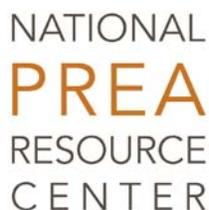


ADULT PRISONS & JAILS



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|---|---|------------------------------------|---|
| Auditor Information | | | |
| Auditor name: Carolyn Rickards Williams | | | |
| Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852 | | | |
| Email: carolyn.rickards@nakamotogroup.com | | | |
| Telephone number: (770) 565-3720 | | | |
| Date of facility visit: April 5-7, 2016 | | | |
| Facility Information | | | |
| Facility name: Federal Correctional Institution-Terminal Island, CA | | | |
| Facility physical address: 1299 S. Seaside Avenue, San Pedro, CA 90731 | | | |
| Facility mailing address: (if different from above) | | | |
| Facility telephone number: (310) 831-8961 | | | |
| The facility is: | <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Conrad M. Graber | | | |
| Number of staff assigned to the facility in the last 12 months: 312 | | | |
| Designed facility capacity: 781 | | | |
| Current population of facility: 1163 | | | |
| Facility security levels/inmate custody levels: Low Security with In Custody | | | |
| Age range of the population: 19-84 | | | |
| Name of PREA Compliance Manager: Michael Wydo | | Title: | Chief |
| Email address: TRM/PREAComplianceMgr@bop.gov | | Telephone number: | (310) 831-8961 |
| Agency Information | | | |
| Name of agency: Federal Bureau of Prisons | | | |
| Governing authority or parent agency: (if applicable) U.S. Department of Justice | | | |
| Physical address: 320 First, N.W., Washington, DC 20534 | | | |
| Mailing address: (if different from above) | | | |
| Telephone number: (202) 307-3198 | | | |
| Agency Chief Executive Officer | | | |
| Name: Thomas R. Kane | | Title: | Acting Director |
| Email address: BOP-CPD/PREA Coordinator@BOP.GOV | | Telephone number: | 202-616-2112 |
| Agency-Wide PREA Coordinator | | | |
| Name: Jill Roth | | Title: | Coordinator |
| Email address: BOP-CPD/PREA Coordinator@BOP.GOV | | Telephone number: | 202-616-2112 |

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Federal Correctional Institution (FCI), Terminal Island, CA was conducted April 5-7, 2016 by The Nakamoto Group Inc. auditor Carolyn Rickards Williams. When the auditor first arrived at the facility, an in-briefing meeting was held with the Warden, PREA Compliance Manager, Associate Wardens, Executive Assistant, Captain, Department Head staff, Bureau of Prisons (BOP) PREA/ACA Liaison, ACA Auditor and representatives from the BOP Program Review Division. After the introductions, the audit process was discussed during the briefing.

The Federal Correctional Institution is an all male low security facility, which houses approximately 1200 inmates. The institution is a Care Level 3 medical facility that provides specialized or long-term medical or mental health care in a correctional environment. The facility also houses a moderate number of low and medium security level inmates, who do not require specialized or mental health care. FCI Terminal Island is currently accredited by the American Correctional Association (ACA).

The institution sits on sixty-two acres of government controlled land at the entrance to Los Angeles Harbor, 45 miles south of Los Angeles. FCI Terminal Island became part of Reservation Point on June 16, 1936, when twenty-two acres were acquired by the Bureau of Prisons for \$1,500 per acre. Under construction from 1936-1938, under the direction of the Army Corp of Engineers, FCI Terminal Island received its first contingent of fifty prisoners from McNeill Island in Puget Sound on June 2, 1938. With the outbreak of World War II, FCI Terminal Island was commissioned as a Naval Disciplinary Barracks and housed court-martialed prisoners. At one point, 3,200 military prisoners were housed at the institution. The Disciplinary Barracks was deactivated by the Navy on June 30, 1950. Since the Bureau of Prisons had enough facilities at that time to sufficiently meet the needs of its population, the site was leased to the state of California, which converted it into a medical facility for 700 convicted felons. The Bureau of Prisons resumed administration of the prison in 1955. There are nine multiple occupancy housing units, nine single housing units and five open bay/dormitory housing units. The segregation unit has a total of 74 administrative and disciplinary cells. The facility has a design capacity of 781 and a current inmate population of 1163. The average length of stay is nine to approximately ten years.

Support services include human resources, employee development, financial management, safety, facilities, computer services, inmate systems management, religious services, psychology services, education/recreation, health services, food services and correctional services. The Warden and other key staff meet quarterly to discuss work force utilization, the staffing plan and other institution issues.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the institution PREA Compliance Manager. The National PREA Coordinator and the National PREA Contract Administrator for the Bureau of Prisons were previously interviewed telephonically, as was the Director's designee. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as an extensive tour of the facility. During the auditing period of 1/1/2015-1/19/2016, there were seven reported allegations of sexual abuse/sexual harassment. A total of 27 inmates were interviewed by the auditor. There were no refusals nor inmates who were limited English Proficient. A total of 70 institution staff were interviewed, to include twenty-one correctional officers (from all three 8 hour shifts), five administrative staff and 44 specialized and non-security staff. Additionally, one contractor, two volunteers and the SANE nurse at Providence Little Company of Mary Medical Center were interviewed. The administrative staff interviewed included the Warden, two Associate Wardens, the Human Resource Manager and the Human Resource Specialist.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law abiding citizens. In addition to providing a safe, secure and humane environment, it is also the mission of FCI Terminal Island to provide opportunities for self-improvement through high quality work, education, vocational training, religious and counseling programs. These programs are designed to assist inmates during confinement and upon release, as well as, facilitate the orderly running of the institution. Staff are committed to the mission of the institution, which stresses, not only their well-being, but the safety of the inmates and the general public, as well. Staff are also committed to ensuring the fair and equitable management of the inmate population and they take pride in the level of dedication and professionalism exhibited at the facility.

As a designated CARE 3-Mental Health institution, FCI Terminal Island offers treatment and care for inmates with chronic mental illnesses. Clinical care is administered within a multidisciplinary approach to facilitate psychiatric stabilization and long term illness management. A variety of recreational, vocational and reentry programs are also utilized to enhance long term psychological stability and optimize successful rehabilitation back to the community.

The Education Department focuses primarily on academic "basics". Academic programs are directed toward assisting students in attaining basic literacy goals and General Educational Development (GED), that will enable them to function in a world which requires the knowledge of reading, writing and arithmetic. The Education department provides a wide variety of academic and vocational programs for the inmate population, leading to the attainment of functional literacy, a high school diploma, a marketable work skill or advanced educational certificates. Inmates who do not have a high school diploma and have not completed the mandatory 240 classroom hours in the literacy program are required to attend. The program, offered in English and Spanish, covers all levels of education. English as a Second Language is mandatory for non-English speaking inmates, unless proficiency at the 8.0 grade level on the CASAS examination can be demonstrated. Satisfactory completion of the GED Program will merit a GED Certificate. The Adult Continuing Education Program affords inmates an opportunity to further their education above the high school level. Classes are two to twelve weeks in length and course completion is entered on the student's transcripts. Additionally, college correspondence courses which offer degrees can be obtained by inmates who wish to pay for the classes. In addition to the academic programs, a variety of vocational training programs are offered, to include carpentry, plumbing, HVAC, home inspection, contract licensing and electrical. Certification Programs include wheelchair repair, welding, forklift operation, OSHA 30 and OSHA 10. A number of apprenticeship programs include, but are not limited to, cabinet making, AUTOCAD, landscaping, quality control, electro-powder paint operator/tech and dental assistant. Parenting, personal finance, employment preparation, resume writing, financial peace and money smart are Pre-Release Program offerings. Currently, a total of 877 inmates are involved in programs provided by the Education Department, to include 20 inmates enrolled in mathematics (Algebra) and reading (Spanish) in the Special Housing Unit (SHU). The institution maintains an "Electronic" Law Library in the Education Department, that provides inmate access to case law from federal districts, circuits and the Supreme Court. There is a Leisure Library that contains approximately 6000 volumes of books and other reading material, not available in the institution's library, can be requested through the Interlibrary Loan Program.

A voluntary Residential Drug Abuse Program is available for inmates who have a verifiable substance use disorder, a desire for recovery and a sober-living lifestyle. All participants live in a Modified Therapeutic Community and build rapport and actively engage in treatment through groups, committees and journals. The Dual Diagnosis Residential Drug Abuse Program is also available for low security inmates with a documented history of substance abuse (within 12 months of arrest) and a current and documented serious mental health disorder. Treatment groups are smaller to address the mental health needs of program participants.

All inmates, who have been medically cleared, are provided work assignments, to include Food Service, Environmental Health Services (Safety), Facilities, Education/Recreation, Laundry, Commissary, Health Services, sanitation workers and unit orderlies. The UNICOR (Federal Prison Industries) operation, which employed approximately 200 inmates, was recently shut down at FCI Terminal Island. Prior to the shutdown, inmates designed, manufactured, assembled and shipped metal products such as lockers, shelving, key boxes, TSA tables and cabinets for the GSA and other government agencies.

Inmates are also encouraged to maintain their personal health through a variety of outdoor recreational activities such as walking, running, basketball, handball, softball, volleyball, tennis, soccer, football and racquetball. Indoor programming includes hobby craft, music (listening and playing instruments), wellness courses and cardiovascular exercise.

FCI Terminal Island manages a recycling program. The yearly average of recycled waste has substantially increased from 10% to 70-90%. The institution is being considered as a case study for successful prison recycling programs.

The auditor concluded, through interviews and review of policy and documentation, that all staff and a majority of inmates were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates acknowledged that they received information about the facility's Zero Tolerance policy against sexual abuse upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out-briefing" meeting was conducted. In addition to the PREA auditor, the Warden, the executive staff, the institution department heads and the Bureau of Prisons PREA/ACA Liaison were present. The auditor was provided extensive and lengthy files prior to the audit for review to support a conclusion of compliance with PREA. There was one area of concern during the audit. A total of two blind spots were found; one in the laundry operation and one in the recreation hobby craft area. In order to enhance staff supervision and the security of inmates in those areas, an additional conclave mirror was installed in each area, so that every corner could be visible at all times. Institution staff were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be extremely clean and well maintained. At the conclusion of the audit, the auditor thanked FCI Terminal Island staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Program Statement (PS) 5324.12, pages 2, 13,24,26,27, 28 and 49 and Institution Supplement (IS) TRM 5324.12, page 1 clearly meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated National PREA Coordinator and a PREA Coordinator assigned to each regional office in the agency to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Associate Warden. Zero tolerance posters are displayed throughout every area of the institution. Both institution staff and inmates are provided with a wealth of opportunities to become well aware of PREA policies and procedures. Staff receive initial training and annual training, as well as, updates throughout the year. The pocket size PREA Standards/First Responder Guideline, which was issued to staff to be carried at all times for reference, was clearly visible during the interview process. A "What You Need to Know" screen saver is on each employee's computer and pertinent information about the PREA and other policies/mandates are listed. This information, among other things, is also visible on a flat screen television that is located in the administration building; it can be viewed by all staff on the way to the compound and their respective work areas, after securing their keys in the gatehouse. Other PREA "How to Report" fliers and required notifications were also visible throughout every area of the institution. Additionally, the Associate Warden-Programs (AW-P) has been instrumental in publishing "Island Times", a Quarterly Reentry Newsletter, for the purpose of keeping the inmate population educated and informed. Each department submits an article for the newsletter, along with the inclusion of other pertinent information, to include the PREA.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Standard 115.13 Supervision and monitoring

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

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

PS 3000.03, pages 8-12; Current Staffing Report and Workforce Utilization Committee Meeting Minutes address the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and members of the executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their staffing plan. Workforce utilization issues are always reviewed and discussed at the Quarterly Workforce Utilization Meeting and minutes are on file. In addition to the Quarterly Workforce Utilization Meeting, the Warden, in fact, meets weekly with his executive staff, the human resource manager and other key staff to review and discuss staffing issues. The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, the Trust Fund Limited Inmate Computer System (TRULINCS) e-mail system, staff interviews and rosters. Additionally, documentation of unannounced rounds covering all shifts by administrative staff was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff.

The auditor found two blind spots; one in the laundry operation and one in the recreation hobby craft area. Prior to the close of the audit, two conclave mirrors were installed to correct those deficiencies; thereby, increasing staff supervision and inmate security in these specific areas.

Standard 115.14 Youthful inmates

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

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

Not Applicable - FCI Terminal Island does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PS 5324.12, page 17 and PS 5521.06, page 5, address this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and annual training. Transgendered inmates at FCI Terminal Island may request to have their cross-gender pat searches conducted by a female staff member. If approved by the Warden, the letter "F" is stamped on the back of their identification card. There are currently three such cases housed in general population and this auditor observed the card of one of these inmates. The auditor observed each unit has individual shower stalls with plastic swing shower doors. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and employees reported staff of the opposite gender announce their presence before entering a housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units posted within the common area of the housing units. The postings are written in both English and Spanish. Staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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

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

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

The facility meets the mandates of this standard, in accordance with PS 5324.12, pages 19&20 and the Sexual Abuse Behavior Prevention and Intervention Booklet (Spanish). FCI Terminal Island takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted and reviewed by the auditor. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. The facility has a contract with Language Line Solutions to provide translation services for inmates who don't have a basic command of the English language.

Standard 115.17 Hiring and promotion decisions

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

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

PS 3000.03, pages 28, 41-45; PS 3420.11 pages 6&7; Pre-Employment Guide; page 2; SF85P, Questionnaire for Public Trust Positions, page 1 and BOP Recruitment Flyer, page 1, address the mandates of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. BOP Regional Office staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The Agency makes its "best efforts" to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

Standard 115.18 Upgrades to facilities and technologies

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

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

Not Applicable- FCI Terminal Island has an extensive video and visual monitoring system in place; however, there have been no substantial expansions/modifications to the facility or installation of updated monitoring technology since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

PS 5324.12, pages 4, 5, 23, 24; PS 6031.03, pages 42&43 and Guide for First Responders/Operations Lieutenant meet the mandates of this standard. Correctional and Medical Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Special Investigative Supervisor (SIS) conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by a SANE/SAFE nurse through a comprehensive contract with Providence Little Company of Mary Medical Center, San Pedro, CA. San Pedro's Sexual Assault Rape Team (SART) is part of their emergency department and provides medical, emotional care and support for sexually assaulted victims. An interview with the RN/SANE nurse was conducted and the contract provider is well aware of the provisions of the PREA standards. She further indicated an emergency room physician is on duty at all times, should SANE/SAFE staff be unavailable at the hospital. There were no SANE/SAFE exams conducted during the past 12 months.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PS 5324.12, pages 43, 44 and 45 and FBI Memorandum of Understanding address the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The Special Investigative Supervisor (SIS), the Office of Internal Affairs (OI) and the FBI conduct all investigations. The Special Investigative Supervisor and one SIS Tech were interviewed and found to be very knowledgeable concerning their responsibilities in the investigative process. There are 253 agency investigators and three trained institution investigators. The FBI conducts the criminal investigations for the institution. The BOP/FBI Memorandum of Understanding, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act. There were seven allegations of sexual harassment during the January 1, 2015-January 19, 2016 auditing period. Two of the allegations resulted in administrative investigations and there were no referrals for a criminal investigation to be conducted. One allegation has been thoroughly investigated and the other investigation is still underway. The documentation of the investigation is located in the SIS file. The facility utilizes a PREA Compliance Manager-Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The information being tracked includes the date the allegation was reported, name of the victim/perpetrator, SHU placement/reviews, initial 2-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring.

Standard 115.31 Employee training

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

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

PS 5324.12 pages 13,14, 24, 25 and 26 and the Annual Training Plan address all training mandates of this standard. The Bureau of Prisons provides extensive PREA standards training at the Federal Law Enforcement Training Center (FLETC), which all newly hired staff must attend and successfully complete. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, staff interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well.

Standard 115.32 Volunteer and contractor training

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

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

PS 5324.12, page 26 and the Annual Training Plan address the mandates of this standard. There are 103 contractors and volunteers who have received PREA training, to include the Bureau's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. The one contractor and two volunteers interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well.

Standard 115.33 Inmate education

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

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

PS 5324.12, pages 26&27; A&O Handbook (English and Spanish); Sexually Abusive Behavior Prevention and Intervention Pamphlet (SABPIP) (English and Spanish) and A&O Checklist address the mandates of this standard. The facility puts forth its best efforts in educating the inmates about the PREA. Inmates receive information during the intake process that includes a PREA video, pamphlet and inmate handbook, printed in both English and Spanish. The inmates have access to TRULINCS computer program which also provides them with PREA information. There are PREA posters throughout the facility and, in each housing unit, a "Hotline" telephone number, which may be called to report abuse or harassment, is posted on the bulletin boards and by the telephones. The Office of Inspector General's mailing address is listed in the A&O Handbook and posted in each housing unit for inmates to write concerning any sexual abuse or sexual harassment allegation. There is also a language line available to limited English speaking inmates. This auditor was provided a random sampling of A&O Checklists to verify those inmates, admitted during the auditing period, received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they completed PREA education. Additionally, the AW-P publishes "Island Times", a Quarterly Reentry Newsletter, for the purpose of keeping the inmate population educated and informed. Each department submits an article for the newsletter, along with the inclusion of other pertinent information, to include the PREA. During the interview process, 100% of the inmates randomly selected, indicated that, when they first arrived, they received information about the facility's rules against sexual abuse/harassment, to include their right not to be sexually abused/harassed, how to report sexual abuse/harassment and their right not be punished for reporting sexual abuse/harassment.

Standard 115.34 Specialized training: Investigations

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

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

PS 5324.12, page 28; SIS/SIA Training Lesson Plan; Sexual Violence PREA Training; DOJ/OIG PREA Training and SIS/PREA National Video Conference meet the mandates of this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the National Institute of Corrections and through the Department of Justice. This auditor reviewed specialized training documentation, to include the SIS/SIA Training Instructor Guide, FBOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting training, OIG PREA Criminal Investigator Certification Training List and the Tru Intel Investigative Report Writing Training Agenda.

Standard 115.35 Specialized training: Medical and mental health care

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

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

PS 5324.12, pages 28&29 and PREA Training Lesson Plan address the mandates of this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive training annually and documentation is on file. The auditor reviewed the training lesson plan and associated training sign-in sheets.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PS 5324.12, page 29-35 and 49, address the mandates of this standard. Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Bureau policy requires all inmates to be screened within 72 hours; however, they are almost always screened the first day of their arrival. Staff review all relevant information from other confinement facilities and reassess an inmate's risk level, as necessary, within 30 days of his arrival. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

Standard 115.42 Use of screening information

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

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

PS 5324.12, pages 24,26,and 33, meets the mandates of this standard. Agency and facility policy require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard.

Standard 115.43 Protective custody

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

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

PS 5324.12, pages 33&34, addresses the mandates of this standard. FCI Terminal Island has a total of 74 Special Housing Unit cells, to include both administrative and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there's no available means of separating the inmate from the abuser. The inmates are reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Additionally, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

Standard 115.51 Inmate reporting

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

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

PS 5324.12, page 35; PREA Notices (English and Spanish) and the Inmate Handbook (English and Spanish) address the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. There were seven allegations of sexual harassment reported during the past 12 months. The facility also has procedures in place for staff to privately report sexual abuse and sexual harassment of inmates. There are posters and other documents on display throughout the institution (observed by auditor) which also explain reporting methods.

Standard 115.52 Exhaustion of administrative remedies

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

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

PS 1330.18, pages 15-16, addresses the mandates of this standard. Inmates may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use an informal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved or any staff who may be under their supervision. There were zero grievances filed involving PREA related issues during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

PS 5324.12, page 36 and the Inmate Handbook (English and Spanish) address the mandates of this standard. The institution has not been successful in its efforts to secure a Memorandum of Understanding with a local outside victim advocacy center. However, San Pedro's Sexual Assault Rape Team works in conjunction with Providence Little Company of Mary Medical Center as part of their emergency department and provides medical, emotional care and support for sexually assaulted victims. Inmates also have access to the Rape Abuse & Incest National Network (RAINN), a National Sexual Assault Hotline (800.656.HOPE). Confidential counseling services are available through institution psychologists, who have been specially trained in victim advocacy. The institution provides inmates with mailing addresses and telephone numbers (Toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.

Standard 115.54 Third-party reporting

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

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

The BOP pamphlet entitled "Sexually Abusive Behavior Prevention and Intervention"; Inmate Handbook; PREA Posters; Posted Office of Inspector General's Address and Website: www.bop.gov meets the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Staff and approximately 79% of the inmates interviewed were aware of the procedures for third-party reporting. Those not aware of this benefit acknowledged that they had not read their inmate handbook or other materials given to them upon their arrival to the facility and that they just did not believe sexual abusive behavior was an issue at FCI Terminal Island.

Standard 115.61 Staff and agency reporting duties

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

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

PS 5324.12, pages 37&38, addresses the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

Standard 115.62 Agency protection duties

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

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

PS 5324.12, page 38, addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. Staff are issued a pocket size PREA Standard/First Responder Guideline, outlining all actions to be taken. They also stated they would separate the victim/predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were 20 instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse. Staff acted without delay in each case.

Standard 115.63 Reporting to other confinement facilities

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

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

PS 5324.12, pages 39&40 addresses the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received zero allegations that an inmate was abused while confined at another facility.

Standard 115.64 Staff first responder duties

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

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

PS 5324.12, page 40, addresses the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the scene, not allow inmates to destroy any evidence and contact the operations supervisor and medical staff. All staff are issued and carry a pocket size PREA Standard/First Responder Guideline for reference.

Standard 115.65 Coordinated response

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

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

PS 5324.12, page 40; IS TRM 5324.12 and Coordinated Response Allegation of Sexually Abusive Behavior PREA Checklist address the mandates of this standard. The documentation was reviewed by the auditor. The policy and checklist (color-coded according to area of responsibility) describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse.

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

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

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

The collective bargaining agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees, dated July 21, 2014-July 20, 2017 complies with this standard. The Master Agreement was submitted to this auditor for review.

Standard 115.67 Agency protection against retaliation

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

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

PS 5324.12, pages 42 and 43 address the mandates of this standard. The policy prohibits any type of retaliation against any staff person or inmate who has reported sexual abuse or sexual harassment or cooperated in any related investigations. The PREA Compliance Manager is the designated member charged with monitoring retaliation. During the interview, he stated that there had been no reported cases in the past 12 months by staff or inmates. If there was concern that there was the potential for possible retaliation, the PREA Compliance Manager indicated he would monitor the situation indefinitely.

Standard 115.68 Post-allegation protective custody

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

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

PS 5324.12, pages 34 and 43, addresses the mandates of this standard. Interviews with staff and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing. Staff consider separate housing of the victim/predator, to include transfer of the inmates. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment nor held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

Standard 115.71 Criminal and administrative agency investigations

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

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

PS 5324.12, pages 43-45, addresses the mandates of this standard. The SIS staff conduct administrative investigations within the institution and refer criminal investigations to the OIA, FBI and/or Office of the Inspector General to determine if prosecution will be pursued. There were no criminal prosecutions during this auditing period. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The Special Investigative Supervisor or AW-P serve as the facility liaisons who provide requested information to the outside agency investigating the allegation and provide access to the inmate.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PS 5324.12, page 45, addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

PS 5324.12, pages 45 and 46, addresses the mandates of this standard. There was one administrative investigation completed during the January 1, 2015-January 19, 2016 auditing period, which required inmate notification per this standard. The inmate was verbally notified of the outcome of the investigation by the SIS investigator (documentation supplied to auditor). The documentation supports the finding that the facility is in compliance with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

PS 3420.11, pages 6&7, addresses the mandates of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sex with staff and, in the past 12 months, no staff members were disciplined or terminated for violation of agency policy. The agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees (7/1/2014-7/20/2017) allows for disciplinary sanctions against staff, including termination, for sexual abuse or sexual harassment of an inmate.

Standard 115.77 Corrective action for contractors and volunteers

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

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

PS 3420.11, pages 6&7, addresses the mandates of this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PS 5324.12, page 48, addresses the mandates of this standard. There were two cases of sexual harassment investigated at FCI Terminal Island and zero cases of inmate sexual abuse, during the auditing period of January 1, 2015-January 19, 2016. There have been no cases of staff and inmates engaging in sex during the past 12 months. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The Bureau of Prisons does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the SIS investigator and members of the executive staff support a finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12, pages 29-30, 32, and 49, addresses the mandates of this standard. Interviews with medical and specialized staff confirm the institution has a very thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow up services. In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health practitioner. Additionally, 100% of the inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. FCI Terminal Island utilizes the PREA Compliance Manager-Tracking Log to monitor all inmates having a history of sexual abuse. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

PS 5324.12, page 51 and the PREA Guide for First Responder/Operations Lieutenant address the mandates of this standard. Information and access to care is offered to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. Interviews with staff support a finding that the facility is in compliance with this standard.

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

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

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

PS 5324.12, page 51, addresses the mandates of this standard. FCI Terminal Island offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

PS 5324.12, pages 52&53, addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The Special Investigative Supervisor (SIS) and the FBI conduct all investigations. The Special Investigative Supervisor and another SIS Lieutenant were interviewed and found to be very knowledgeable concerning their duties and responsibilities. FCI Terminal Island conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management staff, to include two Associate Wardens, the Chief Psychologist/PREA Compliance Manager, a Unit Manager, the Health Services Administrator, an SIS Lieutenant, the Case Management Coordinator and the Captain. The review team seeks additional information from other staff, as needed, to ensure a thorough review. The sexual abuse incident review reporting form includes an addendum for union review/input.

Standard 115.87 Data collection

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

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

PS 5324.12, pages 54&55, addresses the mandates of this standard. FCI Terminal Island collects accurate uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse utilizing SIS data, Office of Internal Affairs data, Inmate data and SENTRY(BOP data management system) data. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually.

Standard 115.88 Data review for corrective action

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

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

The Bureau of Prisons and FCI Terminal Island review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The institution PREA Compliance Manager forwards data to the respective BOP Regional PREA Coordinator. An annual report is prepared and placed on the BOP website. The Annual Report was reviewed by the auditor.

Standard 115.89 Data storage, publication, and destruction

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

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

PS 5324.12, pages 56&57, addresses the mandates of this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators and issues a report to the BOP Director on an annual basis. The data is securely retained in a secure file and published on the BOP website. The reports cover all data noted in this standard.

AUDITOR CERTIFICATION

I certify that:

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

Carolyn Rickards Williams

April 26, 2016

Auditor Signature

Date