

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>	Federal Correctional Institution Victorville, California		
<b>Physical address:</b>	Victorville Federal Correctional Complex 13777 Air Expressway Blvd Victorville, California 92394		
<b>Date report submitted:</b>	07/18/2014		
<b>Auditor Information American Correctional Association: A. T. Aguirre; D. Bell; T. Eisenschmidt</b>			
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<b>Telephone number:</b>	703-224-0000		
<b>Date of facility visit:</b>	October 22-24, 2013		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>	FCC Victorville Federal Correctional Complex P.O. Box 5400 Adelante, CA 92301		
<b>Telephone number:</b>	760-530-5000		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Jeffery J. Toney	<b>Title:</b>	Associate Warden/PREA Coordinator
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<b>Agency Information</b>			

<b>Name of agency:</b>	Federal Bureau of Prisons		
<b>Governing authority or parent agency:</b> (if applicable)	United States Department of Justice		
<b>Physical address:</b>	320 First St., NW, Washington, DC 20534		
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b>	202-307-3198		
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE:

The PREA audit of the Federal Correctional Complex – Victorville, California was conducted on October 22-24, 2013, by Ana T. Aguirre, Chair; Tom Eisenschmidt, Correctional Consultant; and Deborah L. Bell, Correctional Consultant. During the three days the audit team toured the complex which consisted of the following institutions: United States Penitentiary (USP); Federal Correctional Institution – I (FCI I); Federal Correctional Institution – II (FCI II); and Satellite Prison Camp (SPC). The audit team noted the prominent posting of the PREA audit notices posted throughout the complex. The audit team made every effort to apply the PREA standards individually to each institution by ensuring to interview the appropriate staff and inmate population at each institution and reviewing policy and the application of the policy in each institution.

In preparing and conducting the audit, a question was raised by the lead auditor as to the need to re-interview the same BOP ‘Central Office’ staff (Director of the BOP or Program Designee, Contract Officer and Agency Wide PREA Coordinator), for each individual audit conducted at a BOP facility or complex when the outcome of the interviews would basically be identical. The question was presented to Bridget Bayliss, ACA Standards Specialist, who then forwarded the inquiry to Thurston Bryant, and Ruby Qazilbash. Mr. Bryant, Policy Advisor with the Bureau of Justice Assistance Office of Justice Programs U.S. Department of Justice, responded and advised the following: “It is my understanding

from the initial BOP PREA audits that the information pertaining to the agency-level operations staff and collected by Dave Haasenritter would suffice, and that the facility-level audits would not need to repeat the collection of that type of information. At this time a BOP PREA Central Office Audit has not occurred. However, if you (the facility-level PREA auditor) do have any questions about any policies or practices that may require additional information/confirmation from these types of agency-level staff (e.g. BOP Director/Designee, Agency-Wide PREA Coordinator, etc.), you are encouraged to contact or interview them in order to acquire any necessary information for your PREA facility-level audit.” With this in mind, the three BOP central office staff was not interviewed for the purpose of this audit. Information secured from communications with Mr. Haasenritter was used as the basis for determining the level of compliance with the related PREA standards.

The audit team conducted both formal and informal staff and inmate interviews. The audit team formally interviewed 35 inmates from all of the housing units; over 40 staff, of which over 29 were specialized staff. The inmate population was interviewed and questioned as to their knowledge of the PREA standards, their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline, their knowledge on reporting options, proper protection and response to alleged victims of sexual abuse, not fearing retaliation, services available to victims of sexual abuse and/or sexual harassment, and information being provided to all and in their language. Staff were interviewed and questioned about PREA training, their familiarity with reporting requirements, responding to allegations and/or incidents, securing the scene and evidence collection and monitoring retaliation.

During the conduct of the audit the following dignitaries were present: BOP Central Office Staff – Chuck Ingram, BOP Accreditation Director; Michelle Hopple-Golliday, BOP Program Manager; Robert Gannon, BOP Program Manager; IRP Team – Paula Livengood, Reviewer in Charge (RIC) Evaluation Specialist, Central Office; Josef Belle, Evaluation Specialist, Central Office; Dominic John, Food Service Administrator, FCC Tucson; Gary Swaney, Food Service Administrator, FCI Big Spring, Texas; and Charles Gales, Food Service Administrator, FCI Mendota, California. Also present were Linda T. McGrew, Complex Warden; Louis J. Milusnic, FCI-II Warden, and the following Executive Staff – Andre Matevousian, James Engleman, and Gregory S. BonDurant.

FCC Victorville is located just north of the San Bernardino Mountains, at the edge of the Mojave Desert, approximately 85 miles northeast of Los Angeles, California, and 180 miles southwest of Las Vegas, Nevada. FCC Victorville falls under the jurisdiction of the Central District of California. The complex occupies a 960-acre site and is comprised of a high-security penitentiary: United States Penitentiary (USP); two medium security

correctional institutions, Federal Correctional Institution – I (FCI I), and Federal Correctional Institution –II (FCI II); a minimum-security satellite camp, Satellite Prison Camp (SPC); and a central administration building. The site is what used to be known as George Air Force Base, which closed and the land was transferred to the Federal Bureau of Prisons in 1993. FCC Victorville is currently the single largest employer in the local area.

#### USP (Population – 1,462; Rated Capacity – 960)

USP Victorville is a high-security, adult, male facility. The inmate population is housed in 12 units, 64 cells per unit and one special housing unit. It encompasses over 500,000 square feet of building and related facilities. The USP began receiving its first high security inmates in early July 2004.

The USP facility is laid out in a rectangle. The program buildings are located along the short ends of the rectangle; the housing units are located along the long sides of the rectangle. The recreation yards are located in the center. The perimeter is secured by four 12-foot fences. The innermost fence is a VTW-r00 electronic taut wire intrusion fence. The second fence is chain link with rows of razor-wire at the top. The third fence is an Electroguard 5000 lethal/nonlethal electrified fence. The fourth fence is another chain link fence with numerous rows of razor wire. The two chain link fences have microwave and shaker alarms. All fence alarms are checked each shift. High mast lighting is located in the parking lot and around the perimeter fence. There are two breaches in the fence: one pedestrian entrance and one vehicle sally port. There are two towers manned during day shift hours. One overlooks the recreation yard and one over the vehicle sally port. USP has one roving perimeter patrol 24 hours a day, seven (7) days a week.

#### FCI I (Population – 1,666; Rated Capacity – 1152)

FCI I Victorville is a medium security, adult, male facility and occupies 40 acres of the 960-acre site. It has three (3) housing units designated as AB, CD, and EF, with 257 cells per unit. Additionally, there are 72 cells in the Special Housing Unit. FCI I was the first institution to activate within the Complex in June 2000, and was the 14<sup>th</sup> Federal Prison in the west, and 96<sup>th</sup> nationwide.

Two twelve-foot metal fabric fences enclose the FCI. The interior and exterior fences have numerous coils of man barrier. Both of these perimeter fences are further enhanced with microwave detection at pedestrian and vehicle breaches, motion detection through the metal fabric. The FCI has two-armed vehicles

patrolling all three shifts. Internal movement is well regulated with officers stationed to observe all movement. Doors are opened permitting entrance and exit once proper identification has been made. There is two-way communications between the 24-hour staffed central control center and the housing units through the telephone and institutional radios.

#### FCI II (Population – 1,610; Rated Capacity – 1152)

FCI II Victorville is a medium security, adult, male facility. The inmate population is housed in 12 units with 64 cells per unit. Additionally, there are 96 cells in the Special Housing Unit. FCI II began receiving its first medium security inmates in late December 2004.

Like FCI I, FCI II has twelve-foot fences with rows of razor wire at the top. Both fences have microwave and shaker alarms with two roving perimeter patrols 24 hours a day, seven days a week.

#### SPC (Population – 337; Rated Capacity – 256)

SPC Victorville is a minimum security, adult, female facility. The SPC housing unit has a cubicle design configuration. There are 128 cubes, which are double-bunked. There is no perimeter fence around the Camp. Those assigned to the Camp work in a wide variety of jobs that support the need for inmate workers throughout the Complex. It began receiving its first female inmates in August of 2000.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

In analyzing the information reviewed and after conducting staff and inmate interviews, the audit team found the staff and inmates to be knowledgeable of the PREA standards and rules. The staff acknowledged the importance of PREA in maintaining a safe and secure facility. Staff, including one volunteer and one contractor, interviewed were aware of what actions they needed to implement in responding to allegations of sexual assault and/or sexual harassment, PREA reporting requirements, how to respond to the alleged victim and/or perpetrator in the event of an incident, related reporting requirements, the inmates' rights pertaining to PREA, evidence preservation requirements. The PREA coordinator, medical, mental health and investigative staff did not hesitate in their responses and were eager to provide related documentation to demonstrate the application of their knowledge and skills learned through their training.

## **SUMMARY OF AUDIT FINDINGS:**

During the past 12 months, FCC Victorville has had a total of 29 allegations of sexual abuse and sexual harassment received. Eight (8) of the 29 allegations were alleged to have occurred at other institutions. Of the 29 allegations, 26 resulted in administrative investigations and three (3) allegations were referred for criminal investigation. While interviewing staff, staff reported there seemed to be an increase in reporting allegations against staff. It appears the inmate population is aware of the BOP policy, which states if there is an allegation against staff, the applicable staff is not allowed to be considered for promotion by the promotion board while an investigation is pending. It appears inmates can successfully ensure a staff member is not considered for promotion by making an allegation prior to promotion consideration.

Up to the date of the audit, FCC Victorville had three (3) PREA cases against staff. All were found to be unfounded. Two of the inmates were still at Victorville at the time of the audit. There are four (4) PREA cases against inmates. Some of the investigations were still pending. None of the inmates were still at FCC Victorville at the time of the audit.

Overall, the interviews of inmates reflected all were aware of PREA, had received written material and acknowledged their familiarity with how they could report allegations of sexual abuse and sexual harassment. Staff (including specialized staff, one contractor and one volunteer) interviewed indicated they were knowledgeable about PREA and of their responsibilities related to reporting requirements as well as their awareness of the proper procedures to follow if they were the first responders to any PREA related allegation.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met 0

Number of standards not applicable: 1

### **§115.11 - Zero tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator**

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

Standard compliance was demonstrated via policy 5324.11, designation of an agency-wide PREA Coordinator and local PREA Compliance Manager, and interviews of PREA Coordinator and PREA Compliance Manager

### **§115.12 - Contracting with Other Entities for the Confinement of Inmates**

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

Standard compliance was demonstrated via review of random sample of contracts entered into between the BOP and private/other agencies on or after August 20, 2012, which included the language reflecting the contract entity's obligation to adopt and comply with the PREA Standards.

### **§115.13 – Supervision and Monitoring**

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

Standard compliance was demonstrated via review of the staffing plan development process (PS3000.03) and the agency's staffing plan, policy and interview of random sample of higher-level supervisor and related random samples of documentation logs of un-announced rounds in all shifts.

### **§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)

Not Applicable- No one under 18 years of age at this facility

## §115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.15(b) is **Not Applicable** as it applies in the future – starting 2015 for facilities with 50 or more inmates. Standard 115.15(b) which prohibits cross-gender pat-down searches of female inmates has not been implemented by policy.

Standard compliance was demonstrated via policy 5324.11, review of lesson plan curriculum, and interviews of executive assistant, transgender/Intersex inmates, and random sample of staff and inmates. The facility reported there were no cross-gender strip and visual body cavity searches of inmates in the past 12 months.

## §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policy 5324.11, translation of PREA brochures/posters, translation of inmate handbooks, identification of multi-lingual staff (noting identified language staff member is fluent on), identification of multi-lingual resources (Language Line), training records (Noted as Mandatory Training), power point presentation (Communicating with People with Learning Disabilities Limited Reading Skills), and interviews of random samples of staff and inmates. The Spanish-speaking PREA Auditor conducted some inmate interviews in Spanish. Plans were in place to implement a Spanish language video for use in the Admission and Orientation section of the institution.

## §115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies PS3000.03, PS 3420.09, Pre-Employment Guide, SF85P, and the BOP Recruitment Flyer; a review of random sample of staff training records, and interview of random sample of staff.

## **§115.18 – Upgrades to Facilities and Technology**

- 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)

FCC Victorville has the following number of cameras at each institution: USP has added four (4) cameras in R&D bringing the number up to a total of 305 cameras. Additionally, the facility has purchased 72 1.5 mega pixel cameras and 72 5.0 mega pixel cameras and the equipment to run those cameras. These cameras replaced the cameras in the in the housing units, on the recreation yard and other areas of the facility to enhance the system. A request for an additional eight (8) cameras designated for the SHU is pending. FCI I has 175 cameras. A request for an additional seven (7) cameras designated for the SHU is pending. FCI II added four (4) cameras bringing the number up to a total of 212 cameras. One Identification Camera has been placed at the control center in each of the four institutions to assist the individual Control Center Officers in identifying staff.

## **§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)

Standard compliance was demonstrated via policies 5324.11 and PS6031.03, and interviews of PREA Compliance Manager, random sample of staff and inmate who reported a sexual assault.

In response to 115.21 (c-d) The SANE contract expired March 31, 2013. Documentation was provided reflecting on-going efforts to continue and renew the contract with San Bernardino Sexual Assault Services.

In response to 115.21 (f-g), documentation was provided in the form of a memo dated August 6, 2013 from the National PREA Coordinator. The memo reflected a request that the external investigative entities provide documentation reflecting the PREA standards are followed.

## **§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)

Standard compliance was demonstrated via policy 5324.11 and interviews of the Agency Head, and Investigative Staff.

In response to 115.22(d-e), documentation was provided in the form of a memo dated August 6, 2013 from the National PREA Coordinator. The memo reflected a request that the external investigative entities provide documentation reflecting the PREA standards are followed.

### **§115.31 – Employee Training**

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

Standard compliance was demonstrated via policies 5324.11 and 5324.09, review of training curriculum and related training documentation tracking forms, review of random sample of staff training records, and interviews of random sample of staff.

### **§115.32– Volunteer and Contractor Training**

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

Standard compliance was demonstrated via policies 5324.11 and 5324.09, review of training curriculum, and interviews of random sample of contract/volunteer staff who have contact with inmates.

### **§115.33 – Inmate Education**

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

Standard compliance was demonstrated via policies 5324.09, 5290.14, PREA brochures/posters, Inmate handbooks (English and Spanish), Admission and Orientation (A&O) Packet, view of video and A&O, interview random sample of A&O staff, interview random sample of inmates, and review random sample of inmate intake records.

### **§115.34 – Specialized Training: Investigations**

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

Standard compliance was demonstrated via policies 5324.11 and 5324.09, training records, training agenda, curriculum and training aids, a sample of an inmate investigative report, and interviews of investigative staff, the Agency Head, and Investigative Staff.

In response to 115.34(d), documentation was provided in the form of a memo dated August 6, 2013 from the National PREA Coordinator. The memo reflected a request that the external investigative entities provide documentation reflecting the PREA standards are followed.

### **§115.35 – Specialized Training: Medical and Mental Health Care**

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

Standard compliance was demonstrated via policy 5324.09, interviews of random sample of medical and mental health staff, interviews of random sample of inmates, and review of random sample of medical/mental health staff training records.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

Standard compliance was demonstrated via policies 5324.11 and 5324.09, interviews of PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening, and random sample of inmates, and review of a random sample of inmate records, the Screening for Risk of Victimization and Abusiveness and Intake Screening Forms and a review of a copy of the electronic format utilized to track inmates identified at risk of victimization or abusiveness.

### **§115.42 – Use of Screening Information**

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

Standard compliance was demonstrated via policies 5324.11 and 5324.09, interviews of the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening, as well as transgender/intersex/gay/lesbian inmates, and random sample of inmates and review of a random sample of inmate records, the Screening for Risk of Victimization and Abusiveness and Intake Screening Forms and a review of a copy of the electronic format utilized to track inmates identified at risk of victimization or abusiveness.

### **§115.43 – Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Warden reported there have not been any inmates who have been involuntarily segregated who are at high risk for sexual victimization. Standard compliance was demonstrated via policies 5324.09 and 5324.11, interviews of Warden and random sample of staff responsible for supervising inmates in segregated housing, and interviews of random sample of inmates in segregated housing.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance demonstrated via policies 5324.09 and 5324.11, inmate handbooks (English/Spanish), PREA brochures/posters, interview random sample of staff and interview random sample of inmates. Established inmate reporting options include: verbal or electronic message to staff (any staff, case manager, chaplain, psychologist, SIS, or Warden), via phone, via TRULINCS (inmate e-mail), via third party, in writing to the Warden or Office of Inspector General, DOJ Sexual Abuse Reporting Mailbox, or file a Request for Administrative Remedy to the Regional Director.

### **§115.52 – Exhaustion of Administrative Remedies**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policy 1330.18, inmate handbooks (English/Spanish), interviews of random sample of inmates who reported sexual abuse and who are pending the final decision, and review sample inmate records.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, A&O Lesson Plan, and documented on-going attempts to enter into a Memoranda of Understanding (MOU) with San Bernardino Sexual Assault Services. Documentation reflects the initiation of the MOU process began May 23, 2013, with the most recent communication between both parties taking place March 12, 2014. Policy reflects staff will provide inmates with a listing of community services with contact information and provide reasonable confidential communication services, as reasonably as possible. In addition, Psychology staff provide guidance to Unit Management and Residential Reentry Management staff regarding an inmate's post-release mental health needs.

### **§115.54 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance demonstrated via view of the BOP website and interviews of randomly selected inmates. The BOP provides for third-party reporting on its public website. This information is posted publicly.

### **§115.61 – Staff and Agency Reporting Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interview of Warden and random sample of staff, including medical/mental health staff.

### **§115.62 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, review of the Screening for Risk of Victimization and Abusiveness and Intake Screening Forms and a sample electronic inmate record, and interviews of the Warden and random sample of staff.

### **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interview of the Warden and review of electronic communication regarding an incident report.

### **§115.64 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, and interviews of a random sample of security staff first responders and random sample of staff.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, a written institutional plan and interview of Warden.

### **§115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance demonstrated via interview of agency head (refer to second paragraph in this audit report's narrative section). A random sample of agreements entered into since August 20, 2012, were also reviewed and found to be in compliance.

### **§115.67 – Agency Protection Against Retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interview of agency head (refer to second paragraph in this audit report's narrative section), interview of Warden, and random sample of inmates in segregated housing for risk of victimization. The agency reported there were no incidents of retaliation reported in the past 12 months.

### **§115.68 – Post-Allegation Protective Custody**

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

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interview of Warden and random sample of inmates in segregated housing.

### **§115.71 – Criminal and Administrative Agency Investigations**

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

Standard compliance was demonstrated via policies 5324.11 and 5324.09, training records, training agenda, curriculum and training aids, a sample of an inmate investigative report, and interviews of investigative staff, the Agency Head, and Investigative Staff.

In response to 115.71 (k), documentation was provided in the form of a memo dated August 6, 2013 from the National PREA Coordinator. The memo reflected a request that the external investigative entities provide documentation reflecting the PREA standards are followed.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

Standard compliance was demonstrated via policies 5324.09 and 5324.11 and interview of investigative staff.

### **§115.73 – Reporting to Inmate**

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

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interviews of Warden and investigative staff and random sample of inmates who reported sexual assault.

### **§115.76 – Disciplinary Sanctions for Staff**

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

Standard compliance was demonstrated via policies 3420.09 and 3420.11. It was reported there were no staff terminations or disciplinary actions taken as a result of any sexual abuse or sexual harassment policy violations.

### **§115.77 – Corrective Action for Contractors and Volunteers**

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

Standard compliance was demonstrated via policies 3420.09 and 3420.11. It was reported there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

### **§115.78 – Disciplinary Sanctions for Inmates**

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

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interviews of Warden and medical/mental health staff, and inmate handbooks (English and Spanish).

### **§115.81 – Medical and Mental Health Screenings; History of Sexual Abuse**

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

Standard compliance was demonstrated via policies 5324.09 and 5324.11, review of the medical/mental health screening tool and electronic copy of an inmate's health screening, and interview of medical/mental health staff.

### **§115.82 – Access to Emergency Medical and Mental Health Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policy 5324.09, review of inmate handbook, and interviews of medical/mental health staff and inmate handbooks (English and Spanish).

### **§115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interviews of medical/mental health staff and inmate handbooks (English and Spanish).

### **§115.86 – Sexual Abuse Incident Reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, and interviews of warden and PREA Compliance Manager.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, and BOP annual report reflecting outcome of aggregate data collected.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policy 5324.09, interviews of agency head (refer to second paragraph in this audit report's narrative section), PREA Coordinator (refer to second paragraph in this audit report's narrative section) and PREA Compliance manager; and BOP annual report reflecting findings from data reviews and corrective actions; and report is posted on the BOP public website (link noted as follows): [http://www.bop.gov/inmates/custody\\_and\\_care/docs/PREA\\_Report\\_2012\\_1\\_1.pdf](http://www.bop.gov/inmates/custody_and_care/docs/PREA_Report_2012_1_1.pdf)

### §§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard compliance was demonstrated via policies 5324.09 and 5324.11, interviews of PREA Coordinator (refer to second paragraph in this audit report's narrative section) and BOP annual report is posted on the BOP public website (link noted as follows):

[http://www.bop.gov/inmates/custody\\_and\\_care/docs/PREA\\_Report\\_2012\\_1\\_1.pdf](http://www.bop.gov/inmates/custody_and_care/docs/PREA_Report_2012_1_1.pdf)

#### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Ana T. Aguirre*

07-18-14

Auditor Signature

Date