

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Final Audit Report: May 26, 2020

Auditor Information

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Company Name: PREA Auditors of America, LLC (PAOA)	
Mailing Address: PO Box 1071	City, State, Zip: Cypress, TX 77410
Telephone: 484-999-4167	Date of Facility Visit: March 10-12, 2020

Agency Information

Name of Agency: Federal Bureau of Prisons (FBOP)			
Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice			
Physical Address: 320 First Street, NW		City, State, Zip: Washington, DC 20534	
Mailing Address: Same As Above (SAA)		City, State, Zip: SAA	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Federal
Agency Website with PREA Information: https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp			

Agency Chief Executive Officer

Name: M.D. Carvajal, Director	
Email: BOP-CPD/PREACoordinator@bop.gov	Telephone: 202-616-2112

Agency-Wide PREA Coordinator

Name: Jill Roth, National PREA Coordinator	
Email: BOP-CPD/PREACoordinator@bop.gov	Telephone: 202-616-2112

PREA Coordinator Reports to:
Hugh J. Hurwitz, Assistant Director, Reentry
Services Division

Number of Compliance Managers who report to the PREA
Coordinator:
0

Facility Information

Name of Facility: Federal Correctional Complex Butner (BUX)

Physical Address: Old NC Highway 75

City, State, Zip: Butner, NC 27509

Mailing Address (if different from above):
PO Box 1600 Butner, NC 27509

City, State, Zip: SAA

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information:

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

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

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

ACA

NCCCHC

CALEA

Other (please name or describe: "Joint Commission")

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Recurring facility operational reviews (internal audits) of all program/operational functions are facilitated on an annual basis and triennial program reviews of the same functions are facilitated by audit teams external to BUX.

Warden/Jail Administrator/Sheriff/Director

Name: T. Scarantino

Email: BUH/PREAComplianceMgr@bop.gov

Telephone: 919-575-3900

Facility PREA Compliance Manager

Name: A. Rupska

Email: BUH/PREAComplianceMgr@bop.gov

Telephone: 919-575-3900

Facility Health Service Administrator

Name: H. McMillan

Email: BUH/PREAComplianceMgr@bop.gov

Telephone: 919-575-3900

Facility Characteristics

Designated Facility Capacity:	FCI-II 1152, FCI-I & Camp 915, LSCI 992, FMC 1038, FCC 4097	
Current Population of Facility:	FCI-II 1566, FCI-I & Camp 946, LSCI 1164, FMC 966, FCC 4642	
Average daily population for the past 12 months:	FCI-II 1455, FCI-I & Camp 955, LSCI 1188, FMC 945, FCC 4543	
Has the facility been over capacity at any point in the past 12 months?	X <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females X <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-96	
Average length of stay or time under supervision:	FCI-II 80 months, FCI-I & Camp 47 months, LSCI 40 months, FMC 49 months, FCC 216 months	
Facility security levels/inmate custody levels:	FCI-II: Medium/In, FCI-I: Medium/In, Camp: Minimum/Out, Low: Low/In, FMC: Administrative	
Number of inmates admitted to facility during the past 12 months:	FCI-II 897, FCI-I & Camp 782, LSCI 772, FMC 433, FCC 2884	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	FCI-II 897, FCI-I & Camp 782, LSCI 772, FMC 433, FCC 2884	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	FCI-II 893, FCI-I & Camp 777, LSCI 772, FMC 421, FCC 2863	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes X <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	X <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	X <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> NA	
Number of staff currently employed by the facility who may have contact with inmates:	1307	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	72
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	15
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	203
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	254
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	FCI-II: 14 FCI-I & Camp: 19 LSCI: 7 FMC: 1 FCC: 41
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	FCI-II: 13 FCI-I & Camp: 13 LSCI: 8 FMC: 22 FCC: 56
Number of single cell housing units:	FCI-II 0, FCI-I & Camp 0, LSCI 0, FMC 7, FCC 7
Number of multiple occupancy cell housing units:	FCI-II 13, FCI-I & Camp 9, LSCI 0, FMC 13, FCC 35
Number of open bay/dorm housing units:	FCI-II 0, FCI-I & Camp 4, LSCI 8, FMC 2, FCC 14
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	FCI-II 96, FCI-I & Camp 22, LSCI 0, FMC 63, FCC 181
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes X <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site X <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators X <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police X <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	253
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	X <input type="checkbox"/> Facility investigators X <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> U.S. Department of Justice component <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) on-site audit of BUX was facilitated on March 10-12, 2020 by K. E. Arnold from Castle Rock, CO, a United States Department of Justice (USDOJ) Certified PREA Auditor for both adult and juvenile facilities. Ms. D. O'Connor, likewise a USDOJ Certified PREA Auditor for adult facilities, assisted the auditor, conducting nearly all random/specialty inmate interviews and several staff interviews. Pre-audit preparation included review of all materials and self reports emailed to the auditor by an FBOP Management Analyst (MA).

BUX is comprised of a Federal Medical Center (BUH), a medium security Federal Correctional Institution II (BTF), a medium security Federal Correctional Institution I (BUT) inclusive of a Satellite Prison Camp (SCP), and the Low Security Correctional Institution (BUF). A Complex Warden, located at BUH, administratively oversees the entirety of BUX while individual facility Wardens at BUT, BTF, and BUF, oversee daily operations and programs at their assigned facilities. For purposes of this audit report, whenever the Pre-Audit Questionnaire is mentioned, the Complex Warden speaks cumulatively for all BUX facilities.

The auditor notes some departments operate under the shared services concept. For example, human resources, financial management, and facilities are administered by one department head each; however, departmental employees serve all BUX facilities.

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and inmate training, Memorandums of Understanding (MOUs) and Agreements, organizational chart(s), inmate admission and orientation handbooks, inmate education materials, photographs of PREA related materials (e.g., posters, etc.), staff training certifications, and victimization/aggressor screening documentation. This review prompted several questions and informational needs that were addressed with the assigned MA and he subsequently contacted facility staff for clarification of issues and some documentary needs. The majority of informational needs were addressed pursuant to this process with the expectation the auditor would review remaining documents on site.

Following conclusion of the on-site audit, the auditor spoke with the director of crisis services at the Durham Crisis Response Center (DCRC). When questioned as to the frequency of interaction with inmates from BUX and/or staff requests, on behalf of BUX inmates, he/she related requests for sexual abuse victim advocate services originating at BUX, have not been alarming or inordinate in terms of numbers. Their (DCRC) services are being requested. He/she also advised victim advocates are provided a 40-hour victim advocate training through DCRC prior to provision of services. Additionally, victim advocates are required to demonstrate prior education and experience in social services or a social work field as a pre-requisite.

The auditor and Ms. O'Connor met with the BUX Warden, BUX PREA Compliance Manager (PCM)/BUH Associate Warden (AW), BTF Warden and two AWs, BUT Warden and two AWs, BUF Acting Warden and AW, BUX Executive Assistant/Camp Administrator, Acting Administrator/External Audit Branch (EAB), central office MA, captains from all BUX facilities, three chief psychologists from BUX facilities, safety administrators from BUX facilities, BUX facility manager and assistant facility manager, BUX PREA Committee members, lieutenants, BUX human resource manager (HRM), three American Correctional Association (ACA) auditors, chairperson of the correctional services program review, and program review audit team members, at 7:30AM on Tuesday, March 10, 2020. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 4:00PM on March 10, 2020 and 9:00AM and 3:30PM on March 11, 2020, the auditor toured all BUX facilities with the BUX PCM, the chief psychologist, and the BUX PREA Committee members with various unit managers/unit staff, lieutenants, captains, department heads in attendance at various stages of the tour. Ms. O'Connor facilitated interviews, as previously mentioned, during this period of time.

It is noted the rated capacity of BUX is 4097 inmates and the BUX count on March 10, 2020 was as follows:

BUH 965
BUT 962
BTF 1538
BUF 1257

Total: 4722

During the on-site audit, the auditor and assistant auditor were provided offices, located in each BUX facility, from which to review documents and facilitate confidential interviews with staff and inmates. Inmates were placed on call-out to expedite the interview process. The assistant auditor randomly selected (from inmate rosters provided by the BUX PCM/BUX PREA Committee members) and she interviewed 63 inmates on-site pursuant to the Random Inmate Interview Questionnaire and specialty questionnaires. At least one inmate (representative of the total sample of inmate interviewees) was interviewed from each housing unit throughout the BUX facilities.

All 63 inmate interviewees were interviewed pursuant to the Random Inmate Interview Questionnaire and 19 of the 63 inmates were also interviewed pursuant to specialty interviewee questionnaires. Accordingly, 44 interviewees are counted as random inmate interviewees only.

The assistant auditor interviewed one inmate who presented as physically disabled, one inmate who presented as blind in one eye, two inmates who presented as hard of hearing, one limited English proficient (LEP) inmates, four cognitively disabled inmates, five transgender inmates, two inmates who reported a sexual abuse at BUX, and three inmates who reported prior sexual abuse during their intake sexual abuse vulnerability/aggressor assessment.

BUX PREA team staff advised there were no bisexual/gay inmate(s), inmates confined within the facility during the on-site audit who were placed in Segregation for high risk of sexual victimization, nor were there any youthful offenders.

It is noted the 44 random inmate interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to inmates for reporting sexual abuse and sexual harassment. Overall, random interviewees presented reasonable knowledge of PREA policies and practices.

Twelve random staff selected by the auditor and assistant auditor from a staff roster provided by the BUX PCM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees with interviewees questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges sexual abuse, and first responder duties.

The following specialty staff questionnaires were utilized during this review:

Agency Head
Warden or Designee
PREA Coordinator (1)
BUX PCM (1)
Agency Contract Administrator
Designated Staff Charged with Monitoring Retaliation (1)
Human Resources (1)
Investigator (2)
Intermediate or Higher Level Facility Staff (1)
Medical Staff (1)
Mental Health Staff (1)
SANE Staff- (1)

Intake (1)

Staff Who Perform Screening for Risk of Victimization and Abusiveness (1)

Correctional Officer and Non-Correctional Officer Staff Who Have Acted as First Responders (2- one correctional officer and one non-correctional officer) ***Auditor's Note: The FBOP has requested, commensurate with their protocols, that security staff be identified as correctional officers and non-security staff be identified as non-correctional officers throughout this report.

Staff Who Supervise Inmates in Segregated Housing (1)

Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)

Contractors and Volunteers Who Have Contact With Inmates (4- two contractors and two volunteers)

It is noted the Federal Bureau of Prisons (FBOP) is the umbrella agency for BUX.

The auditor reviewed 17 random staff plus two contractor Human Resources (HR) files, 17 random staff and two contractor training records, 18 random inmate files, six random PREA investigative files, and other records reflected throughout the following narrative were reviewed prior to the audit, during the audit, and subsequent to completion of the same. In view of documentary evidence logistics related to 115.17 (described in the narrative for 115.17), the majority of relevant 115.17 standard provisions could not be validated on site.

Four inmate letters (one received prior to the on-site audit and two additional letters received from the same inmate following the on-site audit plus one letter from another BUX inmate received following the on-site audit) were reviewed and considered by the auditor. The inmate who submitted his letter prior to the on-site audit was interviewed by the assistant auditor. The BUX PCM asserts there is no evidence this inmate lodged a PREA allegation as identified in his initial letter.

In regard to the second inmate, the auditor reviewed the investigation and finds the same to be commensurate with PREA standards. Based on the evidence reflected in the investigation, the auditor has determined the finding to be commensurate with 115.71 and 115.72.

In view of the above, the auditor finds the responses to the two incidents were appropriate.

On March 10, 2020, the auditor and assistant auditor were processed into the facility at the Front Entrance. Standard security processing was employed.

During the facility tour, the auditor noted an FBOP PREA poster was posted in the Front Lobby and Visiting Room at all BUX institutions for visitor/attorney third-party consumption. PREA posters and Audit Notices were prevalent throughout the facilities, inclusive of the housing units, pods, program areas, etc.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of inmates, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and inmate programming.

According to the PAQ, there are 56 housing units (generally two wings) (comprised of cells/cubicles) at BUX. Supervision is addressed in the narrative for 115.13. With the staffing observations noted in 115.13, staff making perpetual rounds, and periodic assistance supervision provided by unit management staff pursuant to their daily rounds, supervision appears to be acceptable and effective for the security levels represented at BUX.

As previously indicated, throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, and staff offices/gathering places. Clearly, inmates have access to continual education regarding PREA processes.

The auditor noted sufficient camera surveillance in most areas however, staff supervision is the key to sexual safety at BUX. The Warden asserts specialty cameras have been purchased however, the same have not been installed. Some existing cameras will be replaced and some new systems will

eventually be installed, as identified pursuant to the Security Enhancement Review referenced in the narrative for 115.13.

The auditor observed the control center, particularly focusing on camera placements and the degree of inmate exposure in their cells/cubicles and shower areas. [REDACTED]

During the facility tour, the auditor did note properly shielded urinal/toilet/shower areas. Staff offices have windows in the doors.

Facility Characteristics

The mission of the FBOP 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. The primary mission of BUX is to provide medical and mental care for inmates in the custody of the Bureau of Prisons.

Medical professionals at BUH perform surgeries, both orthopedic and general, and facilitate kidney dialysis, cancer treatment, psychiatric care, and drug abuse treatment. Additionally, BUH laboratory operations staff process samples from surrounding FBOP facilities in the Mid-Atlantic States and BUH maintains a centralized pharmacy unit, as well as, a variety of other medical services.

BUX offers inmates opportunities for self-improvement to include work, education, vocational training, religious and counseling programs. These programs are designed to assist inmates during confinement and upon release, as well as, to facilitate the orderly operation of the institution. Staff maintain high ethical standards in their day-to-day activities and are professional in accomplishing the mission of the FBOP and BUX.

FCI II was the first correctional facility in the United States to be granted Leadership in Energy and Environmental Design (LEED) certification. The LEED certification was presented by the United States Green Building Council, and it identifies the FCI II as a "pioneering example of sustainable design and leadership in transforming the building industry and marketplace."

The LEED Green Building Rating System is a voluntary consensus-based national standard for developing high-performance, sustainable buildings. LEED is based on well-founded scientific standards and emphasizes state-of-the-art strategies for sustainable site development, water savings, energy efficiency, materials selection, and indoor environmental quality. LEED certification recognizes environmental leadership in the building industry, stimulates "green" competition, raises consumer awareness of "green" building benefits, and defines "green building" by establishing a common standard of measurement.

All inmates, who have been medically cleared are provided work assignments, inclusive of food service, environmental health services (safety), facilities, education/recreation, laundry, commissary, health services, sanitation workers and unit orderlies. Additionally, BUX operates industrial factory operations (trade name "UNICOR"), which employ over 200 inmates. Inmates are also encouraged to maintain their personal health through a variety of recreational activities which also reduces idle time.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.31

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 115.13 (Note: Auditor found standard compliant on April 30, 2020)
115.32 (Note: Auditor found standard compliant on May 7, 2020)

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PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/sexual harassment and the policy includes definitions of prohibited behaviors regarding sexual abuse/harassment, as well as, sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The Zero Tolerance policy is clearly articulated in Federal Bureau of Prisons (FBOP) Program Statement (PS) 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page

13, section 115.11(a). Additionally, zero tolerance for sexual abuse appears at Institution Supplement (IS) Federal Correctional Complex Butner (BUX) 5324.12 entitled Sexually Abusive Behavior Prevention, page 1, section 1. The remainder of PREA required information is provided in pages 7-57 of PS 5324.12 and pages 2, section 4 through page 11, section 5 of IS BUX 5324.12.

FBOP PS 3420.11, entitled Standards of Employee Conduct, pages 6 and 7, section 5(b) addresses zero tolerance for staff sexual abuse/harassment, definitions of the same, penalties for perpetration of such acts, and staff prohibition from volunteer activities.

In addition to the above, FBOP PS 5270.09 entitled Inmate Discipline Program, pages 44, 45, 46, 48, and 49, section entitled Table 1 specifies prohibited acts by severity level, a brief description of the offense, and range of sanctions available for imposition in the event of inmate violation of the acts.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the FBOP Organizational Chart, the FBOP PC reports to the Assistant Director, Reentry Services Division (RSD).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 13 and 14, section 115.11(b) address the requirements of 115.11(b). The duties of both the National (FBOP PC) and Regional PCs (RPCs) are clearly scripted at this citation.

Pursuant to interview with the FBOP PC, the auditor learned she does feel she has sufficient time to manage all of her PREA related responsibilities as the position is full-time. There are 122 PREA Compliance Managers (PCMs), one for each facility.

She provides training to all new Associate Wardens (AWs) as they are generally the PCMs at facilities. She also responds to PCM questions via telephone, email, and in person when she visits respective facilities. In 2019, a four-hour comprehensive PREA training was developed and the FBOP PC provided the same at multiple facilities. This training is ongoing.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at BUX. According to the Warden, he does have sufficient time and authority to coordinate BUX efforts to comply with the PREA standards. IS BUX 5324.12 reflects an AW at the Federal Medical Center (BUH) is designated as the PCM at BUX. According to the BUX Organizational Chart, the BUH AW/PCM reports directly to the Warden at BUH.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 14, section 115.11(c) addresses the requirements of 115.11(c). Additionally, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 2, section 4 clearly identifies the PCM at BUX.

During the on-site audit, the auditor learned that although there is a BUX PCM, there is also a designated PCM at each BUX facility. For example, there is also a PCM at the Federal Correctional Institution (FCI) II, Low Security Correctional Institution (LSCI), FCI I and Satellite Prison Camp (SCP), each reporting to the Warden/Camp Administrator or CEO at their respective facilities. The BUX PCM asserts all PCMs meet on a monthly basis and he is in the loop regarding all matters PREA throughout BUX.

The PCM asserts he feels he has sufficient time to manage all PREA related responsibilities. He actually devotes 20 percent of his weekly work time to PREA. As a result of management by walking around (MBWA), he tours all areas of BUH on a weekly basis. He is able to identify blind spots and/or potential issues pursuant to weekly rounds. Knowledge of the inmate population allows for recognition of symptoms of potential sexual abuse/harassment and the ability to glean relevant information from inmates. Additionally, interaction with staff provides a conduit for information exchange and on-the-spot training/correction, if necessary. As the result of the FBOP structure and policies, he is involved in all things PREA.

As mentioned in the preceding paragraphs, PCMs at the other BUX facilities handle day-to-day PREA operations.

In view of the above, the auditor finds BUX substantially compliant with 115.11.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to PAQ documentation, the FBOP requires other private entities contracted for the confinement of inmates (private/state/local prisons/jails and residential reentry centers) to adopt and comply with PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards. The auditor's review of one completed Solicitation, Offer, and Award document, as well as, two Award, Contract documents relative to three separate privatized prison providers clearly reveals requisite language is included in the same.

Of note, BUX does not individually contract with private/state/local providers for confinement of inmates.

However, the FBOP has entered into five contracts with privatized providers within the last 12 months. Pursuant to the PAQ, each contract contains requisite PREA language. Additionally, all of these contracts impose an obligation upon the FBOP to monitor PREA compliance.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 14, section 115.12(a) and (b) address the requirements of 115.12.

The FBOP Contract Administrator interviewee asserts each private contract facility under contract with the FBOP is subject to the following language in their contract: "The contractor shall develop policy and

procedures for the establishment of a sexual abuse/assault program and comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect, and respond to prison rape as contained in 28 CFR Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape; Final Rule dated June 20, 2012."

The contractor's policies and procedures are reviewed by FBOP subject-matter experts who ensure appropriate adherence to national standards and regulations. The contractor is further required to notify the FBOP of any PREA allegation and forward a copy of the allegation, investigation, and findings to FBOP oversight staff for review. FBOP oversight staff and the respective Privatization Management Branch (PMB) Health Systems Specialist review any PREA allegation to ensure compliance with PREA requirements. Such reviews are reflected on monitoring reports. Additionally, at least once per year, the FBOP's quality assurance program conducts a review of all of each contractor's PREA allegations to determine contract compliance.

The FBOP executed five contracts within the last 12 months. Two of the five contracts, NLK and REE, are at new locations and both have scheduled dates later this year for their national compliance review. The remaining three contracts, DAL/RVS/and TAF, are at existing locations and each have scheduled dates during this year for their national renewal certifications.

All contractor PREA policies have been reviewed and approved by the FBOP, oversight of all allegations occur when necessary, and the FBOP Quality Assurance Program will be conducted and reviewed at each facility this year.

Ten of the FBOP's 12 private contract facilities have undergone at least an initial national PREA certification, with subsequent re-certifications every three years. Compliance results were submitted to the FBOP in a timely manner.

Two new contracts were awarded in May, 2019. Both NLK and REE have scheduled dates this year for their national compliance review.

In view of the above, the auditor finds BUX substantially compliant with 115.12.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? X Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? X Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? X Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? X Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? X Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? X Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? X Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the FBOP requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse.

The Warden self reports since the last PREA audit, the average daily number of inmates is 4626. The staffing plan is predicated upon an average daily number of inmates of 4626.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 14 and 15, section 115.13(a) addresses 115.13(a). Pursuant to this policy citation, the Human Resource Management Division (HRMD) and Administration Division, Central Office (CO), must consider PREA factors and safety, in general, when allocating overall staffing resources. At the institution, the Salary/Workforce Utilization Committee Meeting Minutes serve as evidence of the staffing plan and reviews.

The auditor's on-site limited review of the Pay Period (PP) 26 Salary/Workforce Utilization Committee Meeting Minutes clearly reflects a notation on the minutes document reflecting PREA considerations were included in the process. The auditor did not note the notation, in question, on prior or subsequent meeting minutes. The BUX PCM asserts he has reinforced with stakeholders the need to document PREA considerations during each meeting and on each version of meeting minutes.

In view of the above, there is insufficient evidence to validate institutionalization of 115.13(a) during both the last 12 months, as well as, the audit period. While the BUX PCM has initiated proper corrective action to address the deficiency, he will forward to the auditor requisite evidence (Salary/Workforce Utilization Meeting Minutes) to validate institutionalization of the corrective action. Accordingly, the BUX PCM will forward to the auditor, requisite meeting minutes until May 3, 2020. This corrective action is intended to address at least one quarter of meeting minutes.

Subsequent to the auditor's review of the meeting minutes and assurance of institutionalization, he will close the finding.

April 30, 2020 Update:

The auditor's review of the March 24, 2020 (2nd Quarter, 2020 Salary Workforce Utilization Meeting Minutes) reveals the requisite review of PREA issues/considerations occurred during this meeting. The review is clearly articulated in the Minutes. In view of the above, the auditor finds BUX has satisfactorily completed corrective action and accordingly 115.13 compliance has been achieved.

The Warden asserts the facility has a staffing plan. There are adequate staffing levels to protect inmates against sexual abuse.

The complement is based on the security level of the BUX facilities and size of the institutions. With the exception of BUH, one correctional officer (CO) is assigned to each housing unit (generally two wings per unit) at the other BUX institutions, facilitating direct supervision of inmates. Video monitoring is assessed during the Annual Security Enhancement Review and the same is documented in an accompanying report. As an example, specialized cameras have been purchased to replace existing cameras and/or for new implementation.

At BUH, correctional staffing is mixed, generally based on unit missions. For example, staffing is increased in some, if not all, of the mental health units. While medical staffing is present throughout BUH and those staff are trained as correctional workers first, they are generally not charged with direct supervision responsibilities. A unit management staff presence is also present throughout BUH, as well as, all BUX facilities.

The staffing plan is reviewed on a quarterly basis at Salary/Workforce Meetings and PREA is considered/ documented in the report. Facility budgets are reviewed annually in the central office and generally, staffing remains the same absent re-programming or mission change allowances. Salary/Workforce Meeting Minutes are maintained electronically by the Wardens, AWs, and captains.

When assessing adequate staffing levels and the need for video monitoring, the following considerations are factored into staffing plan development:

Generally accepted detention and correctional practices- Staffing throughout the facility is based on the security level(s) and mission(s) of the BUX facilities. Generally, staffing formulas consider American Correctional Association (ACA), PREA, and Joint Commission standards. The same has been tested over time and accounts for various management variables. All of the above are considered by regional office/ central office staff when developing and compiling the staffing plan;

Of note, centralized services [e.g., Human Resources (HR)] receives one budget for the discipline. Additionally, from a broader fiscal perspective, BUX Wardens meet to distribute the entire budget for all institutions;

Any judicial finding of inadequacy- NA;

Any findings of inadequacy from federal investigative agencies- NA;

Any findings of inadequacy from internal or external oversight bodies- If any findings of inadequacy are identified pursuant to program reviews/operational reviews, ACA, PREA, and Joint Commission, the same are resolved through corrective action;

All components of the facility's physical plant- Annually, a Security Enhancement Review is facilitated (central office, regional office, correctional services, safety, facilities, and BUX staff) to assess security weaknesses (camera/mirror needs, procedural issues, potential physical plant changes). Between this process, MBWA, the addition of mirrors, and movement of cameras, observation is enhanced;

The composition of the inmate population- The Office of the Medical Designator (OMDT) generates all designations for inmates designated as Care Level 3 or 4. Assignment of positions within each facility is accomplished on a local basis. For example, at BUH, additional staff may be assigned to the psychiatric units or specialized units based on their mission and type(s) of inmates housed within the same;

The number and placement of supervisory staff- Same as preceding section. The numbers of supervisory staffing is adequate and pre-determined by the central office with input from the regional office and facility. If there is a concern with particular areas, realignment of posts and areas of supervision from the existing complement are always options;

Institution programs occurring on a particular shift- Noted increases or decreases in participation/usage are addressed internally pursuant to alignment and realignment of posts/staffing numbers. Facilities will generally not take on any more than they can handle;

Any applicable state or local laws, regulations, or standards- Generally, state or local laws, regulations, or standards are not relevant to the facility. Joint Commission, PREA, and ACA standards may impact facility operations, dependent upon circumstances and FBOP decisions;

The prevalence of substantiated and unsubstantiated incidents of sexual abuse- Each investigation and associated fact patterns are assessed on a case-by-case basis. Staffing adjustments and defined duties are

generally adjusted locally to address any issues or recommendations. Other practices associated with PREA (e.g., removal of perpetrators from the facility) serve to minimize future incidents; and

Any other relevant factors- None.

When assessing adequate staffing levels and the need for video monitoring, the BUX PCM asserts the following considerations are factored into staffing plan development:

The auditor notes the BUX PCM provided essentially similar narrative to that of the Warden with respect to the 11 staffing plan factors. Accordingly, the narrative, as reflected above, is also applicable for the BUX PCM.

Pursuant to the PAQ, the Warden self reports there were no deviations from the staffing plan during the audit period. Accordingly, the auditor finds 115.13(b) is not applicable to BUX.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 15, section 115.13(b) addresses 115.13(b).

The Warden self reports the facility does document all instances of non-compliance with the staffing plan on the daily roster. However, there has been no deviations from the staffing plan during the last 12 months as posts are filled. Use of non-correctional officers is allowable for mandatory training. Documentation would include explanations for non-compliance.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the FBOP PC, reviews the staffing plan to determine whether adjustments are needed to the same; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 15 and 16, section 115.13(c) addresses 115.13(c). Specifics regarding the use of the aforementioned Salary/ Workforce Utilization Committee Meeting Minutes as evidence of such review are clearly articulated in this policy provision.

The auditor notes findings articulated in the narrative for 115.13(a) also apply to 115.13(c). Accordingly, completion of corrective action, as described in 115.13(a), is also applicable to 115.13(c).

As reflected in the narrative for 115.13(a), corrective action has been completed with respect to 115.13(a).

The FBOP PC asserts she is provided with an annual review of facility staffing plans. The HRMD and Administration Division allocate overall staffing resources.

Pursuant to the PAQ, the Warden self reports the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse/harassment of inmates. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 16, section 115.13(d) addresses 115.13(d). Intermediate level or higher level supervisory staff unannounced sexual safety rounds are conducted at BUX by the Institution Duty Officers (IDOs), documented, and forwarded to the BUX PCM for retention. IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 4, section 5(1)(Additional Staff Duties)(a) addresses 115.13(d).

The auditor's limited review of IDO Unannounced PREA Rounds documents dated October 22-28, 2019, October 29, 2019 through November 4, 2019, November 5-11, 2019, and November 12-18, 2019 reveals requisite rounds were completed at the following BUX facilities: Low Security Correctional Institution (LSCI); Federal Medical Center (BUH); and Federal Correctional Institution II (FCI II). Documents reflect PREA rounds being made on all three shifts as the cumulative efforts of the authoring IDOs.

At BUX, IDOs facilitate unannounced sexual safety rounds. The intermediate or higher level staff interviewee asserts he has conducted unannounced inmate sexual safety rounds and documented the same on spreadsheets.

To facilitate such rounds and in an attempt to prevent staff from alerting other staff he is conducting unannounced rounds, the interviewee asserts rounds are made, displaying no patterns. He facilitates a sexual safety round in a unit and then moves on to a program or operational area. Unit rounds are never facilitated in any particular order.

In view of the above, the auditor finds BUX substantially compliant with 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports youthful inmates are not housed at BUX and the auditor confirmed the same during the facility tour. FBOP PS 5324.12 entitled Sexually Abusive Behavior
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Prevention and Intervention Program, page 16, section 115.14(a), (b), and (c) addresses 115.14(a), (b), and (c). Accordingly, the auditor finds 115.14 is not applicable to BUX.

As there is no evidence of non-compliance with 115.14, the auditor finds BUX substantially compliant with the same.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports policy authorizes cross-gender strip or cross-gender visual body cavity searches of inmates housed at BUX pursuant to exigent circumstances. However, such searches are not facilitated at the complex. The Warden further self reports no cross-gender strip or cross-gender body cavity searches of inmates were conducted at BUX during the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 17, section 115.15(a) addresses 115.15(a). Additionally, FBOP PS 5521.06 entitled Searches of Housing Units, Inmates, and Inmate Work Areas, page 4, section 552.11(c)(1) and (2) addresses 115.15(a). Finally, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 4, section 5(1) entitled Additional Staff Duties (c) addresses 115.15(a).

The non-medical staff involved in cross-gender strip or visual searches interviewee asserts the presence of hard contraband (e.g., weapon, drugs) secreted within a body cavity, taped to the body, etc. serves as a basis for the conduct of cross-gender strip or visual body cavity searches. Additionally, the existence of an assault with no available male staff, would serve as a basis for a cross-gender strip or visual search of an inmate.

The auditor found no evidence of any cross-gender strip or visual body cavity searches during the last 12 months.

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. As observed by the auditor, female inmates are not housed at BUX.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 17, section 115.15(b) addresses 115.15(b). Additionally, FBOP Program Statement 5521.06 entitled Searches of Housing Units, Inmates, and Inmate Work Areas, pages 2 and 3, section 552.11(b)(1) addresses 115.15(b).

In view of the above, the auditor finds 115.15(b) not applicable to BUX.

Pursuant to the PAQ, the Warden self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented. Additionally, policy requires all cross-gender pat-down searches of female inmates are documented. However, as previously indicated, female inmates are not housed at BUX. Accordingly, this particular provision applicable to female inmates is not applicable to BUX.

FBOP PS 5521.06 entitled Searches of Housing Units, Inmates, and Inmate Work Areas, page 4, section 552.11(c)(1) and (2) and pages 2 and 3, section 552.11(b)(1) address 115.15(c). With respect to the conduct of the cross-gender strip and/or body cavity search, the same will be documented in the inmate's central file. With respect to the cross-gender pat search of female inmates, the same will be documented in a memorandum and referred to the Lieutenant's Office. The same will subsequently be referred to the facility PCM. This memorandum will include the subject inmate's name, staff member conducting the search, as well as, the circumstances precipitating the search.

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at BUX enabling inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further relates policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 17 and 18, section 115.15(d) addresses 115.15(d). Four specific methods of notification are articulated in this policy, as well as, one caveat regarding special circumstances. Finally, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 4, section 5(1) entitled Additional Staff Duties (b) addresses 115.15(d).

During the facilities tour, the auditor noted two areas in BUH [REDACTED] and monitored by staff, reportedly inclusive of female staff. Prior to the auditor's departure from the facility, the situation was rectified through [REDACTED]

While touring the FCI II, the auditor noted a restroom on the recreation yard wherein all four sides were open and staff or inmates could look over the four-foot plus walls directly into the restroom. Accordingly, the observer can view genitalia while the inmate is toileting.

While the auditor finds an effort has been made to accommodate 115.15(d) in this regard, he recommends either that the walls surrounding the toileting area be raised a few cinder blocks or that a shield be developed and implemented to offset the above.

At the FCI I, the auditor observed two urinals that were exposed to any observer located in the hallway. Again, the observer could see genitalia if an inmate was toileting. The auditor recommended shielding the urinal with a PREA curtain and the same was completed prior to the auditor's departure from BUX.

The auditor notes he received a letter from an LSCI inmate wherein he complained the unit showers were inadequate to provide sufficient privacy. The inmate, in question, was interviewed and the auditor observed showers throughout the LSCI, finding the same to be properly shielded (privacy) and sufficient in terms of height.

The auditor notes throughout the facilities tour, female staff announced their presence in the housing unit/ bathroom areas and/or male staff announced the presence of female staff in the area.

Twenty-seven of 44 random inmate interviewees assert female staff announce their presence when entering their housing unit. All 44 interviewees assert they and other inmates are never naked in full view of female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothes.

Eleven of 12 random staff interviewees assert they or other officers announce female staff presence when entering a housing unit. All interviewees assert inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Given the auditor's observations as referenced above and the demographics referenced with respect to the random samples of inmates and staff, the auditor finds BUX substantially compliant with 115.15(d).

Pursuant to the PAQ, the Warden self reports there is an FBOP policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the audit period.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 19, section 115.15(e) addresses 115.15(e). Additionally, FBOP PS 5521.06 entitled Searches of Housing Units, Inmates, and Inmate Work Areas, pages 3 and 4, section 552.11(b)(2) addresses 115.15(e). The latter policy applies to pat searches of transgender/intersex inmates who request an exception to pat searches by male staff. Generally, an approved exception is captured in a personal identifier denoted on the commissary card and a SENTRY notation, in writing, and communicated to staff.

In addition to the above, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 4, section 5(1) entitled Additional Staff Duties (c) addresses 115.15(e).

All 12 random staff interviewees assert the facility does prohibit staff from searching or physically examining transgender/intersex inmates for the sole purpose of determining the inmate's genital status and they are aware of this requirement.

The five transgender inmate interviewees assert they have not been placed in a housing area designated only for transgender/intersex inmates and they have no reason to believe they have been strip searched for the sole purpose of determining genital status.

Pursuant to the PAQ, the Warden self reports 100 percent of all correctional officer staff have received training on conducting cross-gender pat-down searches and searches of transgender/intersex inmates in a professional and respectful manner, consistent with security needs.

The auditor's review of 174 plus staff (reflective of several correctional disciplines) and covering the calendar years of 2014-2019 reveals substantial compliance with 115.15(f). Additionally, the auditor's review of lesson plans and Power Point slides relative to the subject-matter of 115.15(f) reveals substantial compliance with 115.15.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 19, section 115.15(f) addresses 115.15(f). Training materials are maintained and updated by the FBOP Correctional Services Branch.

All 12 random staff interviewees assert the agency has a policy to train staff to conduct cross-gender pat down searches and searches of transgender/intersex inmates in a professional and respectful manner, consistent with security needs. All 12 interviewees assert they received this training either when PREA was officially introduced to the FBOP, during Introduction to Correctional Techniques (ICT) training (prior to assuming duties with inmates), and/or during Annual Refresher Training (ART).

In view of the above, the auditor finds BUX substantially compliant with 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 19, section 115.16(a) addresses 115.16(a).

The Warden asserts PREA materials are printed in both English and Spanish and the auditor has confirmed the same. Additionally, a Spanish Speaking staff member is also available to provide Spanish translation for inmates during intake screening and Admission and Orientation (A&O). As reflected in the narrative for 115.16(b), BUX is also engaged in a contract with LanguageLine Solutions to provide translations to inmates who are neither English nor Spanish proficient.

For inmates who cannot read or have limited reading skills, PREA information is presented verbally. For hearing impaired inmates, PREA information is available in written formats. BUX is engaged in a contract with Trusted Translations, Inc. [the auditor's review of this sign language service contract reveals substantial compliance with 115.16(a)], whereby a translator can provide on-site translation. For visually impaired inmates, information is provided verbally. For inmates with intellectual and/or psychiatric disabilities, information is presented by Psychology Services staff, if needed.

According to the Agency Head interviewee, each facility PCM may reach out to disability assistance offices in the local community as a resource for institution staff to provide effective communication accommodations when a need for such accommodation exists. Additionally, each institution establishes a contract with LanguageLine Solutions for those inmates who speak a language other than English.

Two inmate interviewees who presented as hard of hearing, four inmates who presented with cognitive disabilities, one who presented with physical disabilities, one Limited English Proficient (LEP) inmate, and one inmate who presented as blind in one eye interviewees assert the facility provides information about sexual abuse/harassment they can understand. Interviewees assert they access staff or inmate assistance, if necessary. Inmate assistance is of their own choosing.

During the facilities tour, the auditor observed the A&O Handbook and insert was available in Receiving & Discharge (R&D) and all posters were positioned on walls/pillars so they are accessible to any inmate confined to a wheelchair, etc.

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 20, section 115.16(b) addresses 115.16(b).

Pursuant to a memorandum dated October 7, 2014 from an Assistant Director, a Blanket Purchase Agreement (BPA) with LanguageLine Solutions was executed for implementation in all FBOP facilities. The BPA encompasses all languages inmates are likely to speak and addresses telephonic translation services for staff/inmate conversations.

Of note, the auditor's review of the October 23, 2019 memorandum from the Acting Chief, National Acquisitions Section, addresses exercise of Option Year 3 regarding the LanguageLine Solutions contract reveals substantial compliance with 115.16(b).

The auditor's review of a poster (English and Spanish) reveals information is provided regarding Zero Tolerance and reporting. Additionally, the auditor's limited review of a document entitled Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders (written in English and Spanish) provides a plethora of PREA-related information.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances, where an extended delay in obtaining an effective interpreter, could compromise the inmate's safety, the performance of first-response duties under 115.64, or investigation of the inmate's allegations. The Warden further asserts the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of assistants are used. Reportedly, there were zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 20, section 115.16(c) addresses 115.16(c).

Four of 12 random staff interviewees assert inmate interpreters/readers/assistants can be used to assist inmates with disabilities or LEP inmates when making an allegation of sexual abuse/harassment. All four interviewees were able to identify one or more of the reasons for use of such resources, as defined in 115.16(c). The most common reasons cited are loss of evidence/compromise of the investigation.

All 12 interviewees assert, to the best of their knowledge, this has not occurred during the last year.

As policy clearly articulates the nuances of 115.16(c) and there were no instances, during the last 12 months, wherein the protocols described in 115.16(c) were invoked, the auditor finds no basis for an adverse finding. Clearly, four random staff interviewees were aware of policy and procedure.

In view of the above, the auditor recommends that BUX trainers clearly articulate and accentuate the nuances of 115.16(c) during ICT and/or ART. However, additional training is necessary to ensure all facets of 115.16(c) responsibilities are clear for staff. Accordingly, the auditor imposes a training task, due for completion on October 16, 2020, wherein the nuances of 115.16(c) will be accentuated.

The auditor recommends that the BUX PCM author a memorandum to meet the above condition and distribute the same to all staff. Emailing the document will ensure all staff receive the same. Additionally, the BUX PCM and all facility PCMs should randomly quiz staff regarding these requirements as they (PCMs) make facility PREA rounds.

If the BUX PCM selects this option, he will provide to the auditor a copy of the memorandum and any attachments. Additionally, evidence of mailing will be provided.

May 7, 2020 Update:

The auditor's review of a memorandum authored by the BUX PCM satisfies the additional training as required above. This same information will likewise be accentuated during ICT and ART PREA training presentations. This information was provided to staff at all BUX facilities on or about May 6, 2020.

Accentuation of the nuances and random quizzing of staff during MBWA rounds will ensure institutionalization throughout all BUX facilities.

In view of the above, the auditor finds BUX substantially compliant with 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;
Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 20, section 115.17(a)(1-3) addresses 115.17(a).

The following represents a recapitulation of the Human Resource Manager's (BUX HRM) review of 19 random staff and contractor files, inclusive of promotion files. During the process, the auditor found that some Human Resource (HR) documentation is maintained at the facility for new hires (within the last 9-12 months) while documents older than 9-12 months are maintained at Grand Prairie, Texas. Thus, criminal background record check information is generally available at the facility for those staff hired within the last 9-12 months. However, the same documentation, inclusive of five year re-investigations for those staff hired prior to the last year, are maintained at Grand Prairie.

In addition to the above, employment applications and applications for promotion are maintained at Grand Prairie. Any information relative to prior employer checks is maintained with the criminal background record checks at Grand Prairie. In view of redaction issues associated with the Freedom of Information Act/Privacy Act (FOIA/PA), such information, as well as, the specifics regarding NCIC findings, are not available to the auditor.

In an effort to facilitate report timeliness and reasonable assurance for the auditor that all provisions of Standard 115.17 have been met, the auditor agreed to reliance on a written certification from the BUX HRM regarding relevant provisions. The BUX HRM certifies she specifically verified all of the following with respect to randomly selected files. Thus, requisite reviews of documentation submitted by applicants prior to the hiring process, are certified by the BUX HRM. Additionally, the BUX HRM certifies her findings signify compliance with 115.17 provisions.

For context, two of the randomly selected staff were hired during the last 12 months. Twelve random files pertain to staff who should have received at least one five-year reinvestigation.

The BUX HRM's review of the two new employee files (hired within the last 12 months) reveals eQIP/ JSTARS Waiver Requests were granted prior to the actual date of hire. In these cases, a limited background investigation is conducted to assess whether conditional appointment is appropriate based on FBOP standards, inclusive of PREA.

The BUX HRM certifies all five year re-investigations for twelve random staff, have been completed and no new disqualifying information has surfaced. Five-year re-investigations are not yet due for the two promotions or the contractors. Accordingly, the auditor finds BUX substantially compliant with 115.17(c), (d), and (e).

The BUX HRM certifies one of the the two new hires within the last 12 months, as well as, the two promotion applicants, certified, within their application, they did not engage in sexual abuse as articulated in 115.17(a) (1-3). There is no evidence one of the new hires addressed 115.17(a-3), in writing. The auditor has been advised the three questions were not included in the initial/promotion applications until approximately June, 2019.

In addition to the above, the BUX HRM certifies there is no evidence of sexual harassment (with respect to the two applicants hired within the last 12 months) and prior institutional employer checks were initiated in these two cases pursuant to the initial criminal background records check. She further certifies no disqualifying evidence surfaced as a result of the same, relevant to the random staff. Thus, compliance with 115.17(a), (b), (c), and (f) is validated.

In regard to the randomly selected contractors, neither the BUX HRM nor the auditor find any evidence they engaged in any of the behaviors identified in 115.17(a)(1-3).

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 20, section 115.17(b) addresses 115.17(b).

The Human Resource (HR) interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Sexual harassment is addressed in the Pre-Employment Questionnaire (PEQ); however it is not necessarily specific. Additionally, the question is not necessarily specific with respect to staff applying for promotion. The auditor notes promotion applicant information can be assessed pursuant to review of disciplinary files.

The investigator may be privy to sexual harassment expectations. Of note, a similar PEQ is administered to contractors. That document is likewise referred to investigators.

Pursuant to the PAQ, the Warden self reports agency policy requires before new employees who may have contact with inmates are hired, a criminal background record check is conducted, and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation for an allegation of sexual abuse. The Warden further self reports during the last 12 months, 87 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame. Of note, as new hires may be pending completion of a full criminal background records check, a Waiver is issued by the reviewing authority after review of source information. Thus, the hire is conditional upon successful completion of the full criminal background records check.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.17(c)(1 and 2) addresses 115.17(c).

The HR interviewee asserts the agency performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. Such criminal background record checks are completed by Office of Personnel Management (OPM) contract investigators. This applies to contractors who may have contact with inmates, as well.

As there is an on-going record of employee behaviors between the entry on duty date and the first five-year re-investigation, managers and executive staff are reasonably assured of knowledge of additional relevant charges/convictions, etc. Of note, fingerprints are maintained by the FBI and accordingly, any new charges/convictions are reported to the FBOP and the Warden. This same procedure applies between five-year re-investigations.

Prior institutional employer checks are addressed in the narrative for 115.17(b). However, the BUX HRM initiates initial and 5-year re-investigations for contractors.

Pursuant to the PAQ, the Warden self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports criminal background record checks were conducted relative to 15 contractors who might have contact with inmates.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.17(d) addresses 115.17(d).

Pursuant to the PAQ, the Warden self reports agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.17(e) addresses 115.17(e).

The HR interviewee asserts the JSTARS and eQIP systems are used to request initial criminal background record investigations for new employees and contractors. Grand Prairie tracks and requests five-year re-investigations with respect to staff.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.17(f) addresses 115.17(f).

Auditor's Note: With respect to asking all current employees regarding the three questions articulated in 115.17(a) during interviews or written self-evaluations conducted as part of reviews of current employees, the auditor has determined the same is not applicable to the FBOP. Specifically, pursuant to the auditor's review of PS 3430.08 entitled "Performance" reveals the final discussion of performance with the employee does not meet the definition of "interview and written self-evaluation" as articulated in the standard. The employee can grieve his/her performance rating at which time he/she can present documentary evidence, etc. in support of a requested rating change. During the final discussion of performance, the employee can sign or may not sign the written narrative.

In regard to the employee's affirmative obligation to report, the same is articulated during ART.

The auditor has been advised the 115.17(a) questions are reflected in all initial/promotion applications since June, 2019.

According to the interviewee, the three 115.17(a) questions are asked of prospective employees and contractors during the criminal background record investigations.

With respect to promotions, hiring manager/executive staff vouchering and checks of employee disciplinary files, as well as, five-year re-investigation results are used to guard against any unsuitable candidates.

Additionally, the HR interviewee asserts the facility imposes upon the employee, a continuing affirmative duty to disclose any such previous misconduct. Staff sign for the Standards of Employee Conduct pursuant to ART.

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.17(g) addresses 115.17(g).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.17(h) addresses 115.17(h).

The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, BUX provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds BUX substantially compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has not made substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit. Accordingly, the auditor finds 115.18(a) not applicable to BUX.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 21, section 115.18(a) addresses 115.18(a).

Pursuant to the PAQ, the Warden self reports the facility has not installed or updated video monitoring system(s), electronic surveillance system(s), or other monitoring technology since August 20, 2012, or since the last PREA audit. Accordingly, the auditor finds 115.18(b) not applicable to BUX.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 22, section 115.18(b) addresses 115.18(b).

As the auditor finds no deviations from 115.18, he finds BUX substantially compliant with the same.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X Yes No NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). According to the Warden, a combination of the Department of Justice (DOJ) Office of the Inspector General (OIG), Federal Bureau of Investigation (FBI), and the facility Special Investigative Agent (SIA) and/or Special Investigative Services (SIS) (generally assistance based) staff facilitate criminal investigations, dependent upon the circumstances, of sexual abuse at BUX. Referrals to OIG occur following review of the Warden's referral to the FBOP Office of Internal Affairs (OIA). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 22, section 115.21(a) addresses 115.21(a). Additionally, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(3)(a) clearly reveals requisite first responder duties.

Pursuant to the auditor's review of PAQ documentation, he determined there is no reference to expectations in one training protocol regarding a first responder's direction to the perpetrator of a sexual assault. Specifically, pursuant to 115.64(a), the first responder REQUESTS that the victim not destroy physical evidence as defined by the provision. The first responder ENSURES the perpetrator does not destroy physical evidence as defined in the aforementioned provision. The auditor found no reference to ENSURING the perpetrator does not destroy physical evidence, in the Power Point Presentation.

As the auditor finds the FBOP policy to be commensurate with 115.64(a) (preservation of physical evidence) and staff responses as articulated in the following paragraph to marginally follow the PS 5324.12 dictates, he does not find sufficient evidence to warrant a non-compliance finding. Accordingly, the auditor is requiring amendment of the aforementioned training document to coincide with the requirements of 115.64(a) and FBOP PS 5324.12.

The above corrective action must be completed on or before October 16, 2020. The BUX PCM will forward to the auditor a copy of the amended document(s) and copies of training documentation reflecting new staff are being properly trained regarding 115.64. Of note, the laminated card carried by staff will also require amendment and accordingly, the BUX PCM will provide a copy of the same to the auditor.

All 12 random staff interviewees assert they are aware of and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Three of the 12 interviewees correctly identified all steps of the first responder duties as their role as first responders consists of evidence preservation. The same constitutes the primary protocol for obtaining usable physical evidence at BUX given the fact the SIS/OIG investigators, and a specially trained evidence recovery team collects physical evidence.

A discussion regarding additional first responder training is clearly articulated in the narrative for 115.64(b). The auditor notes the training has been completed as articulated in the aforementioned narrative.

Three of 12 interviewees assert administrative investigations are facilitated by the SIS and criminal investigations are facilitated by OIG/FBI.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement that the protocol be developmentally appropriate for youth, is not applicable to BUX. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 22, section 115.21(b) addresses 115.21(b). This policy stipulates the Bureau's response to sexual abuse follows the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version.

The auditor's review of PAQ legal opinion memorandums reveals the uniform evidence protocol utilized by OIG and the FBI meets the letter of 115.21(b).

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Such examinations are generally facilitated at a local hospital. Forensic medical examinations are offered without financial cost to the victim.

Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs medical examinations.

Efforts to provide SANEs or SAFEs are documented. In the last 12 months, three forensic medical examinations were conducted by a SAFE/SANE relative to BUX inmate(s) who were allegedly sexually assaulted.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 22, section 115.21(c) addresses 115.21(c). A forensic examination is preceded by a physical examination, the victim being afforded the opportunity for a forensic examination as soon as possible.

Additionally, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 9, section 5(3)(h) clearly reveals requisite responsibilities regarding forensic examinations in a community hospital.

During the on-site audit, the auditor did review one of the three forensic examinations and found the same was facilitated in a timely manner and pursuant to 115.21(c).

The SANE interviewee asserts she is one of 15 SANEs who provide services to BUX inmates. Fourteen SANEs are on call and generally available. If an on-call SANE is not available, the interviewee reports to the hospital to facilitate the forensic examination. In the event neither she nor another SANE is available, the Emergency Room (ER) attending physician conducts the forensic examination.

SANEs, all registered nurses, must complete a 40 hour specialty training, sanctioned by the International Association of Forensic Nurses (IAFN) with limited training oversight by the North Carolina Board of Nursing. SANEs are also required to complete 24 hours of clinical practice.

Forensic examinations include the protocols articulated in 115.83(b), (c), and (f).

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified facility staff member.

The auditor's review of electronic Course Completion Rosters (for 42 BUX staff) reveals completion of the Forensic Medical Exams: An Overview for Victim Advocates (VAs) course. Accordingly, there is substantial compliance with 115.21(d). Review of the Forensic Medical Examinations: An Overview for Victim Advocates/Qualified Agency Staff lesson plan and Power Point slides also reveals substantial compliance with 115.21(d).

The auditor's review of an MOU between the FBOP/BUX and DCRC clearly reveals compliance with 115.21(d) and (e).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 23, section 115.21(d) addresses 115.21(d). This policy stipulates if a rape crisis center is not available, properly trained psychology or chaplaincy services staff members may provide victim services locally.

Additionally, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, pages 8 and 9, section 5(3)(g) clearly addresses the aforementioned agreement and services provided pursuant to the same.

The BUX PCM asserts, if requested by the victim, a VA from DCRC provides services pursuant to an Agreement between FBOP/BUX and the DCRC. The VA can accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews, if requested by the victim.

In addition to the above, some psychology services staff at the facilities are trained VAs.

Both interviewees who reported a sexual abuse at BUX assert they were not offered access to a VA.

The auditor notes one incident occurred in 2015 at another facility and the other allegation did not result in the conduct of a forensic examination. As reflected in other narratives of this report, the inmate asserted, during the BUX examination related to his allegation, he did not know why he was being examined.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The BUX PCM asserts no such requests have been received during the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 23, section 115.21(e) addresses 115.21(e). Such services are pre-authorized pursuant to agreement referenced in the narrative for 115.21(d).

During the last 12 months, zero inmates requested that a VA accompany and support the victim through the forensic medical examination and investigatory interviews, providing emotional support, crisis intervention, information, and referrals.

The BUX PCM asserts a psychologist on the BUX PREA team has had contact with DCRC staff regarding programming. The auditor notes that pursuant to the DCRC website, trained volunteer VAs provide services.

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 23, section 115.21(f) addresses 115.21(f).

In view of the above, the auditor finds BUX substantially compliant with 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the Warden, in the last 12 months, 53 allegations of sexual abuse were received and 39 were administratively investigated while 14 were investigated as criminal matters. The Warden further self reports 38 of the 39 administrative investigations were completed while one remains outstanding (OIG investigation).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 24, section 115.22(a) addresses 115.22(a).

According to the agency head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

In general, OIG investigates potential criminal cases of staff-on-inmate sexual abuse. OIA investigates administrative cases of staff-on-inmate sexual abuse or sexual harassment. Institution investigative staff (SIS) investigates all other cases. OIG, OIA, and SIS, in general, review the allegation(s) and predicated information. Substantiated allegation(s) for administrative investigations or criminal prosecutions are based on the corroboration of witness and victim statements, predicated information, along with physical evidence.

Thirty-four cases were unsubstantiated. Three were determined to be unfounded. Two cases were determined to be substantiated.

One case remains open/incomplete (administrative) and 13 OIG cases remain open/incomplete.

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring allegations of sexual abuse and sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse/harassment for criminal investigation.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 24, section 115.22(b) addresses 115.22(b). FBOP PS 5508.02 entitled Hostage Situations or Criminal Actions Requiring FBI Presence, page 2, section 7 addresses the Memorandum of Understanding (MOU) between the FBOP and FBI regarding investigative responsibilities. A copy of the actual MOU is included in the PAQ documentation and clearly stipulates responsibilities.

28 Code of Federal Regulations (CFR) 45 stipulates DOJ employees are required to report misconduct, cooperate with investigations, and report such incidents to OIG. 28 CFR 29 addresses referral of investigations to other DOJ components. This information is synonymous with the narrative articulated at 115.21(a).

The investigative staff interviewee asserts agency policy does require that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Such referrals are made to OIG/FBI and they are generally facilitated by the FBOP OIA following SIS referral to OIA.

The auditor's review of the FBOP website reveals FBOP PS 5324.12 and the previously referenced policy noted in the narrative for 115.22(a) are posted on the same. Accordingly, the aforementioned verbiage is available on the website.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 24, section 115.22(c) addresses 115.22(c).

The auditor notes all FBOP Program Statements referenced in 115.21 and 115.22 are maintained on the FBOP website.

In view of the above, the auditor finds BUX substantially compliant with 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 24 and 25, section 115.31(a) addresses 115.31(a).

The auditor's limited review of the FBOP Power Point Presentation entitled Sexually Abusive Behavior Prevention & Intervention Program reveals the requisite 10 topics are covered with narrative and slides. All requisite training [as applied to 115.31(a)] is available at BUX.

The auditor's cursory review of Training Acknowledgments for 263 staff across the three BUX facilities confirms attendees completed the 2020 ART PREA course, revealing substantial compliance with 115.31.

The auditor's on-site review of 17 random staff training files reveals substantial compliance with 115.31. Fourteen staff were hired prior to 2017 and accordingly, provision of the requisite 115.31(a) training prior to inmate contact is not considered for purposes of this audit and report. However, the auditor notes all files reviewed with respect to these staff reveal completion of ART, inclusive of annual PREA training, throughout the audit period. The auditor notes in two cases the 2020 ART has not yet been completed however, staff were not due for the same at the time of the on-site review. They did receive ART during calendar years 2017 through 2019.

Three staff were hired either during 2018 or 2019 and all received ICT, inclusive of PREA training. The employee hired during calendar year 2018 received ART, inclusive of PREA training, during calendar years 2018 and 2019. The remaining two staff are not yet due for ART.

All 12 random staff interviewees assert they have been trained regarding the 10 topics referenced in 115.31(a) either during ICT and/or ART.

Pursuant to the PAQ, the Warden self reports training is tailored to the gender of the inmates assigned to the facility. The Warden further self reports employees who are reassigned from facilities housing the opposite gender are given additional training.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 25, section 115.31(b) addresses 115.31(b).

The auditor finds training to be appropriate for the male gender inmates housed at BUX. The Warden further self reports employees who are reassigned from facilities housing the opposite gender are given additional training.

Pursuant to the amended PAQ, the Warden self reports that 1307 staff employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements. This equates to 100% training completion.

Pursuant to the PAQ, the Warden self reports staff receives initial PREA training during ICT and annually during ART. According to the Warden, employees who may have contact with inmates receive PREA refresher training on an annual basis.

As 115.31(c) requires refresher training on a bi-annual basis and given the fact policy, interviews, and auditor review of relevant evidence demonstrates annual PREA training, the auditor finds BUX exceeds standard requirements with respect to 115.31(c).

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

The requirements of this provision, in terms of actual signatures of understanding, are addressed in the narrative for 115.31(a). Specifically, the auditor's review of PAQ information, as well as, random on-site review of staff training files substantiates compliance with 115.31(d).

In view of the above, the auditor finds BUX exceeds standard requirements with respect to 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Warden self reports all contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 203 contractors and 254 volunteers, who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response and all have been properly trained.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 26, section 115.32(a) addresses 115.32(a).

The auditor's review of the PREA ART lesson plan for contractor/volunteer training reveals substantial compliance with both 115.32(a) and (b). The same clearly reflects instruction regarding the facility's zero tolerance policy, PREA overview, definitions of sexual abuse/harassment behaviors, and reporting options.

The two contractor and two volunteer interviewees assert they received PREA training upon assumption of contractor/volunteer duties at BUX. They receive PREA ART on an annual basis.

The auditor's review of completed Level 1 Volunteer Application/Training forms for four volunteers reveals they understand the training they received. The document is signed and dated by the volunteers and co-signed by the Program Manager. The auditor has also been provided Contractor/Volunteer Training Agenda Sign-in Sheet(s) wherein the names of contractor attendees appear. That document does not reflect any verbiage reflecting the "I understand" caveat required in 115.32(c). Accordingly, attendees did not certify their understanding of the PREA subject-matter presented during the training.

In view of the above, the auditor finds BUX non-compliant with 115.32(c). Accordingly, a maximum 180-day corrective action period is imposed wherein BUX will demonstrate compliance with 115.32. The corrective action period expires on November 6, 2020.

To demonstrate compliance, the auditor recommends the BUX PCM craft a document bearing the requisite 115.32(c) language. The document must bear the printed name and signature of the contractor attendees, contractor title(s), date of training, and trainer's signature. Upon completion of the document, a copy will be provided to the auditor. Additionally, a completed document with the aforementioned information/signature(s) will be forwarded to the auditor for retention in the audit file.

May 7, 2020 Update:

The auditor has received a copy of a completed Contractor/Volunteer Training Agenda Sign-in Sheet bearing the names of two contractors and dated May 5, 2020. The newly amended form clearly reflects the bold verbiage, "By signing, I understand the training received." PREA training is clearly scripted as one of the training components.

In view of the above, the auditor finds corrective action is complete and 115.32(c) is now compliant.

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The auditor's review of relevant policy reveals all contractors and volunteers receive the same PREA training and the same is commensurate with standard expectations. The Warden further self reports all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and have been informed how to report such incidents.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 26, section 115.32(b) addresses 115.32(b).

The two contractor interviewees and two volunteer interviewees assert training was presented in the forms of power point presentation, lecture, video, and classroom participation. The training centered on the facility's zero tolerance policy regarding sexual abuse/harassment of inmates, reporting options, a PREA overview, and PREA definitions.

The auditor's review of the lesson plans for both contractors and volunteers reveals substantial compliance with 115.32(b).

Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 26, section 115.32(c) addresses 115.32(c).

In view of the above, the auditor finds BUX substantially compliant with 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes No

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 2884 inmates were admitted to BUX during the last 12 months, of which 100% were provided the requisite information at intake.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 26 and 27, section 115.33(a) addresses 115.33(a). The FBOP Admission and Orientation (A&O) pamphlet on Sexually Abusive Behavior Prevention and Intervention is provided to each inmate at intake screening. This document addresses a plethora of PREA topics inclusive of zero tolerance, reporting incidents of sexual abuse/harassment, among other topics.

In addition to the above, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Staff Training Components- Inmate Education) addresses 115.33(a) and (b).

The intake staff interviewee asserts unit management staff provide inmates with A&O Handbooks, wherein the FBOP pamphlet on Sexually Abusive Behavior Prevention and Intervention is included, immediately upon arrival (at intake). This resource, minimally, provides information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Provision of the above resource to the inmate is documented on the Intake Screening Form.

Thirty-nine of 44 random inmate interviewees assert they received information about the facility's rules against sexual abuse/harassment.

The auditor's cursory review of the aforementioned document reveals the same is comprehensive and informative, addressing many key components of the PREA standards.

The auditor's review of eight random Intake Screening Forms from BUX institutions reveals the respective inmates received copies of the aforementioned A&O Handbook and pamphlet.

The auditor's on-site review of 18 random inmate files reveals all inmates received requisite 115.33(a) information on the date of arrival at BUX. Of note, one of the 18 files pertained to an inmate who asserted he did not receive requisite information upon the date of arrival at BUX.

Pursuant to the PAQ, the Warden self reports 2863 inmates were admitted to BUX during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of these inmates received comprehensive PREA education within 30 days of intake.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 27, section 115.33(b) addresses 115.33(b). Specific A&O PREA topics are identified in this policy provision, the same being comprehensive.

In addition to the above, IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Staff Training Components- Inmate Education) addresses 115.33(a) and (b).

The intake staff interviewee asserts the facility ensures inmates are educated regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This information is conveyed pursuant to the A&O Handbook, followed by more in-depth education by unit staff and psychology services staff, generally conducted within one week of arrival.

Thirty-nine of 44 random inmate interviewees generally assert they received 115.33(b) information between the day of intake and one week later. The auditor notes this is the same interview group referenced in the narrative for 115.33(a). Education is provided at intake as identified in 115.33(a) and generally within one week of intake at A&O.

The auditor's review of 30 Institution A&O Program Checklists (encompassing all BUX facilities) validates completion of the Sexual Abuse/Harassment presentation. Requisite topics were presented to participants and they signed for receipt of the same. Training was provided within 30 days of intake.

The auditor's review of eight random Intake Screening Forms from BUX institutions reveals the respective inmates received copies of the aforementioned A&O Handbook and pamphlet.

The auditor's on-site review of 18 random inmate files reveals 17 inmates received requisite 115.33(a) information within 30 days of arrival at BUX. Of note, one of the 18 files pertained to an inmate who asserted he did not receive requisite information within 30 days of arrival at BUX. The auditor's review reveals he clearly received all requisite 115.33(b) information in a timely manner.

The auditor's review of the A&O PREA lesson plan reveals substantial compliance with 115.33(b).

Pursuant to the PAQ, the Warden self reports all inmates, received within the last 12 months, have been properly educated. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual

harassment, retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 27, section 115.33(c) addresses 115.33(c).

The auditor notes BUH is a major medical center within the FBOP. Accordingly, inmates are continuously received from other FBOP facilities. The same is generally true for the other BUX facilities. Throughout the on-site audit and review of documentation, the auditor found no examples of 115.33(c) non-compliance.

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the verbiage of 115.33(d).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 27, section 115.33(d) addresses 115.33(d).

The LanguageLine Solutions and other methods of training provision to groups of inmates described in 115.33(d) are delineated in the narrative for 115.16.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA education sessions.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 28, section 115.33(e) addresses 115.33(e). Additionally, FBOP PS 5290.14 entitled Admission and Orientation Program, page 10, section g reflects proper documentation of inmate participation in institution A&O and intake screening.

With respect to the documentation identified in the narratives for 115.33(a-c), the auditor also reviewed the same when reviewing random inmate files. Conclusions are based on the completed documents.

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 28, section 115.33(f) addresses 115.33(f).

The auditor's review of one PREA poster, previously mentioned in the narrative for 115.16(b), and the pamphlet mentioned in the narrative for 115.33(a), reveals substantial compliance with 115.33(f).

In view of the above, the auditor finds BUX substantially compliant with 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports agency policy requires investigators are trained in conducting sexual abuse investigations in confinement settings.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 28, section 115.34(a) addresses 115.34(a).

The investigative interviewee asserts he has completed the specialty training identified throughout the narrative for 115.34(a) in 2018 and 2019. Of note, the auditor's review of the roster mentioned in the following paragraphs validates the same.

The interviewee asserts this National Institute of Corrections (NIC) course was presented online. The same included videos, slides, Power Point and encompassed multiple choice questions. SIS Technicians (SIS Techs) also complete the same course.

The auditor's review of a BUX roster of staff completions of a one hour NIC PREA Investigator specialty training course entitled PREA: Investigating Sexual Abuse in a Confinement Setting reveals the designated BUX sexual abuse/harassment investigators have completed requisite specialty investigative training.

Pursuant to the BUX PCM, 16 staff in the SIS Office have received requisite specialty training.

The auditor's review of random staff training files validates the SIA completed requisite specialty investigative training during three consecutive years and the BUX PCM has completed the same training.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 28, section 115.34(b) addresses 115.34(b).

The training curriculum and documentation of completion is addressed in the narrative for 115.34(a).

The investigative staff interviewee asserts specialty training topics include:

Techniques for interviewing sexual abuse victims;
Miranda and Garrity rights;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that investigators have completed the required training.

The Warden further self reports BUX currently employs 10 PREA Investigators and they have completed the required training.

A discussion regarding credentials appears in the narrative for 115.34(a).

In view of the above, the auditor finds BUX substantially compliant with 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or

suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
X Yes No NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 290 medical and mental health care practitioners work regularly at the facility and have received the requisite training. The auditor has been advised that 100% of medical and mental health care practitioners, who work regularly at the facility, have received training.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 28 and 29, section 115.35(a) addresses 115.35(a).

The medical and mental health staff interviewees assert they completed requisite specialty medical/mental health training. Both interviewees assert they have received a four to five hour specialized online NIC training regarding the following:

How to detect and assess signs of sexual abuse/harassment;

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

The interviewees also note the training was provided shortly after their entry on duty (EOD) date.

The auditor's review of a roster of 22 staff training completions regarding PREA for Medical and Mental Health Care practitioners reveals substantial compliance with 115.35. Staff completing this training represented various institutional disciplines. Additionally, a second roster reveals receipt of either ICT or In-Service PREA training (in all four cases), as well as, the requisite specialty training (in all four cases).

Review of three additional contractor transcripts reveals they received specialty training. Additionally, documentation confirms one contract physician has completed specialty training.

It is the auditor's understanding and observation that the majority of medical care at BUX is provided by FBOP and Public Health Service (PHS) medical practitioners. Contract practitioners do provide specialty medical, at a minimum, services. Contractors, however, are not the primary medical/mental health service providers.

In view of the above, the auditor finds BUX substantially compliant with 115.35(a).

Pursuant to the PAQ, the Warden self reports forensic examinations are not conducted at BUX. Accordingly, the auditor finds 115.35(b) not applicable to BUX.

The medical/mental health staff interviewees assert forensic examinations are not facilitated at BUX.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing medical and mental health practitioners have completed the required training.

Documentation of the requisite PREA training is addressed in the narrative for 115.35(a).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 29, section 115.35(d) addresses 115.35(d).

The auditor's on-site review of two random medical/mental health staff training files reveals both received ART PREA training throughout the audit period. The mental health staff member is not yet due for 2020 ART.

One of the two files pertained to an employee who was hired in 2013 and accordingly, her ICT information is not relevant to this audit. The other employee was hired in 2018 and she was provided timely ICT prior to contact with inmates.

In addition to the above, the auditor's review of the training file relative to one contractor reveals timely completion of initial PREA training pursuant to 115.32 and ART for each subsequent year throughout the audit period. With respect to the second contractor, she received timely initial PREA training and is not yet due for ART PREA training.

In view of the above, the auditor finds BUX substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes No

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

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

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

115.41 (e)

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

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

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? X Yes No

- Does the facility reassess an inmate's risk level when warranted due to a request? X Yes No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? X Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 29 and 30, section 115.41(a) addresses 115.41(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 3, section 5(1)(Unit Management Staff) also addresses 115.41(a).

The auditor's review of fifteen 2019 Intake Screening Forms (encompass all BUX facilities) reveals the PREA criteria addressed in the PREA Intake Objective Screening Instrument was considered and the intake screening assessment was completed in a timely manner in each case. Documentation reveals proper referrals, in accordance with FBOP policy, were facilitated in appropriate cases.

The staff responsible for risk screening interviewee asserts he/she does screen inmates upon admission to BUX or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Twelve of 44 random inmate interviewees assert they were asked the following questions upon arrival at BUX:

Whether they had been in jail or prison before;
Whether they have ever been sexually abused;
Whether they identify as lesbian, gay, bisexual; and
Whether they think they might be in danger of sexual abuse at BUX.

Eight interviewees assert they were asked these questions at intake while four interviewees assert they were asked the questions within a few weeks of arrival at BUX. Three additional interviewees assert they either do not know or they do not recall whether they were asked the aforementioned questions.

In accordance with the Random Inmate Interview Questionnaire, questions 7 and 8 are asked only if the inmate arrived at BUX during the last 12 months and accordingly, those inmates constitute applicable cases. Twenty-seven of the 44 interviewees arrived outside the 12 month parameter and accordingly, they were not asked the relevant interview questions.

The auditor's review of 18 random inmate files reveals timely assessments were conducted upon the inmate's arrival at the respective BUX facility (within 24 hours of arrival) in all cases. The auditor notes he reviewed five files related to interviewees who either asserted they did not receive the requisite screening,

they did not know or could not remember whether the relevant questions were asked, or the requisite screening was conducted within a couple weeks of arrival at BUX. In all cases, the inmates received timely and comprehensive screening.

In view of the above, the auditor finds BUX substantially compliant with 115.41(a).

Pursuant to the PAQ, the Warden self reports policy requires inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the past 12 months, the Warden self reports 2884 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified above.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 30, section 115.41(b) addresses 115.41(b).

The staff responsible for initial risk screening interviewee asserts he/she completes initial risk screening for sexual victimization or risk of sexually abusing other inmates, within 24 hours of intake.

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective screening instrument.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 30 and 31, section 115.41(c) addresses 115.41(c). Guidance regarding use of the PREA Intake Objective Screening Instrument and documentation of relevant PREA findings on the Intake Screening Form are articulated in this policy provision.

The auditor's review of the PREA Intake Objective Screening Instrument reveals the same is, for the most part, based on objective criteria.

The auditor's review of the PREA Intake Objective Screening Instrument reveals the intake screening considers, 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 non-conforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

The BUX PCM asserts there are no inmates detained at BUX solely for civil immigration purposes.

The staff responsible for risk screening interviewee asserts the initial risk screening considers the following:

Age;
Build;
Disabilities;
History of sexual abuse or sexually predatory behavior;
Sexual orientation; and
Gender identity.

In regard to the process for conducting the initial victimization/abusiveness screening, the interviewee asserts the new arrival is taken into a screening room behind a closed door. Inmates are escorted in one-at-a-time for a one-on-one interview following a scripted questionnaire.

The auditor's review of the PREA Intake Objective Screening Instrument reveals the initial screening and reassessment minimally consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 31 and 32, section 115.41(e) addresses 115.41(e).

Pursuant to the PAQ, the Warden self reports the policy requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 2863 inmates who were admitted to the complex during the last 12 months were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since intake. Reportedly, this equates to 100% reassessments of all Intakes (who remained at the facility for at least 30 days from intake) during the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 32, section 115.41(f) addresses 115.41(f).

The staff responsible for risk screening interviewee asserts reassessment of risk levels is conducted within 30 days of arrival at BUX, if warranted. Initial assessment is facilitated on the date of arrival at the facility.

Seven of 44 random inmate interviewees assert they were again asked the following questions within 30 days of arrival at BUX:

- Whether they had been in jail or prison before;
- Whether they have ever been sexually abused;
- Whether they identify as lesbian, gay, bisexual; and
- Whether they think they might be in danger of sexual abuse at BUX.

All seven interviewees assert they were asked these questions within 30 days of arrival. Four additional interviewees assert they either did not know or they do not recall whether they were again asked the aforementioned questions. Additionally, six interviewees assert they were not asked these questions again subsequent to arrival at BUX. Of note, two of the interviewees had not been at BUX for 30 days and accordingly, their reassessments were not yet due.

In accordance with the Random Inmate Interview Questionnaire, questions 7 and 8 are asked only if the inmate arrived at BUX during the last 12 months and accordingly, those inmates constitute applicable cases. Twenty-seven of the 44 interviewees arrived outside the 12 month parameter and accordingly, they were not asked the relevant questions pursuant to the aforementioned questionnaire.

The auditor's review of 18 random inmate files reveals timely reassessments were conducted inmate's within 30 days arrival at the respective BUX facility, in 17 cases. The auditor notes he reviewed five files related to interviewees who either asserted they did not receive the requisite reassessment or they did not know or could not remember whether the relevant questions were asked. In all cases, the inmates received timely and comprehensive reassessment.

In view of the above, the auditor finds BUX substantially compliant with 115.41(f).

Pursuant to the PAQ, the Warden self reports the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 32, section 115.41(g) addresses 115.41(g).

The staff responsible for risk screening interviewee asserts he/she does reassess inmate risk levels as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is perceived to be gay, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 32, section 115.41(h) addresses 115.41(h).

The BUX PCM asserts inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is perceived to be gay, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

The staff responsible for initial risk screening interviewee asserts inmates are not been disciplined for refusing to respond to or for not disclosing complete information related to the aforementioned issues. However, he/she would probe, encouraging the inmate to respond to those questions.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 32, section 115.41(i) addresses 115.41(i). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 3, section 5(1)(Unit Management Staff) also addresses 115.41(i).

According to the FBOP PC, BUX PCM, and staff who perform screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. Such information is shared on a "Need to Know" basis only.

"Need to Know" varies based on the circumstances. Minimally, facility executive staff, the captain, unit team, psychology services, and medical are alerted in view of security concerns.

In view of the above, the auditor finds BUX substantially compliant with 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(a) addresses 115.42(a).

The BUX PCM asserts if risk factors are identified, victims and aggressors are geographically separated. They may be housed in different housing units, dependent upon the mission of the unit(s).

According to the staff responsible for risk screening, the screening tool is used to determine PREA risk vs. non-PREA risk issues. If PREA concerns are identified, the case is referred to psychology services, they assess the case, and subsequently coordinate with the unit counselor and correctional services to determine housing. Programs are supervised.

The Warden asserts both unit management staff and psychology services staff play a role in terms of housing, bed, work, education, and program assignments in an effort to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(b) addresses 115.42(b).

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(c) addresses 115.42(c).

The BUX PCM asserts transgender and intersex inmate housing is dispersed throughout the BUX facilities. Affected inmates' health and safety, as well as, whether the placement presents management or security issues, are considered.

Two of the five transgender/intersex inmate interviewees assert BUX staff ask questions about their safety at every program review meeting. Another interviewee asserts he was asked about his safety upon arrival.

All five interviewees assert they have not been placed in a housing area designated only for transgender/intersex inmates. Furthermore, they have no reason to believe they have been strip-searched for the sole purpose of determining genital status.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(d) addresses 115.42(d).

The BUX PCM asserts transgender/intersex placement and programming assignments are reviewed twice per year. The staff responsible for risk screening interviewee asserts transgender/intersex inmate reassessments are completed semi-annually during the inmate's program review to assess any threats to safety experienced by the inmate.

The auditor's review of four central files related to transgender inmates reveals substantial compliance with 115.42(d). The respective inmates' safety was reviewed at least twice per year.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(e) addresses 115.42(e).

The BUX PCM, staff responsible for risk screening interviewee, and, as previously mentioned in the narrative for 115.42(c), two of five transgender inmate interviewees assert transgender/intersex inmates' views with respect to their own safety are given serious consideration in placement/programming assignments.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(f) addresses 115.42(f).

The BUX PCM and staff responsible for risk screening assert transgender/intersex inmates are given the opportunity to shower separately from other inmates. All showers throughout BUX are single as there are no multiple or group showers.

The affected inmate(s) may request separate showering through the unit team. They provide a recommendation to the Warden and the Warden subsequently approves or denies the request. If approved, the direction is distributed downward to ensure all affected staff are acting in concert. Showers would be accommodated at a specified time. None of the five transgender inmate interviewees assert they have requested separate showers, although they identified complaints associated with either shower doors or degree of privacy.

The BUX PCM asserts no requests for separate showering have been received from transgender/intersex inmates. All showers are individual, separated by walls and shower curtains. The auditor notes in the narrative for 115.15(d) his observations in response to a letter received from an inmate regarding shower privacy.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 33, section 115.42(g) addresses 115.42(g).

According to the FBOP PC, the FBOP has no such facilities, and staff in all FBOP facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The BUX PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.

During the facility tour and pursuant to interviews with both staff and inmates, the auditor found no dedicated housing areas as defined in 115.42(g).

In view of the above, the auditor finds BUX substantially compliant with 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the updated PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden further asserts zero inmates at risk of sexual victimization were held in involuntary segregated housing within the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 33 and 34, section 115.43(a) addresses 115.43(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Additional Staff Duties)(g) also addresses 115.43(a).

The Warden self reports agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. Such placement would be made as a last resort and reason(s) for placement would be articulated on the Safeguarding Form.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 34, section 115.43(b) addresses 115.43(b). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Additional Staff Duties)(g) also addresses 115.43(b).

The staff who supervises inmates in segregated housing interviewee asserts when inmates are placed in segregated housing for protection from sexual abuse or after having incurred alleged sexual abuse, they have access to programs, privileges, and education. Due to the nature of the unit, privileges are limited to

telephone and recreation. The interviewee asserts education is accommodated pursuant to staff Special Housing Unit (SHU) visits. Likewise, the chaplain visits SHU and the auditor did observe sign-in logs. Orderly is the only available work opportunity and selection is limited.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, the same is approved at a higher level of review and the opportunities that have been limited, the duration of the limitation(s), and the reasons for such limitation(s) are documented.

The BUX PCM asserts during the on-site audit, zero inmates were maintained in SHU for risk of sexual victimization or alleged sexual abuse.

Pursuant to the PAQ, the Warden self reports in the last 12 months, zero inmates, at risk of sexual victimization, were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 34, section 115.43(c) addresses 115.43(c). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Additional Staff Duties)(h) also addresses 115.43(c).

The Warden asserts inmate placement in involuntary segregated housing is accommodated only until an alternative means of separation from likely abusers can be arranged. Inmates, at high risk for sexual victimization or who have alleged sexual abuse, would be placed in this status for as little time as necessary to find appropriate housing, ensuring personal safety.

The staff who supervises inmates in segregated housing interviewee asserts inmates are not generally placed in involuntary segregated housing for investigation or until an alternative means of separation from likely abusers can be arranged. He further asserts inmates are generally not placed in involuntary segregated housing as a means of separation from likely abusers.

Pursuant to the PAQ, zero inmates at risk of sexual victimization were held in involuntary segregated housing during the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 34 and 35, section 115.43(d) addresses 115.43(d).

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 35, section 115.43(e) addresses 115.43(e).

While policy is clearly commensurate with 115.43(e) and zero inmates were confined in SHU for being at risk of sexual victimization or being subjected to sexual victimization within the last 12 months, the auditor notes a corrective action memo [regarding 115.43(e)] authored by the Warden was placed in the PAQ file. From a performance perspective during the last 12 months, BUX appears to be compliant with 115.43(e).

According to the Warden's memorandum dated March 6, 2020, discrepancies were identified during pre-audit preparations. As a result, training was conducted on January 9, 2020 to implement corrective action.

Weekly meetings are conducted at each facility to discuss all inmates confined in SHU (SHU meeting). At the conclusion of each weekly SHU meeting, review and discussion ensues regarding any inmates placed in involuntary segregated housing awaiting completion of an assessment. Continuation of SHU placement decisions are made at this time.

In addition to the above, a Complex PREA Meeting is facilitated on a monthly basis. At the completion of this meeting, the Institution Executive Staff Review (IESR) is completed.

The auditor appreciates the Warden's candor with respect to this information and the efforts made to enhance the PREA program at BUX.

As previously reflected throughout the narrative for 115.43, inmates are not generally placed in SHU pursuant to 115.43(a). Accordingly, such 30-day reviews are not generally conducted under the circumstances.

In view of the above, the auditor finds BUX substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 35, section 115.51(a) addresses 115.51(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Staff Training Components- Inmate Education) also addresses 115.51(a).

The auditor's review of page 3 of the Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders pamphlet, section entitled "How Do You Report an Incident of Sexually Abusive Behavior", addresses reporting options for inmates. This provision addresses 115.51(a) and (b), inclusive of submission of an email report to a public or private entity or office that is not part of the agency. The privacy features of the email report are articulated in this provision.

In addition to the above, the poster entitled "Every Person Has the Right to Be Free From Sexual Abuse", included in the PAQ packet, clearly describes reporting options for inmates.

All 12 random staff interviewees were able to identify at least one method wherein inmates can privately report sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Cited methods of reporting are as follows: TRULINCS email to OIG or email to SIS; verbal report to staff; telephone call; and third-party report.

All 44 random inmate interviewees were able to identify at least one option for reporting sexual abuse/harassment. Options cited are TRULINCS email to OIG/SIS/facility staff, submission of a cop out to staff, verbal report to staff, third party report, telephone call to OIG, and write to OIG/FBI/FBOP. The most common options cited were TRULINCS and verbal report to staff.

Inmates cited TRULINCS, family, and friends as reporting options to individuals not affiliated with BUX.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency does have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 35, section 115.51(b) addresses 115.51(b). Such reports can be made directly to the OIG by email. IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Staff Training Components- Inmate Education) also addresses 115.51(b).

The BUX PCM self reports there are no inmates housed at BUX solely for civil immigration purposes.

Additionally, he asserts these procedures enable receipt of inmate reports of sexual abuse/harassment to agency officials that allow the inmate to remain anonymous upon request. The TRULINCS report to OIG or telephone call to OIG falls upon OIG to report back to the Warden through the FBOP OIA.

Thirty-three of 44 random inmate interviewees assert they are allowed to make a report without giving their name. As mentioned in the narrative for 115.33, the auditor finds inmates have sufficient resources from which to receive PREA information.

Pursuant to the updated PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to promptly document verbal reports.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 35, section 115.51(c) addresses 115.51(c).

All 12 random staff interviewees assert when an inmate alleges sexual abuse/harassment, he can do so verbally, in writing, anonymously, and from third parties. All 12 interviewees assert they document verbal reports.

Forty-one of the 44 random inmate interviewees assert they can make reports of sexual abuse/harassment in person, in writing, anonymously, and someone else (e.g., friend or relative) can make the report for them without mentioning their name. One additional interviewee asserts he can make a report in person, in writing, and anonymously however, a third party report cannot be made.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The Warden further reports staff are encouraged to report sexual abuse to any level they feel comfortable with, including local, regional, Central Office, and OIG staff. Staff are informed of reporting options pursuant to ICT and ART PREA training.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 35 and 36, section 115.51(d) and FBOP PS 3420.11 entitled Standards of Employee Conduct, pages 5 and 6, section 4 address 115.51(d).

All 12 random staff interviewees are able to articulate at least one method to facilitate private reporting of sexual abuse/harassment of inmates. Options cited are verbal report to operations lieutenant/BUX PCM/SIS behind closed doors or via telephone, mail, contact OIG/FBI/OIA, and/or submission of a written report.

In view of the above, the auditor finds BUX substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) X Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) X Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has an administrative procedure dealing with inmate grievances regarding sexual abuse.

FBOP PS 1330.18 entitled Administrative Remedy Program, pages 13-16, sections 115.52(b) through 115.52(g), addresses 115.52(a).

Pursuant to the PAQ, the Warden self reports agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

FBOP PS 1330.18 entitled Administrative Remedy Program, page 13, section b(1) through (4) addresses 115.52(b).

As known by correctional practitioners, one of the primary goals in terms of PREA standards, is the promotion of reporting of sexual abuse/harassment incidents by inmates. Accordingly, inmate knowledge of requirements is of significant importance.

Standards 115.52(b) and (c) require the following:

1. The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse;
2. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse;
3. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse;
4. Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired;

Standard 115.52(c) requires the following:

5. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and
6. Such a grievance is not referred to a staff member who is the subject of the complaint.

Auditors rely heavily upon the Auditor Compliance Tool (ACT) when facilitating the audit process. The ACT is readily available to all correctional practitioners on the PREA Resource Center (PRC) website. The following verbiage is reflected in the ACT in the sections for 115.52(a) and (b):

"Inmate handbook to determine that relevant information is provided."

That specific verbiage suggests the six caveats articulated above regarding 115.52(b) and (c) is to be provided to inmates.

Given the fact policy is clear regarding the requirements of 115.52(b) and (c), two grievances were filed within the last 12 months regarding sexual abuse, and inmates are aware they can file grievances as a method of reporting sexual abuse, the auditor finds insufficient basis for a finding with respect to these provisions. However, given the distinct differences between the language articulated in policy and provision of that information to inmates, the auditor strongly recommends the verbiage of 115.52(b) and (c) be added to either the A&O Handbook or A&O lesson plan, or both. This information may be critical to inmate confidence in the safeguards of the PREA program.

Pursuant to the PAQ, the Warden self reports agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, agency policy and procedure requires that an inmate grievance alleging sexual abuse may not be referred to the staff member who is the subject of the complaint.

FBOP PS 1330.18 entitled Administrative Remedy Program, page 14, section c(1) and (2) addresses 115.52(c).

Pursuant to the PAQ, the Warden self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. In the past 12 months, two grievances were filed wherein sexual abuse was alleged. The Warden further self reports in both (two) cases, final decision was reached within 90 days after being filed.

Reportedly, there were no grievances requiring extension as a final decision was not reached within 90 days. In the event an extension is necessary, the agency notifies the inmate, in writing, of the same, inclusive of notice as to the date by which a decision will be made.

FBOP PS 1330.18 entitled Administrative Remedy Program, page 14, section d(1-4) addresses 115.52(d).

Both of the inmates who reported a sexual abuse interviewees assert they do not know the results of the investigation into their allegations or if the investigation has been concluded. Neither interviewee asserts he knows if the facility is supposed to advise them of any decision. Based on their statements, there is no evidence the interviewees submitted a grievance in follow-up to their report of sexual abuse.

In follow-up to the above, one interviewee who reported a sexual abuse, allegedly at BUX, actually reported an incident that occurred at another FBOP facility during 2015. The auditor has validated conclusion of the investigation in that matter.

It is noted that particular investigation falls outside the scope of this audit. The auditor also notes the BUX Warden notified the Warden at the institution of incident origin in a timely manner commensurate with 115.63.

In regard to the other interviewee, the alleged incident occurred during 2018. The investigative record clearly includes a written notification to the victim of the unsubstantiated finding.

For purposes of audit methodology, the auditor notes inmate and staff interviewees must be selected on site. During the selection process, the second auditor was advised there were two inmates, currently on-site, who reported a sexual abuse allegation at BUX. There was no indication any other alleged victims were still housed at BUX. Furthermore, zero victims were housed in SHU.

Pursuant to the PAQ, the Warden self reports agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Warden further self reports agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Pursuant to the PAQ, zero grievances alleging sexual abuse were filed by inmates in the last 12 months wherein the inmate declined third-party assistance.

FBOP PS 1330.18 entitled Administrative Remedy Program, pages 14 and 15, section e(1-3) addresses 115.52(e).

Pursuant to the PAQ, the Warden self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The Warden self reports zero emergency grievances alleging substantial risk of imminent sexual abuse, were filed in the last 12 months. Agency policy and procedure regarding emergency grievances alleging substantial risk of imminent sexual abuse requires a final agency decision is issued within five days.

FBOP PS 1330.18 entitled Administrative Remedy Program, pages 15 and 16, section f(1) and (2) addresses 115.52(f).

Pursuant to the PAQ, the Warden self reports the agency has a written policy limiting its ability to discipline an inmate for filing a grievance alleging sexual abuse, to occasions where the agency demonstrates the inmate filed the grievance in bad faith. The Warden further self reports in the last 12 months, zero grievances were filed alleging sexual abuse and resulting in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

FBOP PS 1330.18 entitled Administrative Remedy Program, page 16, section g addresses 115.52(g).

In view of the above, the auditor finds BUX substantially compliant with 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility provides 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) for local, state, or national victim advocacy or rape crisis organizations;
 Not giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and
 Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 36, section 115.53(a) addresses 115.53(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, pages 8 and 9, section 5(3)(g)(ii) also addresses 115.53(a).

The auditor's review of page 22 of the BUX Inmate Handbook addresses post sexual abuse incident counseling. The address and telephone number for the DCRC are clearly articulated in the same.

The auditor's review of an Agreement between the FBOP/BUX and DCRC clearly reveals compliance with 115.53(a) and (c).

In response to whether they know if there are services available outside the facility for dealing with sexual abuse if they needed them, 20 of 44 random inmates interviewed pursuant to the random inmate interview questionnaire, responded in the affirmative while 15 responded that they did not know. Nine of those interviewees who responded in the affirmative were able to identify a service available to them. Interviewees mentioned counseling services, emotional support, and grief support as services available to them.

Seventeen interviewees assert the facility provides mailing addresses and telephone numbers for the outside services, three alluding to posters as a method of conveying the information. Additionally, 16 interviewees assert the numbers are free to call and calls to the service(s) can be facilitated anytime.

The auditor notes a significant number of random inmate interviewees responded to these questions with an "I don't know" response.

The two inmate interviewees who reported a sexual abuse/harassment incident at BUX assert they do not know whether the facility provides mailing addresses and telephone numbers for outside services. The same scenario is noted with respect to the questions as to whether the numbers are free to call and when they can call.

The auditor clearly finds, based on the evidence presented and observed, BUX inmates are provided multiple forms of information from which to be informed regarding 115.53(a) information.

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Warden also self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law(s).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 36, section 115.53(b) addresses 115.53(b). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, pages 8 and 9, section 5(3)(g)(ii) also addresses 115.53(b).

The auditor's review of page 4 of the Sexually Abusive Behavior Prevention and Intervention: An Overview for Offenders, section entitled "Counseling Programs for Victims of Sexually Abusive Behavior" addresses general directions for post sexual abuse counseling services. This provision addresses contact with facility psychology services or chaplaincy staff, as well as, contact with the local Rape Crisis Center (RCC). Psychology Services staff can provide contact information.

In addition to the above, the auditor reviewed documents entitled Limits of Confidentiality, Release of Information Consent, FBOP Psychology Services General Administrative Note, and Protocol for Use of DCRC. Some of these redacted documents pertain to two separate cases in which 115.53(b) services were accessed by the respective inmates.

The auditor is satisfied inmates are provided sufficient 115.53(b) information prior to accessing services. Psychology Services staff provide requisite 115.53(b) notifications to affected inmates.

Of the 44 random inmate interviewees, seventeen assert what they say to people from the services mentioned in the narrative for 115.53(a) remains private. Twenty-six interviewees assert they do not know whether what they say to staff from the services mentioned in the narrative for 115.53(a), remains confidential.

One of the two inmate interviewees who reported a sexual abuse/harassment incident at BUX asserts he was not offered outside services.

Pursuant to the PAQ, the Warden self reports the facility maintains an Agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.

As noted above, confidential emotional support is provided through DCRC. This service is provided pursuant to a Gratuitous Services Agreement with DCRC.

The auditor has reviewed that Agreement and finds the same substantially complies with 115.53.

In view of the above, the auditor finds BUX substantially compliant with 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Pursuant to the auditor's review of the FBOP website (www.bop.gov), any inmate sexual abuse/sexual harassment reporter may report to facility staff, as well as, the FBOP PC and FBOP Office of Internal Affairs (OIA). The addresses are identified with respect to the last two options.

The Warden further self reports the facility publicly distributes information on how to report inmate sexual abuse/harassment on behalf of inmates. Information is available pursuant to PREA posters hung throughout the facility where inmates, staff, and visitors have access, inclusive of the front lobby for visitors, attorneys, etc.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 37, section 115.54(a) addresses 115.54(a).

During the tour of each BUX facility, the auditor observed, in the front lobby/visiting room of each facility, the PREA poster referenced throughout this report. Accordingly, relevant information is available to visitors for consumption.

In view of the above, the auditor finds BUX substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

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

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

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against inmates or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 37 and 38, section 115.61(a) addresses 115.61(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(2)(a) also addresses 115.61(a).

All 12 random staff interviewees assert they are required to report the following:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against inmates or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Eleven of the 12 interviewees assert they immediately report the above to the operations lieutenant.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 38, section 115.61(b) addresses 115.61(b). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(2)(b) also addresses 115.61(b).

The BUX PCM self reports access to information regarding reports of sexual abuse is limited to a "Need to Know" basis.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 38, section 115.61(c) addresses 115.61(c). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(2)(c) also addresses 115.61(c).

The medical/mental health staff interviewees assert that at the initiation of services to an inmate, they do disclose the limitations of confidentiality and their duty to report.

In addition to the above, they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of it. Each interviewee asserts they would report to the operations lieutenant, minimally.

The mental health staff interviewee asserts he/she did receive a sexual abuse allegation from an inmate and he/she reported the same to the operations lieutenant.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 38, section 115.61(d) addresses 115.61(d). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(2)(d) also addresses 115.61(d).

The Warden asserts no inmates under the age of 18 are housed at BUX.

According to the FBOP PC, if a vulnerable adult alleged that sexual abuse occurred at BUX, facility staff would report the allegation to the designated state or local services agencies pursuant to applicable mandatory reporting laws.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 38, section 115.61(e) addresses 115.61(e). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(2)(e) also addresses 115.61(e).

The Warden asserts all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) are reported directly to investigator(s). At BUH, the BUX PCM initiates investigative protocols, inclusive of contact with facility investigator(s).

The auditor's review of random sexual abuse/harassment investigations, as described in the narrative for 115.71, reveals allegations were forwarded to the investigator.

In view of the above, the auditor finds BUX substantially compliant with 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, there was zero instances wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 38 and 39, section 115.62(a) addresses 115.62(a).

The agency head interviewee asserts the victim is immediately safeguarded by separating him from the immediate danger. Actions vary dependent upon the severity of the threat. If the possible threat comes from another inmate, the inmate's housing assignment/work assignment may be changed or, as a last resort, the inmate may be placed in SHU. If the threat is from a staff member, other options exist in addition to the

above, inclusive of a change in the employee's work assignment or removal from the facility while the investigation is being conducted.

The Warden asserts when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, he is removed from the danger zone. The danger threat is triaged collectively by correctional services, psychology services, unit management staff, and the BUX PCM. Subsequently, a decision is made relative to safety on the compound. If transfer of the potential victim is warranted as a last resort, the Warden may attempt to facilitate a Warden-to-Warden transfer.

Eleven of 12 random staff interviewees assert when they learn an inmate is at risk of imminent sexual abuse, the potential victim is removed from the danger zone and monitored. All random staff interviewees assert this action is accomplished immediately following learning of the situation.

In view of the above, the auditor finds BUX substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the past 12 months, 25 allegations were received at BUX wherein an inmate was allegedly abused while confined at another facility.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 39, section 115.63(a) addresses 115.63(a).

The auditor's review of three written notifications to the head(s) of facilities at which an alleged sexual abuse incident occurred reveals substantial compliance with 115.63(a-c). These written notifications pertained to allegations lodged by inmates at two BUX facilities.

Pursuant to the PAQ, the Warden self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours, after receiving the allegation.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 39, section 115.63(b) addresses 115.63(b).

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 40, section 115.63(c) addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The Warden further self reports in the last 12 months, two allegations of sexual abuse were received from other facilities regarding an incident alleged to have originated at a BUX facility.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 40, section 115.63(d) addresses 115.63(d).

The agency head interviewee asserts agencies make 115.63(d) referrals directly to the facility Warden. On other occasions, referring agencies may contact the FBOP PC as they may not be familiar with institutional contact procedures. In such cases, the FBOP PC directly refers the matter to the facility Warden.

The Warden asserts when he is notified (from the Warden at another facility or agency) of an incident of sexual abuse/harassment allegedly occurring at BUH, he contacts the SIS to initiate a full investigation. He would report back to the referring Warden as to the outcome. This same procedure and practice occurs with respect to such reports at the other BUX facilities.

The Warden asserts one such investigation was conducted at BUH within the last 12 months.

In view of the above, the auditor finds BUX substantially compliant with 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires, upon learning of an allegation that an inmate was sexually abused, the first correctional officer staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the last 12 months, there were 53 allegations an inmate was sexually abused. Of these incidents, there were 48 instances wherein the first correctional officer staff member to respond to the report separated the alleged victim and abuser. In only one of these scenarios was staff notified within a time period allowing for collection of physical evidence.

Reportedly, in the one incident wherein staff were notified within a time period that still allowed for the collection of physical evidence, the first correctional officer staff member preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, and ensured the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 40, section 115.64(a)(1-4) addresses 115.64(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 6, section 5(3)(a) also addresses 115.64(a).

The correctional officer and non-correctional officer first responder interviewees accurately described the first responder responsibilities as articulated at 115.64(a). Of note, the correctional officer first responder interviewee asserts the perpetrator would be placed in handcuffs, thereby inhibiting his ability to destroy physical evidence.

The auditor notes two inmates were interviewed who reported sexual abuse incidents at BUX. Neither interviewee asserts staff acted in a negligent manner when responding to his report.

The auditor's review of four random sexual abuse investigations reveals no deviation from 115.64.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a correctional officer, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence and then notify correctional officer staff. The Warden further self reports of the allegations made that an inmate was sexually abused within the last 12 months, zero non-correctional officer staff members were the first responders.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 40, section 115.64(b) addresses 115.64(b).

The auditor notes, pursuant to his observation and investigation, all correctional officers and non-correctional officers receive the same first responder training.

Three of the 12 random staff interviewees correctly identified all steps of the first responder duties. The same constitutes the primary protocol for obtaining usable physical evidence at BUX given the fact the SIS/OIG investigators, and a specially trained evidence recovery team collects physical evidence.

Given the above, the auditor finds policy is clear and well scripted and staff are provided the necessary tools to perform first responder duties. However, additional training is necessary to ensure all facets of 115.64(a) responsibilities are clear. Accordingly, the auditor imposes a training task, due for completion on or before October 16, 2020, wherein the nuances of 115.64(a) will be accentuated.

The auditor recommends that the BUX PCM author a memorandum to meet the above expectations and distribute the same to all staff. Emailing the document will ensure all staff receive the same. Additionally, the BUX PCM and all facility PCMs should quiz staff regarding these requirements as they (PCMs) make facility PREA rounds.

If the BUX PCM selects this option, he will provide to the auditor a copy of the memorandum and any attachments. Additionally, evidence of mailing will be provided.

During ICT and ART, the BUX PCM and other BUX facility PCM trainers will again accentuate the nuances of 115.64(a) when addressing first responder duties.

May 7, 2020 Update:

The auditor's review of a memorandum authored by the BUX PCM, along with a copy of a document entitled Guide for First Responders/Operations Lieutenant When Approached With an Inmate Allegation of Sexual Abuse or Harassment, satisfies the additional training as required above. This same information will be accentuated during ICT and ART PREA training presentations to ensure institutionalization. This information was provided to staff at all BUX facilities on or about May 6, 2020.

In view of the above, the auditor finds BUX substantially compliant with 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 40-42, section 115.65(a) addresses 115.65(a). The requisite plan is generally described in this provision. IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, pages 6-9, sections 5(3)(a) through (h) also address 115.65(a).

The auditor's review of the One Source checklist reveals the same captures the provisions and requirements for requisite staff and departments in response to sexual abuse incidents. The Report of Incident also addresses some of the 115.65 requirements and questions.

The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The same is articulated in FBOP PS 5324.12 and IS BUX 5324.12. Staff are trained during ICT, at the Federal Law Enforcement Training Center (FLETC) during FBOP initial training, and subsequently during ART.

In view of the above, the auditor finds BUX substantially compliant with 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has entered into or renewed a collective bargaining agreement or other agreement since August 20, 2012 or since the last PREA audit, whichever is later.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 42, section 115.66(a) addresses 115.66(a).

The agency head interviewee asserts Article 30(g) of the Master Agreement permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the security of the institution. The employee may be removed from the institution setting "pending an investigation and resolution of the matter, in accordance with local laws, rules, and regulations."

In view of the above, the auditor finds BUX substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

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

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

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and inmates. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At BUX, the BUH AW/PCM is designated as the retaliation monitor however, SIS staff at each facility monitor for retaliation. The AW/PCM at each facility reviews the process monthly (30/60/90 days) to ensure compliance and confirm no retaliation has occurred.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 42, section 115.67(a) addresses 115.67(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 9, section 5(3)(i) also addresses 115.67(a).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 42, section 115.67(b) addresses 115.67(b).

According to the Agency Head interviewee, the institution PCM monitors staff and inmates to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For inmates, this monitoring includes frequency of housing and cell assignment/work assignment/ and programming changes/withdrawals, and increases in disciplinary action(s). For staff, the monitoring includes frequency and rationale for reassignment of work, posts, decrease(s) in performance quality, and frequency/rationale for shift changes.

In regard to allegations of sexual abuse/harassment, the Warden asserts retaliation monitoring for inmates includes, contingent upon the circumstances, removal of the perpetrator and/or victim from the general population, to include recommendation for transfer. The perpetrator and/or the victim, dependent upon the circumstances, may be moved to different institutions, thereby resulting in some physical separation.

In regard to staff perpetrators, they may be removed from inmate contact. Minimally, removal of the perpetrator from the area where the victim is housed or located may be an appropriate strategy. The perpetrator may be placed in an alternative post or could be placed on administrative leave commensurate with protocol.

The post or shift assignment of a staff victim of retaliation may also be changed.

While the BUX PCM is designated as the staff member who oversees retaliation monitoring, the facility SIS implements day-to-day operations. The designated staff member charged with retaliation monitoring interviewee asserts his role in the retaliation monitoring process is that of reviewing victim changes in behavior, habits, and adjustment. If changes are noted, recommendations, generally geared towards the perpetrator/removal of alleged perpetrators from the general population and/or recommended transfer(s) of the perpetrator(s) to another facility may be viable strategies.

He watches for accrual of excessive incident reports and sanctions (by the victim), as well as, frequency in housing unit/cubicle changes. He follows the victim's progress through conversations with the victim and the victim's unit team. Additionally, he routinely monitors rosters to assess the victim's movements within the facility.

The interviewee asserts he does make contact with the sexual abuse victim as soon as he is available to determine if the victim is experiencing anything negative.

During the course of the on-site audit, the auditor did not find any inmates housed in involuntary segregated housing at high risk for sexual victimization.

The auditor's review of Safeguarding information maintained in the investigative files referencing the four randomly reviewed sexual abuse cases, reveals retaliation monitoring was completed in three cases. The auditor finds one investigation was substantiated and two investigations were unsubstantiated, while one investigation was determined to be unfounded.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if

there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. The facility acts promptly to remedy any such retaliation.

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 43, section 115.67(c) addresses 115.67(c).

The retaliation monitoring interviewee asserts he monitors work/housing/program assignment changes, frequency or increase in accrual of disciplinary charges, and negative reports. These issues and observations may be indicative of retaliation.

The interviewee monitors inmates and others for at least 90 days. The interviewee also asserts monitoring can be extended based on a perceived threat of retaliation. There is no maximum length for monitoring.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 43, section 115.67(d) addresses 115.67(d).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 43, section 115.67(e) addresses 115.67(e).

When an inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.67(b) above. Such protection can take the form of changing housing or work assignments, transfers, changing work supervisors, or other actions that prevent retaliation.

In view of the above, the auditor finds BUX substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden self reports zero inmates alleged to have suffered sexual abuse were held in involuntary segregated housing in the last 12 months for one to 24 hours awaiting completion of assessment.

The Warden further self reports, in the last 12 months, zero inmates, who allege to have suffered sexual abuse, were assigned to involuntary segregated housing for longer than 30 days while awaiting placement.

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 43, section 115.68(a) addresses 115.68(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 5, section 5(1)(Additional Staff Duties)(g) also addresses 115.68(a).

The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. Such placement would be made as a last resort and reason(s) for placement would be articulated on the Safeguarding Form.

The Warden further asserts inmate placement in involuntary segregated housing is accommodated only until an alternative means of separation from likely abusers can be arranged. Inmates, at high risk for sexual victimization or who have alleged sexual abuse, would be placed in this status for as little time as necessary to find appropriate housing, ensuring personal safety.

The Warden asserts he does not recall any recent circumstances (within the last 12 months) in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse.

The staff who supervise inmates in segregated housing interviewee asserts when inmates are placed in segregated housing for protection from sexual abuse or after having incurred alleged sexual abuse, they have access to programs, privileges, and education. Due to the nature of the unit, privileges are limited to telephone and recreation. The interviewee asserts education is accommodated pursuant to staff SHU visits. Likewise, the chaplain visits SHU and the auditor did observe sign-in logs. Orderly is the only available work opportunity and selection is limited.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, the same are approved at a higher level of review and the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented.

The staff who supervise inmates in segregated housing interviewee asserts inmates are not generally placed in involuntary segregated housing for investigation or until an alternative means of separation from likely abusers can be arranged. He further asserts inmates are generally not placed in involuntary segregated housing as a means of separation from likely abusers.

As previously reflected throughout the narrative for 115.43, inmates are not generally placed in SHU pursuant to 115.68(a). Accordingly, such 30-day reviews are not generally conducted under the circumstances.

As previously indicated, during the on-site audit, zero inmates were maintained in SHU for risk of sexual victimization or alleged sexual abuse.

In view of the above, the auditor finds 115.68 not applicable to BUX as there are no current post-allegation protective custody cases nor past cases within the last 12 months. Since there are no apparent violations of 115.68, the auditor finds BUX substantially compliant with the same.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 43 and 44, section 115.71(a) addresses 115.71(a).

The investigative staff interviewee asserts he initiates an investigation immediately upon notification if he is on-site.

In regard to anonymous or third-party reports of sexual abuse/harassment, the investigation proceeds as any other such investigation. All allegations are considered true unless proven otherwise.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 44, section 115.71(b) addresses 115.71(b).

The auditor's review of PAQ information reveals training provided to FBI agents, as well as, OIG agents is sufficient to meet the intent of 115.71(b). This point is validated pursuant to numerous reviewers.

115.71(b) administrative investigator qualifications are addressed in the narrative for 115.34.

The investigative interviewee asserts he has completed the specialty training identified throughout the narrative for 115.34(a) in 2018 and 2019. Of note, the auditor's review of the rosters mentioned in the narrative for 115.34 validates the same.

The interviewee asserts this NIC course was presented online. The same included videos, slides, Power Point, and encompassed multiple choice questions. SIS technicians also complete the same course.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 44, section 115.71(c) addresses 115.71(c).

As mentioned in the narrative for 115.71(b), PAQ evidence reveals substantial compliance with 115.71 from a criminal perspective.

The investigative staff interviewee asserts the investigative process is as follows:

Identification of the victim and perpetrator is the first step of the investigative process;

Collect evidence;

Interview victim, if possible;

Interview witnesses and finally, the perpetrator;

Interview staff; and

Write report and make referrals, if appropriate.

The entire investigative process takes approximately 30 days.

In response to physical evidence collected by the interviewee, based on his level of training and position description, he may collect clothing, property, bodily fluids, statements from staff and inmates, files, photographs, video, telephone monitoring logs, and emails. The SIS lieutenant would also review files and rosters regarding prior reports of sexual abuse.

The auditor's on-site review of six completed random sexual abuse/harassment investigations reveals substantial compliance with 115.71(c).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 44, section 115.71(d) addresses 115.71(d).

The investigative staff interviewee asserts he may conduct compelled interviews pursuant to investigative protocol. Contact between the US Attorney's Office/OIG/FBI and SIS would occur prior to the conduct of such compelled interviews.

The auditor's review of investigations, as previously described, reveals compelled interviews were not facilitated by the facility investigator in any cases reviewed.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 44, section 115.71(e) addresses 115.71(e).

The investigative staff interviewee asserts he judges the credibility of an alleged victim, suspect, or witness on an individual basis, not status as a staff member or inmate. Credibility is based on the premise of "truthful until proven otherwise." There is no predetermination.

The interviewee further asserts he would not, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

Neither of the two inmates who reported a sexual abuse interviewees assert they were required to take a polygraph examination as a condition for proceeding with a sexual abuse investigation.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 44 and 45, section 115.71(f) addresses 115.71(f).

The investigative staff interviewee asserts he watches video, if available and applicable to the fact pattern, and assesses evidence, comparing the same against staff conduct expectations and ethics/policy, to determine whether staff actions or failure to act contributed to the sexual abuse.

The interviewee does document administrative investigations in written reports, synthesizing the following:

- Allegation Synopsis (Executive Digest);
- Finding "substantiated, unsubstantiated, or unfounded";
- History of referrals;
- Policy violations;
- Witness list;
- Factual information- all statements and physical evidence assessment;
- Medical findings;
- Evidence relied upon to support conclusion; and
- Conclusion.

The auditor's on-site review of six completed sexual abuse/harassment investigation reports reveals substantial compliance with 115.71(f).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 45, section 115.71(g) addresses 115.71(g).

The investigative staff interviewee asserts criminal investigations are documented. They are essentially a mirror image of the administrative report.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Warden further self reports five substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 45, section 115.71(h) addresses 115.71(h). PAQ documentation regarding criminal investigative procedures addresses prosecution referral.

The investigative staff interviewee asserts allegations are referred for prosecution when the fact pattern is determined to be commensurate with criminal statute and the evidence standard meets the "preponderance" standard. In summary, the allegations must be administratively substantiated prior to referral for criminal investigation and subsequent referral for prosecution by law enforcement entities.

The auditor's review of one referral for prosecution reveals substantial compliance with 115.71(h).

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 45, section 115.71(i) addresses 115.71(i).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 45, section 115.71(j) addresses 115.71(j).

The investigative staff interviewee asserts he does not handle staff sexual misconduct investigations. When a victim or perpetrator leaves the facility prior to the conduct of a compelled interview or confinement prior to a completed investigation into the incident, the investigation does not end.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 45, section 115.71(l) addresses 115.71(l).

The Warden and BUX PCM assert the FBOP OIA makes the determination to refer a case to OIG. In the case of an inmate-on-inmate sexual abuse matter, the Warden asserts the SIS maintains, generally, contact with the FBI on a monthly basis. The SIA generally maintains contact with OIG relative to staff cases on the same basis.

The FBOP PC relates local facility staff and FBOP OIA staff facilitate the majority of investigations of sexual abuse. If OIG is conducting the sexual abuse investigation, they provide updates to the facility and at the conclusion of their investigation, they inform OIA of the outcome.

The investigative staff interviewee asserts he is the liaison between outside investigative agencies and the facility, providing any assistance necessary or requested.

In view of the above, the auditor finds BUX substantially compliant with 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 45, section 115.72(a) addresses 115.72(a).

The auditor's review of six on-site random sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).

The investigative staff interviewee asserts a preponderance of the evidence is required to substantiate allegations of sexual abuse/harassment.

In view of the above, the auditor finds BUX substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the facility. The Warden further self reports 32 criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and all 32 inmates were notified verbally, or in writing, of the results of the investigation. However, the auditor notes updated demographics are reflected in the narrative for 115.73(b).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 45 and 46, section 115.73(a) addresses 115.73(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 10, section 5(4)(b) also addresses 115.73(a).

The Warden and investigator assert SIS staff makes written notification to alleged inmate sexual abuse victims whenever the investigation is determined to be substantiated, unsubstantiated, or unfounded. The investigator asserts the inmate signs and dates for receipt on the written notification.

Both inmates who reported a sexual abuse interviewees assert they were not advised of the outcome of their 2015 and 2018 investigations. However, the alleged incident relative to one interviewee occurred in 2015 at another facility. With respect to the second interviewee, he was clearly provided written notification following investigation of his 2018 allegation.

The auditor's random on-site review of four alleged sexual abuse investigations reveals written notifications were provided to the inmate victim in each case.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden self reports two criminal investigations of sexual abuse allegation(s) were conducted during the last 12 months and in both cases, the victims were notified of the results of the investigation.

The BUX PCM self reports the PAQ has been updated: Of the 53 total PREA allegations, 14 were referred to an outside entity (OIG); one investigation completed by outside entity (OIG); 13 cases remaining open.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) 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 the staff member has been indicted on a charge related to sexual abuse within the facility;
or
the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has been zero substantiated or unsubstantiated complaint(s) (i.e., not unfounded) of sexual misconduct committed by a staff member against an inmate in a BUX facility within the last 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 46, section 115.73(c) addresses 115.73(c).

The auditor notes the previously mentioned two inmates who reported a sexual abuse interviewees' assertions appear to be inmate-on-inmate incidents. Accordingly, provision 115.73(c) does not apply to their set of circumstances.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation he has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 46, section 115.73(d) addresses 115.73(d).

Pursuant to the BUX PCM, there were no inmate indictments or convictions for sexual abuse, as applicable to assailants of BUX victims at a BUX facility, during the last 12 months.

The auditor notes the previously mentioned two inmates who reported a sexual abuse interviewees made no mention they have received notifications regarding their inmate-on-inmate abusers, as prescribed in 115.73(d).

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described pursuant to 115.73 are documented. The Warden further self reports in the last 12 months, zero 115.73(c) and (d) written notifications [rationale reflected in the narratives for 115.73(c) and (d)] were provided to inmate victims. A discussion regarding 115.73(a) notifications is reflected in the narrative for 115.73(a).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 46, section 115.73(e) addresses 115.73(e).

In view of the above, the auditor finds BUX substantially compliant with 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

FBOP PS 3420.11 entitled Standards of Employee Conduct, pages 6 and 7, section 5(b) addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports zero facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months.

FBOP PS 3420.11 entitled Standards of Employee Conduct, pages 6 and 7, section 5(b) addresses 115.76(b).

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Warden further self reports in the last 12 months, zero facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 47, section 115.76(c) addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the past 12 months, zero staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 47, section 115.76(d) addresses 115.76(d).

In view of the above, the auditor finds BUX substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 47, section 115.77(a) addresses 115.77(a).

The Warden asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, facility access would be terminated pending the result of an investigation. Further contact with inmates is denied. If substantiated, removal from contact is permanent.

In view of the above, the auditor finds BUX substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the past 12 months, the Warden self reports there was one administrative finding of inmate-on-inmate sexual abuse that occurred at the facility. There were zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred within the facility during the past 12 months.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 48, section 115.78(a) addresses 115.78(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 10, section 5(a and b) also addresses 115.78(a).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 48, section 115.78(b) addresses 115.78(b).

The Warden asserts inmates are subject to loss of privileges, recommendation for disciplinary transfer, and loss of good conduct time [imposed by the discipline hearing officer (DHO)], to name a few sanctions. The DHO imposes such sanctions following an administrative disciplinary hearing.

The DHO considers mental disability or mental illness when imposing sanctions. Such determinations are made in accordance with policy.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 48, section 115.78(c) addresses 115.78(c).

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 48, section 115.78(d) addresses 115.78(d).

The mental health interviewee asserts the facility offers voluntary therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse.

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 48, section 115.78(e) addresses 115.78(e).

The Warden, via PAQ memorandum, asserts there has been zero substantiated allegations of inmate-on-staff sexual contact during the last 12 months. Accordingly, there are no 115.78(e) disciplinary actions covering that time frame.

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 48, section 115.78(f) addresses 115.78(f).

The BUX PCM asserts during the last three years, zero inmates have been disciplined for falsely reporting an allegation.

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines perpetrators for sexual abuse only if it determines the sexual abuse activity is coerced.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 48 and 49, section 115.78(g) addresses 115.78(g). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 10, section 5(b) also addresses 115.78(g).

In view of the above, the auditor finds BUX substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening.

In the last 12 months, 100 percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 49, section 115.81(a/c) addresses 115.81(a/c).

The three inmates who disclosed prior sexual victimization at risk screening interviewees assert they were offered follow-up meetings with mental health/medical staff relative to their disclosure. All three interviewees assert they declined the same.

The staff responsible for initial risk screening interviewee asserts if a screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, an immediate mental health/medical referral is initiated. Typically, the meeting occurs within 14 days of the intake screening.

Pursuant to the PAQ, the Warden self reports all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of intake screening.

According to the Warden, during the last 12 months, 100% of inmates meeting this definition were offered a follow-up meeting with a mental health practitioner. Reportedly, mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 49, section 115.81(b) addresses 115.81(b).

The staff who perform screening for risk of victimization and abusiveness interviewee asserts if a screening indicates an inmate previously perpetrated sexual abuse, a follow-up meeting is offered. Generally, the meeting occurs within 14 days of intake screening.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners but may be shared with other staff, as necessary, to inform treatment plans and security and management decisions including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 49, section 115.81(d) addresses 115.81(d). This provision addresses an exception in terms of information sharing.

The auditor notes 115.81(d) information is generally available pursuant to the Psychology Data System (PDS) or inmate central files. The chief psychologist may share such information with the BUX PCM, facility PCM, AWO or AWP, captain, unit manager, etc. to facilitate inmate sexual safety decision-making.

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The auditor notes the form utilized to accomplish this objective is described in the narrative for 115.53.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 50, section 115.81(e) addresses 115.81(e).

The medical and mental health interviewees assert they do obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. Inmates under the age of 18 are not housed at BUX.

In view of the above, the auditor finds BUX substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 50 and 51, section 115.82(a) addresses 115.82(a).

The auditor's review of the One Source incident checklist document reveals substantial compliance with 115.82. The same is specific in terms of action steps to be taken, ensuring compliance with 115.82(a).

The medical/mental health staff interviewees assert inmate victims of sexual abuse receive timely and unimpeded access to emergency medical and crisis intervention services. The nature and scope of services are determined according to the interviewees' professional judgment.

One of the two inmates who reported a sexual abuse interviewees asserts he had a chance to see medical/mental health practitioners in a timely fashion after reporting sexual abuse. The other interviewee asserts he was not offered medical treatment however, he did meet with mental health staff.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 51, section 115.82(b) addresses 115.82(b).

The auditor's random on-site review of four sexual abuse investigations reveals substantial compliance with 115.82(b).

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 51, section 115.82(c) addresses 115.82(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same is coordinated between the hospital at which the forensic examination is administered and BUX.

Neither of the two inmates who reported a sexual abuse interviewees assert they were provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis. Auditor's Note: One interviewee's allegation stemmed from an incident that occurred at another facility in 2015. Specifics of the other interviewee's medical intervention are reflected in the narrative for 115.83(b).

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 51, section 115.82(d) addresses 115.82(d).

The auditor notes neither of the two inmates who reported a sexual abuse interviewees, assert they were charged for treatment services connected with their reported incident.

In view of the above, the auditor finds BUX substantially compliant with 115.82.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 51, section 115.83(a) addresses 115.83(a).

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 51, section 115.83(b) addresses 115.83(b).

The mental health staff interviewee asserts evaluation and treatment of inmates who have been victimized entails thorough evaluation with individual therapy following the same. Thorough evaluation includes a review of the known facts, history of sexual abuse, and mental health history. Individual therapy will include development of a treatment plan.

According to the medical staff interviewee, he/she conducts a clothed medical assessment. Routine medical assessments are employed with treatment plans and follow-up services implemented, as necessary. As part of the evaluation, community referrals are made for those inmates who will soon be releasing.

One of the two inmate interviewees who reported sexual abuse at BUX asserts medical/mental health examinations did occur in his case. Follow-up services, treatment plans, or referrals for continued care, were not addressed. The second interviewee asserts he was not seen by either medical or mental health practitioners.

During the audit process, the auditor found no situations wherein the requirements of 115.83(b) were necessary or invoked. However, with respect to the one interviewee (referenced in the preceding paragraph) who asserts he was seen by medical/mental health practitioners in response to an alleged sexual abuse, documentation reveals he stated he did not know why he was in Medical and he had no injuries.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 51, section 115.83(c) addresses 115.83(c).

Both the medical and mental health staff interviewees assert evaluation and treatment services are afforded consistent with the community level of medical care.

Pursuant to the PAQ, the Warden self reports female inmates are not housed at BUX and the same is commensurate with auditor observations. Accordingly, the auditor finds 115.83(d) not applicable to BUX.

Pursuant to the PAQ, the Warden self reports female inmates are not housed at BUX and the same is commensurate with auditor observations. Accordingly, the auditor finds 115.83(e) not applicable to BUX.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 52, section 115.83(f) addresses 115.83(f). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 9, section 5(3)(h)(i) also addresses 115.83(f).

The auditor's on-site review of two random sexual abuse investigations reveals a forensic examination was facilitated in each case. The auditor finds substantial compliance with 115.83(f).

Neither of the inmates who reported a sexual abuse interviewees asserts he was offered tests for sexually transmitted infections.

Pursuant to the PAQ, the Warden self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 52, section 115.83(g) addresses 115.83(g).

The auditor's review reveals treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Neither of the two inmates who reported a sexual abuse interviewees assert they had to pay for any treatment related to their incident of sexual abuse.

Pursuant to the PAQ, the Warden self reports the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 52, section 115.83(h) addresses 115.83(h). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 9, section 5(3)(g)(iii) also addresses 115.83(h).

The mental health staff interviewee asserts he/she conducts a mental health evaluation of all known inmate-on-inmate sexual abusers and offers treatment, if appropriate. Policy requires completion of the evaluation within 60 days however, the same is generally completed within the first week of learning of such abuse history.

Throughout the on-site audit, the auditor found no evidence of deviation from the requirements of 115.83(h).

In view of the above, the auditor finds BUX substantially compliant with 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, 36 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility and a sexual abuse incident review was facilitated in each case. This excludes allegations/investigations determined to be unfounded.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 52, section 115.86(a) addresses 115.86(a). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, page 10, section 5(4)(c)(i) also addresses 115.86.

The auditor's review of a blank Institution Executive Staff Review (IESR) form reveals the same is commensurate with 115.86.

The auditor's on-site review of four random administrative sexual assault and two sexual harassment investigations reveals an IESR was completed in three of the four sexual abuse cases and one was completed for each sexual harassment case. All IESRs were completed in a timely manner, commensurate with policy and standard provision. Similarly, the auditor notes compliance with all other components of 115.86.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the past 12 months, 36 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility and followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 53, section 115.86(b) addresses 115.86(b).

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 53, section 115.86(c) addresses 115.86(c).

The Warden asserts the facility has a sexual abuse incident review team (IESR) and the team includes upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made regarding the following:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and BUX PCM.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 53, section 115.86(d) addresses 115.86(d).

The Warden asserts the IESR team uses the information gleaned from reviews to enhance the PREA program and response to reports of sexual abuse/harassment. The Warden and BUX PCM assert the team considers all factors referenced above. Sexual abuse/sexual harassment incident trends are monitored, camera/mirror placement needs may be identified, and staffing realignment and policy changes are assessed.

The BUX PCM asserts when each facility IESR team conducts reviews, the SIS prepares a report including any findings from the review, determination(s), and any recommendations for improvement. Each BUX facility PCM is a member of the facility IESR team and reports are forwarded to him/her for review. At BUH, many sexual abuse/harassment allegations appear to be lodged by inmate(s) with mental health needs.

In addition to the above, each facility executive staff attempts to implement recommendation(s), if feasible, documenting any rationale precluding implementation of the same.

Pursuant to the PAQ, the Warden self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 53, section 115.86(e) addresses 115.86(e).

In view of the above, the auditor finds BUX substantially compliant with 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 54 and 55, section 115.87(a/c) addresses 115.87(a/c). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, pages 10 and 11, section 5(c)(i-iv) also addresses 115.87(a/c).

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 55, section 115.87(b) addresses 115.87(b).

The auditor's cursory review of the 2018 PREA Annual Report on the FBOP website reveals annual aggregation of incident-based sexual abuse data for BUX.

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

BOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 55, section 115.87(d) addresses 115.87(d). IS BUX 5324.12 entitled Sexually Abusive Behavior Prevention, pages 10 and 11, section 5(c)(i-iv) also addresses 115.87(d).

Pursuant to the PAQ, the Warden self reports the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with Survey of Sexual Violence (SSV) reporting regarding content.

BOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 55, section 115.87(e) addresses 115.87(e).

Pursuant to the PAQ, the Warden self reports upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

BOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 55, section 115.87(f) addresses 115.87(f).

In view of the above, the auditor finds BUX substantially compliant with 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 56, section 115.88(a) addresses 115.88(a).

The auditor's review of the 2018 FBOP Annual PREA Report reveals substantial compliance with 115.88. All requirements of 115.88(a-d) are met.

The Agency Head interviewee asserts if the incident-based sexual abuse data shows patterns, such as LGBTI inmates being targeted or a significant number of assaults occurring in a particular area of an institution, then our policies, procedures, or training may be modified.

For example, we noted that almost 38% of "Substantiated" cases in calendar year 2018 involved inmate witnesses. This resulted in continued emphasis during inmate education of the zero tolerance policy and reporting incidences of sexually abusive behavior to staff when they are observed.

Additionally, 45% of perpetrators in "Substantiated" cases admitted to all or some part of the sexually abusive behavior. This was notable and was attributed to both inmate witnesses providing details to investigators and also investigators receiving training in conducting thorough investigations for evidence that could not be disputed.

The FBOP PC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The data is compiled into a report and submitted to the Director on an annual basis.

The agency maintains compliance with the Freedom of Information Act (FOIA) and all other laws, rules, and regulations. Investigative, medical, and psychological data are securely maintained. The annual report does not contain identifying information.

The agency/facilities take corrective action on an ongoing basis, as needed, based on the data. Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the investigator's office.

The agency does prepare an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The BUX PCM asserts BUX staff electronically key information into the system and regional office/central office PCs maintain/distribute the information. Hard copy investigation files are maintained in the SIA/SIS offices.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and narrative reflected in the 2017 and 2018 cumulative annual reports, reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2017 and 2018. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of various reviews and audits, information gleaned from reviews conducted pursuant to 115.86, and PREA audits/reviews conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within the FBOP.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 56, section 115.88(b) addresses 115.88(b).

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head. The auditor's review of the aforementioned annual reports reveals the same are approved and signed by the Director or Acting Director.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 56, section 115.88(c) addresses 115.88(c).

The auditor's review of the FBOP website reveals substantial compliance with 115.88(c). Specifically, annual reports are posted on the website and the same are signed by the FBOP Director or Acting Director.

According to the Agency Head interviewee, he reviews all PREA Annual Reports. He reviews the annual report for the prior calendar year before placement on the website.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of the material redacted.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 56, section 115.88(d) addresses 115.88(d).

According to the FBOP PC, the agency complies with FOIA and all other applicable laws, rules, and regulations. No information wherein victims or perpetrators are identified or information that could potentially threaten the security of the facility, is included in the annual report. If redaction is necessary, the nature of the redacted material is articulated.

In view of the above, the auditor finds BUX substantially compliant with 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 56, section 115.89(a) addresses 115.89(a).

It is noted the FBOP PC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetually secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities, with which it contracts, be made readily available to the public, at least annually, through its website.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 56, section 115.89(b) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the FBOP website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, pages 56 and 57, section 115.89(c) addresses 115.89(c).

The auditor has found no personal identifiers in the previously mentioned annual report verbiage, as well as, demographics.

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

FBOP PS 5324.12 entitled Sexually Abusive Behavior Prevention and Intervention Program, page 57, section 115.89(d) addresses 115.89(d).

The auditor noted no deviation from the requirements of 115.89(d) in terms of evidence retention.

In view of the above, the auditor finds BUX substantially compliant with 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

BUX Staff were extremely accommodating to the assistant auditor with respect to timely arrival of 63 inmate interviewees and numerous staff interviewees. Given the number of interviews facilitated by the assistant auditor, timeliness was imperative and the same is noted by the auditor. The BUX PCM and all staff at all BUX facilities performed exceptionally in this regard.

The BUX PCM and his team provided a thorough, but lengthy, tour of all BUX facilities. While the auditor had sufficient time to observe and assess all areas, the BUX PCM and team also expedited the tour, explaining many nuances of PREA at a large FCC. Additionally, all facility PCMs provided the same type of service.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes No NA

Auditor Overall Compliance Determination

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

K. E. Arnold

May 26, 2020

Auditor Signature

Date

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

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report - V6.