCP, but if the need is greater, then the inmate from the SCP will go to the FCI. Should inmates need additional medical attention, they will be taken to Union Hospital in Terre Haute, IN.

Medical staff see all inmates when they are received at the complex to do an initial medical screening. This screening asks questions regarding medical history, medical problems, medications, any psychological history, suicidal history and abuse history. This occurs at both R&D areas.

Neither medical department at the complex performs forensic medical examinations. If an incident is reported in the timeframe for the collection of evidence, the decision to send an inmate out for the forensic examination is based on the professional opinion of medical staff.

If that decision is made to send an inmate out for a forensic medical examination, that inmate will typically go to Union Hospital's Emergency Room. This hospital is not far from the complex and the staff will notify the emergency room when they are going to bring an inmate for a forensic examination.

As required by this standard, PS 5324.12 clearly states the following.

“Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.”

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Victims have the right to follow up and counseling services if they have disclosed sexual abuse or sexual harassment. These services are all provided to the victim regardless of whether the inmate names their abuser or agrees to cooperate with the investigation.

If a victim is sent out for a forensic medical examination, they will be required to come back to the respective medical department when they arrive. Medical personnel will review any documentation provided by the hospital and follow those recommendations.

When questioned about whether the level of medical care victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the inmate can expect in the community. Staff indicated they felt this was accurate because they are able to get to a practitioner usually within a day of requesting that visit. And depending on which facility the inmate is housed in, that wait time may be shorter.

In terms of the level of care for mental health services, staff indicated that these are at least as good as what they can receive in the community, if not better. When asked why they felt that way, typically the answer was because they are able to get to see a practitioner rather quickly compared to the weeks long waiting list out in the community. Again, this is true for all three facilities.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Sexual Abuse Incident Reviews (SAIR) are part of the investigation process. These reviews are held once a determination is made regarding the outcome of the investigation. According to PS 5324.12F, these reviews are to occur for all investigations that are determined to be substantiated or unsubstantiated.

Once the outcome of the investigation is determined, the review of that investigation will take place at the bi-weekly PREA Meeting. The review will be led by the PCM who oversees that case.

The team looks at factors required by the standard to evaluate this response. Those factors may include, but not limited to, the following.

- A need for change to policy or practice
- Was there any vulnerability factors that were motivations for this incident
- Any physical plant issues that enabled the situation to occur
- Any staffing level issues that enabled the situation to occur
- Assessment of the monitoring technology in use in the area where the incident occurred

Once the meeting is over, the findings and any recommendations are compiled into a report and sent to the Complex Warden and/or Warden for review. The Warden will ensure that any recommendations are implemented and if not, the reports will document the reasons for not implementing the recommendations of the team. Once the Complex Warden/Warden review the report, it is submitted to the Regional Director.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Bureau tracks information regarding sexual abuse and sexual harassment using a number of different methods. Those methods include:

- SIS Data – information maintained in investigation files such as names of victims and perpetrators, factual description of the incident, formal and informal actions taken, all supporting documentation including videotapes, medical forms, and any other evidentiary materials pertaining to the allegation.
- Office of Internal Affairs Data – OIA reports the cumulated data on inmate victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year.
- Inmate Data – The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics (BJS) Survey of Sexual Violence (SSV).
- SENTRY Data – The Chief of Correctional Services in each institution is responsible for accurate STG SENTRY assignments related to sexually abusive behavior. Access to the SENTRY assignment is limited to those staff who are involved in managing and treating the inmate victim or the inmate perpetrator or investigating the incident.

The National PREA Coordinator is responsible for overseeing the aggregation of data from all the above listed sources. This process is completed annually. Once the data has been collected from all sources, it is reviewed for trends and other factors.

Any entity which contracts with the BOP for the housing of inmates is required to provide all PREA data and statistics to the Bureau for inclusion in the Bureau's reporting.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Bureau requires that all institutional PREA Compliance Managers ensure the data collected for sexual abuse is provided to the Regional Management Analyst annually. This information, as well as the information collected as part of 115.87, is utilized in the creation of the Annual PREA Report.

Annual reports from 2013 – 2019 were provided as part of the pre-audit documentation. The report for 2020 was viewed on the BOP website. Only the most recent annual report can be obtained on the BOP website.

These reports do not include any Personally Identifying Information (PII) of any inmate; therefore, no information was redacted from the reports.

These reports are prepared and are available on the website by June 30th of the following year. However, in the 2019 report, it is noted on Page 1 of 17 that "Due to the COVID-19 pandemic, data collection was delayed, thus delaying the report."

Each report is prepared in the same format and is created with data from the previous calendar year. If data overlaps, that is noted in the body of the report. These reports contain the number of allegations made at each facility and the number of substantiated allegations at each facility. A short summary of each substantiated allegation is provided and is listed by facility. Following the summary information, any corrective action taken for these substantiated allegations is listed in chart form. At the end of the report, a short comparison is made of the information from the prior year to the current year. Each report is signed and dated by either the Director or Acting Director of the BOP.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All information compiled for the annual reports identified in §115.87 is kept in accordance with the Federal Privacy Act and Freedom of Information Act and all other applicable laws, rules, and regulations.

As noted above, the agency does not allow any PII to be included in the reports posted on the agency website.

These reports are compiled on an annual basis and the most recent report is published to the agency's website in the PREA information section.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has ensured, to the best of its ability during the COVID -19 pandemic, that at least one third of its facilities are audited in each of the three years of the audit cycle. As the country opens back up, the BOP is making every effort to get all postponed audits completed and continue with upcoming audits.

During the audit, both Auditors had access to the entire complex and were allowed to visit any requested space within any of the institutions. Both staff and inmate interviews were conducted in private areas. The BOP does put restrictions on the time that an auditor is allowed to be onsite to conduct that portion of the audit. Those restrictions include three, eight-hour days. Due to the size of the physical plant of the complex and the size of the staff, two certified Auditors were assigned to this audit.

Audit notices were posted throughout the facility and included information on how to contact this Auditor with any information prior to the audit. No correspondence was received from FCC Terre Haute prior to the onsite audit visit from either inmates or staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency posts the preceding PREA Audit Final Report on its agency website, under each respective facility page. The most recent PREA Audit Report for FCC Terre Haute can be found at the following address. https://www.bop.gov/locations/institutions/tha/PREA_tha.pdf

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Jennifer L. Feicht

April 4, 2022

Auditor Signature

Date

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

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