

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



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

Name of facility:		Federal Correctional Institution- Williamsburg	
Physical address:		8301 Hwy 521 Salters, S.C.29590	
Date report submitted:		January 5, 2015	
Auditor Information			
Address:		26 Waterford Lane	
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Telephone number:		315-255-2688	
Date of facility visit:		July 15-18, 2014	
Facility Information			
Facility mailing address: (if different from above)		Hwy 521 P.O. Box 220 Salters, SC 29590	
Telephone number:			
The facility is:	<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		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Agency Information			
Name of agency:		Federal Bureau of Prisons	
Governing authority or parent agency: (if applicable)		U.S. Department of Justice	
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AUDIT FINDINGS

NARRATIVE:

The Federal Correctional Institution-Williamsburg, an adult male institution, is located near the town of Salters, South Carolina. The compound contains 650 acres, with 40 acres inside the double 16-foot metal fabric fence. The main institution is located on the North East area of the property and the Federal Prison Camp is to the west of the FCI. There are only two breaches in the fence surrounding the FCI, the pedestrian entrance to the facility and the rear truck access gate. There is approximately 18,000 square feet of man barrier between the two metal fabric fences. Two roving patrol vehicles and a microwave detection system, that alarms in the 24 hour staffed Control Center, further enhance the perimeter.

When entering into FCI Williamsburg, staff and visitors enter into the reception area through the front pedestrian entrance. Staff and visitors are processed prior to entering the Administration Building. The Administration Building houses the Wardens Office, Business Office, Computer Services, SIS Department, Human Resource Management, Central Control Room, Lock shop and the Armory.

Once properly identified as you pass through the Control Center gate you enter the breezeway where the FCI Visiting room is on the right and the staff lounge is on the left. As you pass through a second grill you enter the main compound. To your immediate right is the AW Complex and to your immediate left is the Captains Complex. On the right side of the compound you find the Education Department, Psychology Services Department, Religious Services, and Vocational Services. Continuing to the right is the UNICOR Factory, Commissary, Barber Shop, Safety Office, and Laundry Department. Continuing you then come to a gated corridor that leads to the Facilities Department and rear gate entrance. As you continue on the compound to the right are the Food Service area and the three housing units. These units are shaped in a horseshoe and consist of two levels, each having four pods containing approximately 150 inmates in each pod. Beyond the living areas are the recreation area, Special Housing Unit, Health Services, ISM, and the mailroom.

The Camp is comprised of approximately 20 acres containing 2 structures and no perimeter fencing. The entrance/exit is located in the main structure, which also contains the visiting room, education classroom and office, food service and dining, laundry/commissary, chapel, the control center and the administration offices. The second building is the inmate-housing unit that also contains the unit management offices. The Camp inmates provide labor to support the operation of the FCI in such areas as grounds keeping.

All staff and inmates interviewed formally and informally at FCI Williamsburg were very knowledgeable about PREA. Inmates were aware of how and to who to report and all staff is trained as first responders and were well aware of their responsibilities on how to respond.

During the last 12 months FCI Williamsburg had 13 cases of sexual abuse and 1 case of sexual harassment investigated.

The thirteen (13) sexual abuse allegations involved eleven (11) allegations against inmates and two (2) allegations against staff. Five (5) of the total allegations were made by inmates who alleged the incident occurred at other facilities. Once the facility learned of each of these allegations the Warden at Williamsburg made immediate notifications to the facilities where the incidents were alleged to have taken place. All five (5) of these cases are still under investigation. Among the abuse allegations involving staff, one (1) was unfounded and one (1) was unsubstantiated. Among the allegations involving inmates three (3) were unsubstantiated, one (1) was unfounded and seven (7) are still under investigation.

The one (1) sexual harassment allegation was made against another inmate. The allegation was investigated and found to be unfounded.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	39
Number of standards not met:	0
Non-applicable:	1

§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)

Bureau of Prisons (BOP) has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment in Policy, Sexually Abusive Behavior Prevention and Intervention Program (PS 5324.11). The policy describes the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes definitions of prohibited behaviors.

The National PREA Coordinator, who was interviewed by David Haasenritter and the PREA Compliance Manager at the facility, stated they had enough time and authority to perform the duties of the title.

§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)

The agency does contract with other entities for the confinement of inmates and has a contract monitor. PREA auditor David Haasenritter who shared the results of the interview interviewed the Agency Contract Manager. The contracts were discussed and reviewed to ensure the private facilities adopted and complied with PREA standards, and provided for monitoring compliance with PREA standards.

§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)

FCI-Williamsburg has a staffing plan that requires taking into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations. The National Coordinator and PREA Compliance Manager at Williamsburg are personally involved when reviewing staffing requirements and appropriate numbers of assigned staff. There has been no deviation to the plan and the interview with the Warden

indicated she is notified if there is any. Supervisors interviewed indicated that they make frequent unannounced rounds on all shifts. This was observed during the site visit and documented in logbooks.

§115.14 – Youthful Inmates

FCI-Williamsburg is an adult male facility that does not receive inmates under the age of 18 years. The standard is not applicable.

§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)

There have been no incidents of cross gender body searches or viewing at Williamsburg. The facility has a logbook to document any case of cross gender searches should an exigent circumstance exist requiring. The logbook details the circumstances requiring it, the person who conducted it and the individual that authorized it. Inmates are provided privacy while showering (curtains) and while using the bathroom. Female staff announce each time they enter into the housing units. This process was verified during the tour and with the interviews conducted with the inmates and staff.

§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)

The auditor interviewed an inmate who was legally deaf about his ability to participate and benefit in all aspects of PREA. He indicated he felt he was afforded the same opportunities that every other inmate received. He indicated that staff did everything possible to provide him with information on PREA reporting. The institution has an interpretive contract with for all languages if needed. They have had no need to use the service as of the audit date.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)

X 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 BOP Agency Policy for Hiring and Promoting (PS3000.03) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. All 5-year re-checks are done and are up to date. According to the interview of the Central Office Human Resource person in Grand Prairie, that handles all requests for employees seeking employment somewhere else, all substantiated allegations of sexual abuse and sexual harassment are reported to the prospective employer.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

David Haasenritter, PREA Auditor interviewed the Deputy Director of the BOP, she indicated when expanding or upgrading facilities she requires that new technologies be taken into consideration during the design phase to safeguard staff and inmates. Williamsburg has approximately 296 cameras and during the interview with the Warden she indicated that there is a project in the near future to replace the current cameras with High Definition cameras. She further indicated that the PREA Compliance Manager is an integral member of a team of staff who decide the locations of these cameras.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

X 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 SIS Lieutenant, at Williamsburg, conducts all Administrative Investigations involving sexual abuse and sexual harassment. The Lieutenant has received training on investigative techniques adopted from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations. If it is determined during the investigation that a crime has been committed the case is referred to the FBI. Inmates that are victims of sexual assault are offered access to forensic exams at no cost at Medical University of South Carolina. The hospital has a SAFE/SANE nurse available at all times and a Rape Advocacy Group (People Against Rape) available on

site at the Hospital as well. Williamsburg has utilized the hospital for one forensic exam (June 2015).

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency Policy PS5324.11 requires a criminal investigation be conducted each time an allegation of sexual abuse or sexual harassment is made. The SIS Lieutenant outlined this policy and his responsibilities during the interview. The Lieutenant refers all cases involving crimes to the Office of the Inspector General and FBI. The sexual abuse investigative files were reviewed during the audit and found to be complete and in line with agency policy. The BOP policy for sexual abuse and sexual harassment investigations is located on the Agency web page.

§115.31 – Employee Training

X 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)

All staff at FCI Williamsburg has been trained on the Agency policy on zero tolerance and their responsibilities to fulfill their obligations including the searching of transgendered or intersex inmates. Each employee, regardless of his or her position, is trained as a first responder. All staff carries a small laminated card outlining responsibilities in responding to allegations of sexual abuse. Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse.

§115.32– Volunteer and Contractor Training

X 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)

The auditor interviewed two volunteer/contractors at FCI Williamsburg during the site visit. Both emphasized the depth of PREA training they received. They discussed the

agency zero policy and articulated, in great detail, how to respond to an allegation of sexual assault

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

There were no inmates received at the facility during the auditor site visit. The auditor interviewed the intake staff and discussed the materials inmates receive on PREA, the agency zero tolerance policy and procedures for reporting sexual abuse and/or sexual harassment. Posters about being free from sexual abuse are prevalent throughout the institution with toll free numbers they can call to report on each. The auditor interviewed inmates who had not recently arrived through the intake area. They indicated that they had received training on PREA and the zero tolerance policy.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A review of the SIS Lieutenant training record along with his interview indicated he received specialized training, in addition to general training provided to all employees. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

A review of training records and interviews with Medical and Mental Health staff demonstrated staff has had the basic PREA training that all staff receives as well as additional specialized training. These practitioners indicated the training included: how to detect and assess signs of sexual abuse and sexual harassment; how to

preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

As previously indicated there were no inmate arrivals or intake screenings done during the site visit. The auditor did speak with several staff that performs the intake screening for risk of victimization. Each of these individuals indicated the screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: 1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate;(3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated.(5) Whether the inmate’s criminal history is exclusively nonviolent;(6) Whether the inmate has prior convictions for sex offenses against an adult or child;(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;(8) Whether the inmate has previously experienced sexual victimization;(9) the inmate’s own perception of vulnerability; and(10) whether the inmate is detained solely for civil immigration purposes. The auditor observed at least three intake screenings while at Williamsburg. I asked if this was the process to ask these items on all intakes and the response was yes. Interviews done with random inmates, who recently arrived, indicated they were asked these questions during the intake process.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

X 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 auditor interviewed members of the intake staff and unit management staff to question them on how the screening form and appendix A is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgendered and/or intersex inmates is done only after a Central Office Review Committee has reviewed the case. Dave Haasenritter, PREA auditor verified this Central Office placement review process with members of the Review Committee and indicated compliance. Transgender/Intersex inmates receive a face-to-face review at least twice a year, a requirement by BOP for all inmates, in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned.

Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through a weekly meeting, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. The facility has designed a code that allows housing staff and work staff to know if an inmate assigned to their area maybe at risk of victimization.

§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)

Policy PS5324.11 prohibits the facility from placing inmates at high risk of victimization in involuntary segregation unless there is no alternative available. If placed there, inmates must be provided programs, privileges, education and work or document why they didn't. Interviews with the Warden, Segregation Supervisor and Segregation line staff indicated that segregation has not been used during the last 12 months to house inmates at high risk for victimization. The auditor interviewed a transgender inmate and he indicated he has never been placed in segregation for separation issues. This transgender inmate was at the time of the interview in segregation for disciplinary reasons.

§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)

Williamsburg allows inmates to privately report sexual abuse through the OIG link on the TRULINC webpage and inmates are allowed to report privately by mail to OIA, OIG and directly to the Director. The Office of Inspector General is private entity not part of the Agency. Staff is required by policy to accept and immediately report all sexual abuse allegations regardless of how they are received. This policy was confirmed during the interviews conducted with the random and specialized staff.

§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)

POLICY/PROCEDURE REGARDING INMATE GRIEVANCES OF SEXUAL ABUSE (PS1330.18) details filing a grievance involving sexual abuse. The policy states no timeline for filing regardless when the alleged incident occurred. Williamsburg had no grievances filed alleging sexual abuse according to the PREA Compliance Manager.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

X 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 Standard requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. If an inmate is sent to Medical University of South Carolina there is an advocacy group (People Against Rape) who sees the inmate but inmates at the facility are not aware of this advocacy group as demonstrated in the inmate interviews and lack of posters in the living areas.

In November 2014 the facility placed posters on all housing units, in the Receiving and Discharge area, medical waiting area and in the mental health unit with the name of the victim advocate group (People Against Rape) who provide emotional support services related to sexual abuse to the inmates at FCI Williamsburg. The posters include contact phone numbers and addresses for the population.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FCI-Williamsburg has third party reporting of sexual abuse or sexual harassment through the TRULINCs email reporting system to the DOJ Sexual Abuse reporting mailbox and also on the BOP web site. Inmate and staff acknowledged both during interviews.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator. Each staff member interviewed confirmed not disclosing any information of the allegation except in the conduct of the investigation.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Each staff member interviewed, from the Warden to the line staff person, indicated that when he or she learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. It starts with removing the inmate from potential danger, notifying their supervisor, investigator and preserving any evidence.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires when a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interview of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There were 5 alleged incidents at other institutions reported during the intake process to staff. The auditor reviewed the Warden-to-Warden notifications that were made in each case. The notifications were each made the same day the inmate made the accusation.

§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)

Agency policy PS5324.11 clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. All BOP staff is trained as first responders. The interviews conducted on all tours with custody and non-custody staff demonstrated that regardless of their position staff knew the policy and practice. Staff was very cognizant about ensuring safety and well being of an alleged victim while insuring that physical evidence is not destroyed or contaminated. Review of investigative files further demonstrated security and non-security staff knew what to do as the first responder to a sexual assault.

§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)

Williamsburg has a written institutional plan, which outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about their individual and collaborative responsibilities.

§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)

The Master Agreement between the FBOP and Council of Prison Locals – American Federation of Government Employees was signed on July 21, 2014. IAW Article 30 – Discipline and Adverse Actions, Section g, “The employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable laws, rules and regulations.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who reported sexual abuse or sexually harassment. The Associate Warden is the staff member charged to insure compliance to this policy. I reviewed his retaliation documentation during the site visit. He conducts periodic checks up to 90 days but beyond if he feels the situation requires it. With inmate retaliation the Compliance Manager looks at inmate disciplinary reports, housing or program changes. With staff he looks at performance reviews or reassignments and shift changes.

§115.68 – Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

X 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 use of Protective Custody to protect alleged victims is only done as a last resort for a very short time. Interviews with the Warden, Segregation Supervisor and some Segregation line staff all indicated that segregation has not been used during the last 12 months to protect an alleged victim.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

At FCI- Williamsburg the SiS Lieutenant conducts all investigations immediately on being notified of any allegation. His training record and interview demonstrated the special training he received from NIC. According to his interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. Once the Investigator believes a crime has been committed the case is referred to the Office of the Inspector General and/or FBI. The Lieutenant does not proceed with any further part of the investigation unless directed by either of these Agencies.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 indicates that only a preponderance of evidence is the standard when determining allegations of sexual abuse or sexual harassment is substantiated. During the interview with the SIS Lieutenant he indicated that this is the threshold used by him in his investigations.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

X 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 auditor reviewed all completed investigative files at Williamsburg. In each case file was written notice of notification where the inmate was informed of the outcome of the investigations whether it had been determined to be substantiated, unsubstantiated, or unfounded. If there were any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the investigator informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

PS 5324.11 describes the penalty for staff involved in sexual abuse as, termination shall be the presumptive disciplinary sanction. There were two allegations of sexual abuse made against staff. One was unfounded and the second was unsubstantiated.

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS3420.11, is the employee code of conduct policy but applies to contractors and volunteers. It requires contractors or volunteers who engaged in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff. There have been no issues with any contractors or volunteers at Williamsburg

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.09 stipulates that inmate-on-inmate sexual activity (not forced) will result in an incident report be written for violation of Code 205. This report results in a disciplinary hearing being held on the inmate within the facility. Staff-on-inmate sexual activity will be subject to disciplinary action and/or criminal prosecution, as appropriate.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires that any inmate reporting any prior victimization or indicating sexual abuse be seen no longer than 14 days after arrival. Any inmate received at Williamsburg and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right during intake and the again within 14 days. Medical and Mental Health staff get written consent before reporting prior sex victimization, which took place not in an institutional setting.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 mandates inmate victims of sexual abuse receive immediate access to medical and mental health services. FCI Williamsburg and Medical University of South Carolina provides this service. Inmates receive information and timely access to contraception and to sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate. There has been one inmate sent to the hospital for examination (June 2014).

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Williamsburg offers mental health services to all known inmate abusers, when appropriate. The facility also offers mental health service to all known inmate victims as well. This practice was confirmed by interviews with Medical and Mental Health staff and inmates interviewed with prior victimization.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy PS5324.11 requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. This was confirmed in interviews with the Investigator, Warden and PREA Compliance Manager and during case file reviews. The Institution PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any to the Warden.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

X 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 agency provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from a number of sources, but main source is TRUIINTEL system. This collects data on inmate on inmate sexual assault and harassment cases. Office of Internal Affairs (OIA) has a separate system on staff on inmate sexual cases, and the privatization office has a system for collecting data on these incidents. PREA Coordinator has access to info in TRUIINTEL and gets other information upon requests from OIA and privatization staff. The information is aggregated for all to be placed in DOJ BJS Report. The report was completed and provided to DOJ November 2013. During a visit to the Central Office, the auditor observed the data systems, and had investigator staff walk through TRUIINTEL system and privatization office through their system. Both systems collect a lot of good data to include info from the reports. The private facilities provide same data, just different system. David Haasenritter, PREA auditor, verified this.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

X 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 Annual report only covered the period from August 2012 to December 2012. IT staff stated they had the info for the whole year, but decision by the PREA Coordinator was to just do the initial time period the standards came into effect. They did not do a comparison because "this was the first year". FBOP Director signed the report. It is posted on the FBOP website. David Haasenritter, PREA auditor, verified this.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Data is strictly controlled throughout the system. Only SIS staff has access and full rights as applicable. Additionally, at the FBOP Central Office only the research office, PREA Coordinator, and other limited staff have view rights; at the FBOP regional offices the Deputy Director, correctional services, and PREA compliance manager has view rights; and at facility Warden, Associate Warden, Security Captain, Psychology, and PREA Compliance Manger has view rights. Data provided in the annual report and posted for public to see. Data is retained for at least 10 years. David Haasenritter, PREA auditor, verified this.

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.

Thomas Eisenschmidt

January 5, 2015