

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

Interim       Final

Date of Report    05/05/2019

### Auditor Information

Name: Robert Manville	Email: robert.manville@nakamotogroup.com
Company Name: The Nakamoto Group, Inc.	
Mailing Address: 11820 Parklawn Drive, Suite 240	City, State, Zip: Rockville, MD. 20852
Telephone: 912-286-0004	Date of Facility Visit: April 16 -18, 2019

### Agency Information

Name of Agency: Federal Bureau of Prisons (BOP)		Governing Authority or Parent Agency (If Applicable): U.S. Department of Justice (DOJ)	
Physical Address: 320 First St., NW		City, State, Zip: Washington, DC 20534	
Mailing Address: 320 First St., NW		City, State, Zip: Washington, DC 20534	
Telephone: 202-307-3198		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 mission:** The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

**Agency Website with PREA Information:**  
[https://www.bop.gov/inmates/custody\\_and\\_care/sexual\\_abuse\\_prevention.jsp](https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp)

**Agency Chief Executive Officer**

<b>Name:</b> Hugh Hurwitz		<b>Title:</b> Acting Director	
<b>Email:</b> BOP-CPD/PREACoordinator@BOP.GOV		<b>Telephone:</b> 202-616-2112	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jill Roth		<b>Title:</b> National PREA Coordinator	
<b>Email:</b> BOP-CPD/PREACoordinator@BOP.GOV		<b>Telephone:</b> 202-616-2112	
<b>PREA Coordinator Reports to:</b> R.L. Rhodes, Acting Assistant Director, Reentry Services Division		<b>Number of Compliance Managers who report to the PREA Coordinator:</b> None	
<b>Facility Information</b>			
<b>Name of Facility:</b> Federal Correctional Institution (FCI) El Reno			
<b>Physical Address:</b> 4205 Highway 66 West, El Reno, OK 73036			
<b>Mailing Address (if different than above):</b> PO Box 1000 El Reno, OK 73036			
<b>Telephone Number:</b> (405) 262-4875			
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The mission of the Federal Correctional Institution and Satellite Camp, El Reno, Oklahoma is to provide a safe, secure, and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational training and religious and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as, to facilitate the orderly operation of the institution.			
<b>Facility Website with PREA Information:</b> <a href="https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp">https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Bradley Greilick		<b>Title:</b> Warden	
<b>Email:</b> ERE/PREAComplianceMgr@bop.gov		<b>Telephone:</b> (405) 262-4875	
<b>Facility PREA Compliance Manager</b>			

<b>Name:</b> Brannon Grady		<b>Title:</b> Associate Warden (Operations)	
<b>Email:</b> ERE/PREAComplianceMgr@bop.gov		<b>Telephone:</b> (405) 262-4875	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> CAPT Debra Aynes		<b>Title:</b> Health Services Administrator (HSA)	
<b>Email:</b> ERE/PREAComplianceMgr@bop.gov		<b>Telephone:</b> 405-262-4875	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity</b> FCI 720/SCP 216		<b>Current Population of Facility:</b> 1168	
<b>Number of inmates admitted to facility during the past 12 months</b>			1067
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			909
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			1051
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			11
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> None	<b>Adults:</b> 20-86 (range)	
<b>Are youthful inmates housed separately from the adult population?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months</b>			0
<b>Average length of stay or time under supervision:</b>			58.4 months
<b>Facility security level/inmate custody levels:</b>			FCI-Medium/In Custody; SCP-Minimum/Out
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			293
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			4
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			3
<b>Physical Plant</b>			

<b>Number of Buildings:</b> 66	<b>Number of Single Cell Housing Units:</b> 0
<b>Number of Multiple Occupancy Cell Housing Units:</b>	5
<b>Number of Open Bay/Dorm Housing Units:</b>	1
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	84
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> FCI EI Reno employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	Houses Medical Care Level 1 and Medical Care Level 2 inmates
<b>Forensic sexual assault medical exams are conducted at:</b>	Grady Memorial Hospital in Chickasha, Oklahoma
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	54
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	253

# Audit Findings

## **Audit Narrative**

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

## **Pre-Audit Preparation**

Prior to the on-site visit, representatives from the External Auditing Branch, Program Review Division of the BOP, conducted an on-site "pre-audit" of the facility to assist with PREA audit preparation. The results of the internal audit were discussed with the auditor prior to the on-site visit. Prior to the on-site visit, the External Audit Branch, Program Review Division forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination.

## **Entrance Briefing and Tour (On-site Audit)-First day**

The on-site visit for the Prison Rape Elimination Act (PREA) audit of the Federal Correctional Institution (FCI) El Reno was conducted by The Nakamoto Group, Inc. certified auditor Robert Manville from April 16 through April 18, 2019. Notices of the upcoming audit and the Auditor's contact information were posted throughout the institution on February 28, 2019. This is the second PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with the Warden, Associate Warden- Operations/Institution PREA Compliance Manager (IPCM), Associate Warden- Programs, Executive Assistant, Captain, several department heads and support staff, correctional officers, an American Correctional Association (ACA) Auditor and a representative from the BOP Program Review Division. The standards used for this audit became effective August 20, 2012.

The tour of the FCI/SCP included the intake processing areas, all housing units, the Special Housing Unit (SHU); the Health Services Department, Recreation, Food Service, facility support areas, Education, Federal Prison Industries (UNICOR), visiting rooms and programming areas. During the tour, it was noted that there was sufficient staffing to ensure a

safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. Inmates can shower, dress and use the toilet without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. These notices were posted on February 28, 2019. The auditor received one piece of correspondence from an inmate who was interviewed.

### **Staff-Inmate Interviews-Second Day**

There were 40 inmates interviewed (10-SCP) from all housing units, to include four inmates who related a history of being victims of sexual abuse during intake screening, five inmates with a past history of sexual abuse based on the objective screening instrument, three inmates who self-identified as being gay during intake screening and two Limited English Proficient inmates. Two inmates refused to be interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess an inmate's knowledge of the PREA and the reporting mechanisms available to them.

A total of 38 staff were interviewed, to include 19 correctional officers, from all three shifts, an intake officer, one medical staff member, a psychologist that conducts intake screenings, an investigator, four first responders and contracting medical staff. The administrative staff interviewed included the Warden, Associate Warden- Operations/IPCM, Human Resource Manager (HRM), Captain, two Lieutenants, Chief of Psychology Services, Health Services Administrator, Reentry Affairs Coordinator and the SCP Unit Manager.

### **Investigations**

During the audit period, there was a total of one reported allegation of sexual abuse/sexual harassment and the case was investigated. A review of the investigative packet revealed that the investigation was complete and met the requirements of the standard. The case was found to be unsubstantiated.

### **Facility Characteristics**

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

FCI El Reno is a medium security federal prison with an adjacent minimum-security Satellite Prison Camp (SCP) located in Canadian County, approximately 30 miles west of Oklahoma City. The institution was authorized by Congress on May 27, 1930, to be constructed on land transferred from the War Department. In 1931, 1,000 acres of land were transferred from the United States Army Remount Station known as Fort Reno for the construction of the United States Southwestern Reformatory (USSR). The facility was informally opened on April 3, 1933, when a cadre of inmates was received to aid in the construction before the institution was fenced and secured. The institution was formally opened with a public viewing in February 1934.

The mission of the FCI is to provide a safe, secure and humane environment for inmates and staff. Opportunities for self-improvement including work, education, vocational training, and religious and counseling programs are provided. These programs are designed to assist inmates during confinement and upon release, as well as to facilitate the orderly operation of the institution. The facility has 254 total staff. All staff assigned to FCI /SCP are considered correctional workers first.

FCI El Reno contains four (4) housing units: A, B, C, and D. The housing units operate under a unit management concept with case managers and correctional staff managing the individual units. Each unit has two shower areas which include a dressing room that is partitioned off for inmates to change clothes. The showers themselves have a curtain in front to provide privacy; however, the first two dressing rooms at the entrance of the shower area, while partitioned off, does not provide enough privacy for inmates to dress without being viewed by persons of the opposite gender. The facility placed curtains in these areas to ensure privacy was available for inmates to shower and change clothing. Each room has a toilet and drinking fountain. Female staff members announce their presence when they enter the living areas. There were no blind spots noted in any of the housing units.

The Special Housing Unit (SHU) has 84 cells that are utilized to meet the management needs of the inmate population. Some of the cells are utilized by Mental Health Staff to provide behavioral management. There was adequate staff to provide inmate supervision. The SHU has a sallyport that requires additional credentialed authorized access to enter this area. There were zero-tolerance posters found in several areas of the SHU.

The Receiving/Discharge area has holding cells with partitions for inmates to use restrooms in privacy. There is also an area for strip searches and for inmates to change clothes in privacy. There are offices located this area which allow private interviews to be conducted. There were zero-tolerance posters displayed in the intake area.

The Health Services Department contains treatment rooms, a negative pressure room, four observation rooms, an inmate companion room, two suicide rooms, a pharmacy, an X-ray room and dental offices. There is a bulletin board that contains PREA information located in

the waiting area. There are correctional officers assigned to the health care area, whenever inmates are in this area.

There are two recreation areas located on this compound. These recreational areas include a gymnasium, activity center, exercise equipment, hobby craft rooms, music rooms and an outside recreation area. The recreational area located in the education area includes additional hobby craft areas, televisions and pool tables. There is a computer area that inmates can utilize to access leisure gaming. This area can also be utilized for inmates to access the TRULINCS email system. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions and doors to provide privacy. There were PREA information boards in each of the recreational areas.

The Education building has two floors containing classrooms and support services. The Education department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- Advanced Occupational Education
- English as a Second Language
- Parenting Program
- Release Readiness Program
- Law Library
- Leisure Library

Privacy bathrooms are located on both floors of the education building and PREA information posters are located on each floor.

The Psychology Department contains a small conference room and individual offices for staff. There is a bulletin board that includes several information posters for inmates and a hotline number for PREA complaints.

The Religious Services Department consists of a chapel area, group rooms, music area and offices. There were PREA posters located in the religious services hallway and in the front entrance area. There were no blind spots noted in this area.

The Food Service Department has a large dining room with a food service preparation area attached. [REDACTED]

[REDACTED]. There are zero-tolerance posters in all food service areas.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. There were no blind

spots noted in the laundry. The laundry area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

The SCP is comprised of approximately 12 acres, with two main structures. The main building houses the Visiting Room, Education, Chapel, Unit Management offices, Food Service, the Control Center, Psychology Services, Health Services and inmate housing. The second building houses Laundry, the Commissary and the Hobby Craft Shop. These buildings have showering and dressing areas that provide privacy for inmates to dress and change clothing without being in view of female staff. There were no blind spots noted at the Camp.

The areas listed below were also toured by the auditor. These areas have privacy bathrooms and PREA posters located in conspicuous places. There are cameras and mirrors strategically placed which provide supervision of the inmates assigned to work in below listed shops.

[REDACTED] However, Federal Prison Industries has a second-floor office with windows which assists in providing observation of these areas and there is sufficient staff to supervise the UNICOR operations, as well as all the maintenance areas.

- Federal Prison Industries (FPI) Tool and Die
- FPI Press Metal Forming
- FPI Paint Sheet Metal
- FPI Warehouse
- FPI Sheet Metal Shop
- FPI Maintenance Production Repair Shop
- Facilities Construction Shop
- Facilities Compound Maintenance Shop
- Facilities Machine Shop
- Facilities Electrical Shop
- Facilities Maintenance Shop
- Facilities HVAC Shop
- FPI Farm Office
- FPI Dairy Plant
- Facilities Fire Department
- Facilities Power Plant

The Facilities department provides work opportunities for inmates through jobs in the laundry, maintenance shops, food service and other work support details. Additional job opportunities are provided through UNICOR operations which employs approximately 235 inmates. These inmates work in a metal factory, where they build items such as pallet racking, bunk beds,

shelving units, industrial tables and cabinets, as well as learn marketable trades that can be used to help them obtain gainful employment upon their release. UNICOR offers several apprenticeship programs, such as Welding, Tool & Die and Quality Assurance. These programs operate under the U.S. Department of Labor and each inmate obtains a journeyman's certificate upon successful completion of the program.

Building B houses the Drug Abuse Programs (DAP). The Drug Abuse Program staff offer three primary programs to the inmate population. The Drug Education Program is provided for inmates who are required to take drug treatment while incarcerated. During initial screening, if the inmate's record reflects: 1) evidence in the pre-sentence investigation that alcohol or other drug use contributed to the commission of the instant offense; 2) the inmate received a judicial recommendation to participate in a drug treatment program; 3) the inmate violated his community supervision as a result of alcohol or other drug use; or 4) the inmate had a problematic history with alcohol or drugs; then he is expected to participate in the Drug Abuse Education Course. This course provides information regarding the biological, psychological and social consequences of drug use. It was developed to introduce and motivate inmates to enter drug abuse treatment programs.

The second program is the Residential Drug Abuse Program (RDAP). It is based on a modified therapeutic community model. All participants live together in housing designated for the program and participate three hours per day in treatment activities. Groups meet five days per week for nine to twelve months. Participants are involved in a wide variety of community activities including community meetings, psycho-educational groups and process groups. Various incentives are available for successful program completion.

The third program is the Non-Residential Drug Abuse Program (NRDAP). The purpose of the non-residential drug abuse program is to provide less intensive treatment to inmates who have drug problems and who would otherwise not have an opportunity to participate in RDAP.

The Federal Correctional Institution and the Satellite Camp have had no class action lawsuits, consent decrees or judgments against the facility in the last three years.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Upon completion of the on-site visit, an exit briefing was held to discuss the audit findings. The briefing was held in the administrative conference room with the Warden, the Associate Warden- Programs, the Associate Warden- Operations/IPCM, the Executive Assistant, several correctional officers, Special Investigative Agent, Unit Manager, Chief of Psychology Services, the Health Services Administrator, the Associate Warden's Secretary, several department heads, and a representative from the BOP Program Review Division. The auditor was provided with extensive and lengthy files prior to the audit which support a conclusion of compliance with the PREA standards. Employees at the facility were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained.

There are adequate limits to cross-gender viewing and searches. The facility has adaptive measures in place to ensure disabled and LEP inmates can participate in and benefit from all aspects of the PREA process. Hiring and promotion practices are consistent with sexual abuse safety measures. The facility has appropriate medical networks in place and available as needed. PREA education and training is documented. Inmates acknowledged the admissions screening process included questions regarding any history of sexual abuse or victimization and whether they would like to identify a sexual preference. Intake, classification assessment and medical/mental health processes are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Related supporting documentation is organized and stored in information systems available on a need-to-know basis.

The institution has a Unit Management program and, within the first 30 days of arrival, the unit team meets with the inmate to discuss short-term and long-term program goals, review the first 30 days, and all new information that may be pertinent to the inmate's stay at the facility. During the team meeting, inmates are asked if they have any concerns for their safety and documents are reviewed of any victim/predator behavior. The facility has added a form, documenting this meeting and other PREA rescreening requirements, that is signed by the Case Manager and inmate. Case Managers meet with inmates on a regular basis and the team will convene at any time the Case

Manager has concerns and believes a reassessment of victimization or predator behavior is necessary. The goal of the Unit Management Program is aimed at assisting inmates in becoming productive and law-abiding citizens upon their release back into the community.

Reporting mechanisms are displayed in a conspicuous manner and inmates and staff members are aware of all reporting methods available to them. Systems are in place for coordinated responses to incidents of sexual abuse, as needed. The facility also has sufficiently trained personnel who conduct administrative investigations. The Special Investigative Services (SIS) Unit conducts administrative investigations. The Federal Bureau of Investigation (FBI) and the Office of the Inspector General (OIG) conduct criminal investigations. Staff indicated adequate training in all aspects of the PREA, particularly First Responder duties or actions to be taken in the event of a reported sexual abuse related incident. At the conclusion of the audit, the auditor thanked the Warden and the staff for their hard work and dedication to the PREA process.

**Number of Standards Exceeded:** 7

§115.11; §115.13; §115.33; §115.34; §115.42; §115.43; §115.81

**Number of Standards Met:** 38

§115.12; §115.14; §115.15; §115.16; §115.17; §115.18  
§115.21; §115.22  
§115.31; §115.32; §115.35  
§115.41  
§115.51; §115.52; §115.53; §115.54  
§115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68  
§115.71; §115.72; §115.73; §115.76; §115.77; §115.78  
§115.82; §115.83; §115.86; §115.87; §115.88; §115.89  
§115.401; §115.403

**Number of Standards Not Met:** 0

#### **Summary of Corrective Action (if any)**

The dormitory areas have showers with curtains which provide privacy while the inmates are showering. Outside the showers stalls is a partitioned off dressing area. As you enter the

shower area, the first two dressing areas do not provide privacy for changing clothing. Staff members placed privacy curtains in these areas and plan to install curtains in the other dressing areas. The additional privacy curtains are not mandated to meet the requirements of this standard but will enhance inmate privacy in these areas.

## PREVENTION PLANNING

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

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

##### **115.11 (a)**

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

##### **115.11 (b)**

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

##### **115.11 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Program Statement (PS) 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, pages 2, 13, 24, 26, 27, 28 & 49, clearly meets the mandates of this standard. The agency's zero-tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The Associate Warden of Operations serves as the institution PREA Compliance Manager (IPCM). In addition to the IPCM, there is a designated National PREA Coordinator and a PREA Coordinator assigned to each regional office in the agency to ensure adherence to the PREA.

The IPCM reports directly to the Warden. Zero-tolerance posters are displayed throughout every area of the institution. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during additional admission and orientation presentations. The video is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, the Sexually Abusive Behavior Prevention and Intervention Pamphlet (SABPIP) and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial

training and annual training, as well as updates throughout the year. The institution exceeds the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance. Compliance was determined by review of pamphlets, orientation power point presentations, posters and interviews with staff and inmates, including inmates with disabilities or who were limited English proficient.

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

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

**115.12 (a)**

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

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  
 NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The agency and facility meet the mandates of this standard. A review of the documentation submitted substantiates that the agency and facility require the entities which they contract for the confinement of inmates (privatized prisons or residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. All agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards. FCI El Reno does not individually contract for the confinement of inmates.

### **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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?
  - Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

**115.13 (b)**

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

**115.13 (c)**

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

**115.13 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 3000.03, Human Resource Management Manual, pages 8-12, PS 5324.12, page 17, the staffing report and the Workforce Utilization Committee meeting minutes address the mandates of this standard. Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. In addition to the quarterly Workforce Utilization meeting, the Warden meets weekly with his executive staff, including the Business Manager, Captain, SIS and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. Quarterly Workforce Utilization minutes are on file.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems; inmate access to telephones; the TRULINCS email system; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees. [REDACTED]

The institution, for its age, exceeded the standards for supervision and monitoring ensuring that safety of staff and inmates takes priority. Compliance was determined by staff interviews conducted during the tour of all areas of the facility, to include the Operations Lieutenants on all three shifts, the Captain, Human Resource Manager and correctional staff; reviews of documented staffing rosters, daily supervisory checks and facility workforce quarterly meeting records; and the examination of the video monitoring system, inmate access to telephones and the TRULINCS inmate email system.

#### **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

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

**115.14 (b)**

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

**115.14 (c)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

FCI EI Reno does not house youthful inmates.

### **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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  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 here for facilities with less than 50 inmates before August 20, 2017.)  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?  Yes  No

##### **115.15 (d)**

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

**115.15 (e)**

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

**115.15 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 17 and PS 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, page 5, address this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower stalls for privacy. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Most inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender.

Staff, along with all the inmates interviewed, indicated employees of the opposite gender announce their presence before entering a housing unit. The possibility of opposite gender staff entering the housing units is also announced over the speaker system at the beginning of each shift. Additionally, the auditor observed written notifications, which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member at the FCI/SCP. The dormitory areas have showers with curtains provided for inmate privacy while showering. Outside the showers is a partitioned off dressing area. The first two dressing areas do not provide privacy for changing clothing. The staff placed curtains in these areas and plan to place curtains in the other dressing areas. The addition of curtains in the other shower dressing areas is not mandated to meet the requirements of this standard but will serve to enhance inmate privacy. Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates, it has been determined that FCI EI Reno is in compliance with this standard.

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

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

**115.16 (a)**

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

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

**115.16 (b)**

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

**115.16 (c)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 19 & 20 and the A&O Handbook meet the mandates of this standard. The FCI/SCP take appropriate steps to ensure inmates with disabilities and inmates with LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the auditor. Employees interviewed were aware of the policies that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. The DOJ has set up a blanket purchase agreement for on-demand translation services for use by all BOP institutions. The translation service is LanguageLine Solutions and is provided for inmates who don't have a basic command of the English language. The facility maintains TTY machines for inmates who are hard of hearing. An interview with one inmate that was LEP confirmed the availability and use of the telephone translation service. There were three LEP inmates interviewed during this audit. The review of documentation and staff and inmate interviews support a finding that the facility is in compliance with this standard.

#### **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

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

**115.17 (g)**

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

**115.17 (h)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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PS 3000.03, Human Resource Management Manual, pages 28, 41 & 45; PS 3420.11, Standards of Employee Conduct, pages 6 & 7; Pre-Employment Guide, page 2; SF85P, Questionnaire for Public Trust Positions, page 1; and BOP Recruitment Flyer, page 1, address the mandates of this standard. Three employee files were reviewed to assess compliance with this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. Background checks have been completed on all employees, contractors and volunteers. The HRM provided a voucher that is completed prior to any promotions. This voucher includes background investigative reports. Recently promoted staff files contain copies of this voucher. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The agency makes its best efforts to contact all prior institution employers for information on substantiated allegations of sexual abuse or resignations occurring during a pending investigation of sexual abuse. The facility has added an email that is forwarded to the SIA advising that a staff member is subject to being promoted and requests any information relative to any confirmed allegations of sexual abuse or sexual harassment, prior to a promotion decision being made.

The agency also provides information on substantiated allegations of sexual abuse/sexual harassment involving former employees, when requested by a potential institutional employer, unless prohibited by law. Appropriate licensing and certifying agencies are notified, when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment. Compliance was determined by the review of personnel files and policies and interviews with the HRM.

### **Standard 115.18: Upgrades to facilities and technologies**

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

**115.18 (a)**

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

**115.18 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility staff indicated that there are

no plans to update or install advanced video and/or visual monitoring equipment. In addition, since August 20, 2012, there have been no substantial expansions/modifications to the facility.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

**115.21 (e)**

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

**115.21 (f)**

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

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  
 Yes    No    NA

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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PS 5324.12, pages 4, 5, 23 & 24; PS 6031.04, Patient Care, pages 42 & 43; Guide for First Responders/Operations Lieutenant; and PREA Checklist and Instructions address the mandates of this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware that the SIS conducts investigations relative to sexual abuse/harassment allegations. All forensic medical examinations are conducted by SAFE/SANE staff at Grady Memorial Hospital in Chickasha, Oklahoma. An interview with the SAFE/SANE representative verified that the Hospital had access to trained staff to conduct forensic examinations. The representative indicated that a SAFE/SANE is available 24 hours a day, seven days a week. There were no forensic examinations conducted during the past 12 months. The hospital representative indicated in our telephone interview that the hospital works with the Chickasha Intervention and Crisis Advocacy Network (CICAN), a victim advocacy group, to respond to persons, including offenders, regarding forensic examinations. The Chief of Psychology Services indicated that she and other institution psychologists are trained as advocates and would report to the institution and escort the inmate that has alleged sexual abuse to the hospital.

The institution has a MOU with CIGAN, a victim advocacy group. The Hospital Administrator indicated that CIGAN would coordinate with staff to report to the hospital and could coordinate services with a SAFE/SANE who works with the CIGAN program. Compliance with this standard was confirmed by interviews with the SIS team, HSA, Chief of Psychology Services and staff at Grady Memorial Hospital in Chickasha, Oklahoma.

#### **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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  
 Yes  No  NA

##### **115.22 (d)**

- Auditor is not required to audit this provision.

## 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 43, 44, & 45 and the FBI Memorandum of Understanding (MOU) address the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS, the Office of Internal Affairs (OIA), the FBI and the OIG conduct all investigations. The SIS Lieutenant was interviewed and proved very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. There are 253 agency investigators in the BOP and two trained investigators at the institution. The FBI conducts the criminal investigations for the institution. The BOP/FBI MOU, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act. There was one allegation of sexual abuse during the auditing period. An investigation was initiated and completed in accordance with the PREA standards and agency policy. The documentation related to the investigation was contained in the SIS files and was reviewed by the auditor. The facility utilizes an IPCM Information Tracking Log to ensure all required steps of the investigation are completed and are timely. The tracking log is maintained by the SIS.

The information contained in the log includes the date of the allegation, name of the victim/perpetrator, SHU placement/reviews, initial two-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome and retaliation monitoring. Signed documents indicating inmate notification were reviewed by the auditor. A review of training

documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and the two investigators, as well as an examination of supporting documentation, confirm the facility's compliance with this standard.

### **Standard 115.31: Employee training**

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

#### **115.31 (a)**

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

**115.31 (b)**

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

**115.31 (c)**

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

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 13, 14, 24, 25 & 26 and the Annual Training 2018 Lesson Plan address the mandates of this standard. The BOP provides extensive PREA training at the Federal Law Enforcement Training Center (FLETC) for all newly hired employees that must attend and successfully complete the course curriculum. Employees also have PREA information noted on their computer desktops and screensavers. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff members are mandated to receive training annually and the curriculum includes an extensive review of PREA requirements. The training curriculum, training sign-in sheets and other related training documentation were reviewed by the auditor. Interviewed staff verified the requirement to acknowledge, in writing, not only that they received PREA training, but that they understood the training.

#### **Standard 115.32: Volunteer and contractor training**

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

##### **115.32 (a)**

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

##### **115.32 (b)**

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

##### **115.32 (c)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 26; Annual Training 2018 Lesson Plan; and Annual Training 2018 Agenda/Presentation address the mandates of this standard. There are 99 volunteers/contractors who have received the PREA training, to include the zero-tolerance policy, and reporting and responding requirements. The training is documented and maintained on file. Copies of training sign-in sheets and other related documents were reviewed by the auditor. One contract staff member was interviewed and indicated she had received the training and was able to discuss what they learned during the training. The Reentry officer and the Chaplain manage the volunteer and contractor background and training program. Compliance was verified by interviews with staff and contractors and the review of the volunteer and contractor files.

### **Standard 115.33: Inmate education**

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

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 26 & 27; A&O Handbook (English and Spanish); SABPIP Pamphlet (English and Spanish) and A&O Checklist/Signature Sheets address the mandates of this standard. The facility puts forth its best efforts to educate the inmates regarding the PREA. Inmates receive information during the intake process, including a pamphlet and inmate handbook, printed in English and Spanish. A staff member goes over the pamphlet and inmate handbook during the first day of arriving at the facility. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation

video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. The inmates have access to the TRULINCS computer system which also provides them with PREA information. There are PREA posters displayed throughout the facility and in each housing unit and a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment. Since the "Hotline" telephone number is an 800-toll-free number, inmates are advised via the SABPIP pamphlet to contact a member of their unit team to place the call. The OIG mailing address is listed in the A&O Handbook and posted in each housing unit for inmate correspondence concerning any sexual abuse or sexual harassment allegation.

There is also a translation language line available to LEP inmates. The auditor was provided a random sampling of A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the SABPIP education and relevant written materials. All inmates are required to acknowledge completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Unit Teams discuss the PREA with the inmate population during monthly interviews and during unit team meetings. Several inmates shared that PREA training was continuously provided. The determination that the facility exceeds the requirements of this standard was based on reviews of the inmate education program, documentation of the training and interviews with inmates and staff.

### **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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

##### **115.34 (b)**

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

**115.34 (c)**

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

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 28; Sexual Violence PREA Training Slide Show; National Institute of Corrections (NIC) Investigative Intel Training Records (PREA-Investigating Sexual Abuse in a Confinement Setting); BOP Learn Video Series; TRUIINTEL Investigative Report Training Agenda; Training Logs/Records of Investigative Staff; and SIS/PREA National Video Conference Training meet the mandates of this standard. The SIS staff and FBI criminal investigators have received PREA specialized training at the NIC and through the DOJ. The institution also has an Evidence Recovery Team (ERT) comprised of staff, specially trained, to process potential crime scenes to preserve evidence. This auditor reviewed specialized training documentation, including the BOP Course Completion List for Investigating Sexual Abuse in a Confinement Setting. The SIS staff were interviewed and found to be very knowledgeable of the PREA investigative process. Each investigator's training documentation was reviewed during the investigator's interview. Compliance was determined by review of agency policies on investigator training, PREA investigative files, investigator training files and interviews with the onsite investigators. An exceeds determination was based on the review of the SIS training records that revealed additional training was provided on sexual violence, their interview methodology and overall knowledge of PREA standards.

#### **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?  Yes  No
  
- 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?  Yes  No

- 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?  
 Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**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.)  Yes  No  NA

**115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

**115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  
 Yes  No

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 28 & 29; Annual Training Lesson Plan 2018; Introduction to Correctional Techniques; SABPIP Power Point Presentation; and 6-hour PREA Video Series address the mandates of this standard. Other training includes online specialized training for psychologists including victim advocacy training. The agency ensures all full- and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the Bureau. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions. Employees receive training annually and supporting documentation is on file. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA. All cases requiring the processing of sexual assault evidence collection kits are transported to Grady Memorial Hospital in Chickasha, Oklahoma, where a SAFE/SANE is always on call. Representatives from both Grady Memorial Hospital and the CICAN victim advocacy network were interviewed and confirmed the victimized inmate's access to these services. A review of the training documentation and policy confirm the facility's compliance with this standard.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

#### Standard 115.41: Screening for risk of victimization and abusiveness

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

##### 115.41 (a)

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

##### 115.41 (b)

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND

makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?

Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

**115.41 (e)**

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

**115.41 (f)**

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

**115.41 (g)**

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

**115.41 (h)**

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

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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*must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PS 5324.12, pages 29-35 & 49, addresses the mandates of this standard. Policies and procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. Bureau policy requires all inmates to be screened within 72 hours of arrival; however, they are routinely screened on the day of arrival. When inmates arrive at the facility, they enter the intake area and are told the Bureau of Prisons has a zero-tolerance policy against sexual abuse or sexual harassment. Inmates remain in the intake area until they complete initial screening, usually conducted by one of the unit staff. Additional screening is conducted by a member of the Psychology Services Department. Within the first 30 days of arriving at the facility, the unit team meets with the inmate and discusses short-term and long-term program needs and reviews their first 30 days, and all new information that has developed or was received to ensure an appropriate treatment program. During the team meeting, inmates are asked if they have any concerns for their safety and a review of documents relative to any victim/predator behavior is conducted. The facility has developed a rescreening form that provides documentation that facility staff discussed additional information received at the facility or facility safety issues with the inmate. The inmate is required to sign the form, documenting the Case Manager discussed these areas with him during the review team meeting. Case Managers meet with inmates on a regular basis and the team will reconvene based on a Case Manager or Psychologist's concerns and a reassessment of victimization or predator behavior will be conducted.

The treatment team or Psychology Services staff can request a reassessment based on a Case Manager's concerns of an inmate's victimization or predator behavior. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility is in compliance with this standard.

#### **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

**115.42 (b)**

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

**115.42 (c)**

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

**Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

The Warden and his management team, including Unit Managers, Psychologists and Case Managers, meet every Thursday to review incidents, as well as screening instruments and rescreening instruments. Based on these meetings, the team may request mental health intervention, victimization or predator rescreening and recommend other team meeting interventions, to include housing and job assignments. The unit team reassesses each inmate to determine if modifications of housing assignments or work assignments are required based on these management meetings. A determination of exceeds on this standard was determined by the review of Unit Management team assessments of appropriate housing, job assignment and release goals, the Warden's weekly meeting to review all incident reports, to include sexual abuse/sexual harassment allegations and interviews with staff, inmates, the PREA Compliance Manager, Psychologist and Unit Managers.

### **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

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

**115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  
 Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

**115.43 (c)**

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

**115.43 (d)**

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

**115.43 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 34 & 35 a-d, addresses the mandates of this standard. Policy states that inmates at high risk for sexual victimization shall not be placed in the SHU unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. The inmates are reassessed every seven days after entering the SHU. There were no inmates at risk of sexual victimization held in the SHU in the

past 12 months for one to 24 hours awaiting completion of an assessment. There were also no inmates at risk of sexual victimization who were assigned to the SHU in the past 12 months for longer than 30 days while awaiting alternative placement.

Mental health and unit staff meet with each inmate in SHU status at least once each week. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff assigned to the SHU and other employees, an examination of the SHU operations and an examination of policy/documentation confirm the facility's compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

**115.51 (c)**

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

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 36 a-d; PREA Notices; and the A&O Handbook (English and Spanish) address the mandates of this standard. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. Throughout the facility, there are posters and other documents on display which also explain reporting methods. During the tour,

several TRULINCS computers were observed in each housing unit. Inmates were able to demonstrate to the auditor how to log into the TRULINCS computer system and how they would file a PREA complaint.

Staff members promptly accept and document all verbal, written, anonymous, private and third-party reports of alleged abuse/sexual harassment. Family and friends of inmates may report sexual abuse/sexual harassment by using the BOP website, phoning the OIG or contacting institution staff. All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/sexual harassment allegations. Inmates at the facility are not detained solely for civil immigration purposes. Interviews with staff and inmates, the observation of posters addressing reporting methods and an examination of policy/documentation confirm the facility's compliance with this standard.

### **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  NA

##### **115.52 (b)**

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

##### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### **115.52 (d)**

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

#### **115.52 (e)**

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

**115.52 (f)**

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

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

PS 1330.18, Administrative Remedy Program, pages 1, 2, 14, 15 &16, addresses the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Allegations of physical abuse by staff shall be referred to the OIA, in accordance with procedures established for such referrals. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Office. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates.

There were no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would

generally be taken if a grievance was filed in bad faith. Compliance was determined by review of policy and grievance logs, as well as an interview with the Grievance Coordinator.

**Standard 115.53: Inmate access to outside confidential support services**

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

**115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

**115.53 (b)**

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

**115.53 (c)**

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

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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FCI El Reno has a MOU with CICAN victim crisis center. An interview with the CICAN representative confirmed that the institution and victim crisis center had a MOU. Compliance with this standard was confirmed by interviews with the Chief of Psychology Services, Health Services Administrator and staff at Grady Memorial Hospital and CICAN victim crisis center.

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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The SABPIP pamphlet (English and Spanish); A&O Handbook (English and Spanish); PREA Posters: How You Can Report (English and Spanish); the OIG address; and BOP website: ([www.bop.gov](http://www.bop.gov)) meet the mandates of this standard. The website and posted notices assist in the third-party reporting of sexual abuse/sexual harassment allegations. The inmates interviewed indicated they were aware of third-party reporting but would feel more comfortable reporting an incident of sexual abuse to someone outside the facility. A National Sexual Abuse Hotline (800-656-HOPE) is also available to the inmate population for reporting incidents of sexual abuse/sexual harassment. Compliance was determined by review of policy, posters, and the TRULINCS email system and a call to the National Sexual Abuse Hotline.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

**115.61 (c)**

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

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

*recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PS 5324.12, pages 37 & 38, addresses the mandates of this standard. Staff, contractors and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to the PREA standards. The reporting is ordinarily made to the Shift Operations Lieutenant but could be made privately or to a third party (FBI, OIG or OIA). Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. The facility does not house inmates under the age of 18. A review of established policy and interviews with staff members, support the finding that the facility is in compliance with this standard.

### **Standard 115.62: Agency protection duties**

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

#### **115.62 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PS 5324.12, page 38, addresses the mandate of this standard. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting the Operations Lieutenant and medical staff. In the past 12 months, there was no instance in which institution staff members determined that an inmate was subject to a substantial risk of imminent sexual abuse. A review of the investigation and interviews with the inmate and staff confirm that, according to the requirements of the standard, facility staff protect the inmate victim and separate victim from the alleged predator.

### **Standard 115.63: Reporting to other confinement facilities**

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

##### **115.63 (a)**

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

##### **115.63 (b)**

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

##### **115.63 (c)**

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

##### **115.63 (d)**

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

#### **Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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PS 5324.12, pages 39 & 40, addresses the mandates of this standard. Policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Procedures are in place that require the Warden to immediately notify the Chief Executive Officer of the other confinement facility, in writing, of the nature of the sexual abuse allegation. When the inmate reports sexual abuse/sexual harassment from state, non-Bureau privatized facilities, jails, juvenile facilities, or Residential Reentry Centers, the Warden contacts the appropriate office of the facility and/or notifies the Residential Reentry Management Branch of the BOP, if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. In the past 12 months, there was one allegation from an inmate that he was abused while confined at another facility. The facility file related to the allegation was reviewed by the auditor. The SIS Lieutenant initiates an investigation and notifies Psychology Services and the Retaliation Monitor. The Warden indicated that a memo is sent to the facility where the alleged abuse occurred within 48 hours of being notified by initial screening staff.

### **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No

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

#### **115.64 (b)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 40, addresses the mandates of this standard. All interviewed staff members were extremely knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation of sexual abuse/sexual harassment. Staff indicated they would separate the inmates, secure the scene, prevent the destruction of any evidence and contact the Operations Lieutenant and medical staff. The Operations Lieutenant would continue to protect the victim and notify medical and mental health staff, the Evidence Response Team (ERT) and administrative/executive staff. In the past 12 months, there was one (1) allegation that an inmate was being sexually abused. In this allegation a first responder separated the victim and the abuser, secured the scene and contacted medical staff. The facility fulfilled all requirements related to first responder's duties, after receiving an allegation of sexual abuse. Compliance was determined through the review of the investigation file, interviews with the SIS Lieutenant, medical staff, Retaliation Monitor and Clinical Psychologist.

### **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12 and DOJ/BOP One Source First Responder Reference Guide address the mandates of this standard. The policies were reviewed by the auditor. The policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provide for prompt and effective intervention, in the event a case of abuse or assault occurs. The policy also includes procedures for the investigation, discipline and prosecution of the assailant or abuser. The First Responder Reference Guide details first responder duties, reporting procedures, physical evidence collection/preservation and medical/mental health care responsibilities. The ONE Source First Responder Reference Guide was developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior. Compliance was determined through the review of policies, the First Responder Reference Guide and investigative file; interviews with the SIS, correctional staff, Victim Advocate; and conversations with Case Managers, Recreation Supervisor, Human Resource Manager and IPCM.

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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The Collective Bargaining Agreement (CBA), examined by the auditor, between the BOP and the Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, complies with this standard. The agreement does not limit 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. The Warden and Human Resource Manager were interviewed and verified information provided during the Pre- Audit Questionnaire. There were no incidents requiring protection for inmates from staff during the last 12 months. Compliance was confirmed through review of the Collective Bargaining Agreement and interviews with administrative staff.

#### **Standard 115.67: Agency protection against retaliation**

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

##### **115.67 (a)**

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

##### **115.67 (b)**

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

##### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

**115.67 (d)**

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

**115.67 (e)**

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

**115.67 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 43 & 44 a-e, address the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The IPCM is charged with monitoring retaliation. During the interview, he stated he follows up on all 30-, 60- and 90-day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. In the event of possible retaliation, IPCM indicated he would monitor the situation indefinitely. There was one (1) incident that included investigation and retaliation protocol. The investigative file included documentation of contacts with staff psychologists, IPCM and SIA and dates that inmate was interviewed to monitor retaliation. Compliance with

this standard was determined by a review of established policy and supporting documentation and staff interviews.

### **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*)

#### **Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12 addresses the requirement of the standard. Policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. Staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (SHU), placing him in another housing unit or transferring the inmate to another facility. To aid in that decision, policy requires the facility to complete the BOP's Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form. The form serves to document consideration of all options. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in the SHU. In practice, inmates are rarely placed in this status. To the extent possible, access to programs, privileges, education and work opportunities would not be limited to inmates placed

in a SHU for the purposes of protective custody. The reasons would be documented for restricting access and the length of time the restrictions would last. There were no inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and documentation, as well as a tour of the facility and interviews with SHU staff, the Supervising Psychologist, IPCM and SIS staff.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

##### 115.71 (a)

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

##### 115.71 (b)

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

##### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

**115.71 (d)**

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

**115.71 (e)**

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 44-46 a-j, addresses the mandates of this standard. The SIS is responsible for conducting administrative investigations within the facility and referring criminal investigations to the FBI and the OIG to determine if prosecution will be pursued. According to the Warden, the facility fully cooperates with any outside agency who initiates an investigation. The SIS serves as the facility liaison and provides requested information to outside agencies and provides access to the inmate. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff.

The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. There was one inmate-on-inmate allegation of sexual abuse/sexual harassment investigated during the last 12 months. The investigation was reviewed with the SIS who conducts the administrative investigations. The allegation was referred for investigation within one workday of the incident. The investigation was completed within 20 days. The investigation was determined to be unsubstantiated. The retaliation monitoring was provided for 45 days. Notifications were completed within the standard requirements. Compliance with this standard was determined by a review of policy/documentation and the investigation case file, as well as interviews with the Retaliation Monitor and the SIS who completed the investigation.

#### **Standard 115.72: Evidentiary standard for administrative investigations**

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

##### **115.72 (a)**

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

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 46a, addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The evidence standard was utilized in the case reviewed by the auditor.

### **Standard 115.73: Reporting to inmates**

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

##### **115.73 (a)**

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

##### **115.73 (b)**

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

##### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes    No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded,

or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  
 Yes  No

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

**115.73 (d)**

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

**115.73 (e)**

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

**115.73 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 45 & 46, addresses the mandates of this standard. The institution only conducts administrative investigations. There was one allegation of sexual abuse/sexual harassment and an investigation was initiated in this case. The investigation was completed prior to the on-site audit. The inmate was notified of the outcome in writing, upon completion of the investigation by the SIS Lieutenant. Signed documentation indicating the inmate had received the outcome of the investigation of his allegation was reviewed by the auditor. Documentation is maintained in the investigative file. Compliance with this standard was determined by a review of policy, an examination of the written notification and staff interviews.

<b>DISCIPLINE</b>
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**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

**115.76 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 3420.11, pages 6 & 7 and PS 5324.12 address the mandates of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse/harassment policies. There have been no reported cases of inmates engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. The CBA (examined by auditor) between the BOP and Council of Prison Locals, American Federation of Government Employees, dated July 21, 2014-July 20, 2017, allows for

disciplinary sanctions against staff, including termination, for the sexual abuse or sexual harassment of an inmate.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews. The IPCM and Warden provided a memo that there were no staff adverse actions due to sexual abuse, sexual harassment or sexual misconduct by staff.

#### **Standard 115.77: Corrective action for contractors and volunteers**

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

##### **115.77 (a)**

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

##### **115.77 (b)**

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

#### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

PS 3420.11 and PS 5324.12 address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment of an inmate. Compliance with this standard was determined by a review of policy and volunteer/contractor training files, as well as contractor and staff interviews.

### Standard 115.78: Disciplinary sanctions for inmates

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

##### 115.78 (a)

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

##### 115.78 (b)

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

##### 115.78 (c)

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations*

*must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PS 5324.12, page 48, addresses the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

PS 5270.09 Inmate Discipline Program, Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. The FCI/SCP considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations per a memorandum from the Warden. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

**115.81 (b)**

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

**115.81 (c)**

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

**115.81 (d)**

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

**115.81 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 29-30, 32 & 49, addresses the mandates of this standard. Interviews with medical and specialized staff confirm the institution has a very thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by unit team staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community.

When indicated, staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting. The institution does not house inmates under the age of 18. All screenings are recorded in the Bureau's Electronic Medical Record and Psychology Data System. All information is handled confidentially and interviews with intake screening staff support a finding that the facility is in compliance with this standard. Compliance was confirmed by a review of policies and intake screening documents, as well as interviews with three inmates who self-identified as having experienced prior victimization during intake and two Clinical Psychologists.

#### **Standard 115.82: Access to emergency medical and mental health services**

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

##### **115.82 (a)**

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

**115.82 (b)**

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

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, page 51, addresses the mandates of this standard. The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 16 hours a day, seven days a week and are available for consultation or call-back during off duty hours. Mental health providers are on-site five days per week and are also available for call-back during off duty hours. Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were no allegations of sexual abuse that required referral for forensic examination in the last year. Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff and the Supervising Mental Health Public Health Services Clinical Psychologist.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  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.)  
 Yes  No  NA

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations*

*must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

PS 5324.12, page 51, addresses the mandates of this standard. The facility will provide sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All 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.

The facility will 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. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. Compliance to the standard was verified through review of policy and interviews with medical staff and the Mental Health Public Health Services Clinical Psychologist.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

##### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12, pages 52 & 53, addresses the mandates of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The SIS, the FBI and/or the OIG conduct all investigations. The SIS Lieutenant was interviewed and found to be extremely knowledgeable concerning his duties and responsibilities. There was one (1) incident that required a review team to conduct an incident review at the end of the investigation. The facility completed the required review within 30 days of the conclusion of the investigation. The review team meeting did take into consideration whether the incident was motivated by race, ethnicity, gender identity, status, perceived status or gang affiliation. The team also decided as to whether additional monitoring technology should be added to enhance staff supervision. The review team is comprised of upper-level management officials, to include the IPCM, Chief of Psychology Services, SIS Lieutenant, Health Services Administrator and the Unit Manager of the alleged victim. The Warden conducts an incident review team meeting for incidents that result in SIS investigations and/or segregation placements each Thursday. The Warden uses the same methodology to review these cases that is utilized to review PREA related incidents.

#### **Standard 115.87: Data collection**

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

##### **115.87 (a)**

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

##### **115.87 (b)**

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

##### **115.87 (c)**

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

**115.87 (d)**

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

**115.87 (e)**

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

**115.87 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 54 & 55, addresses the mandates of this standard. As confirmed by a review of documents, the institution collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks

information concerning sexual abuse utilizing SIS data, OIA data, inmate data and SENTRY (BOP Data Management System) data. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the DOJ. The agency aggregates and reviews all data annually.

#### **Standard 115.88: Data review for corrective action**

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

##### **115.88 (a)**

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

##### **115.88 (b)**

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

##### **115.88 (c)**

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

##### **115.88 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PS 5324.12 addresses the requirements of the standard. The Bureau of Prisons and the institution review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies. The identification of trends, issues, or problematic areas is a priority and, if discovered, corrective action is initiated. The IPCM forwards data to the respective BOP Regional PREA Coordinator and then to the National BOP PREA Coordinator. An Annual Report is prepared and placed on the BOP website, ([www.bop.gov](http://www.bop.gov)). The Annual Report was reviewed by the auditor. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

### Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

**115.89 (c)**

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

**115.89 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

PS 5324.12, pages 56 & 57, addresses the mandates of this standard. The National PREA Coordinator reviews data compiled by each BOP facility and issues a report to the Director of the Federal Bureau of Prisons on an annual basis. Facility data is maintained in locked files or on computer databases that are user ID and password protected. Agency PREA data is securely retained and is published on the BOP website after removing all personal identifying information. The reports cover all data required in this standard and are retained in a file.

Compliance with this standard was determined by a review of policy/documentation and staff interviews.

<b>AUDITING AND CORRECTIVE ACTION</b>
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**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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  Yes  No  NA

**115.401 (b)**

- During each one-year period starting on August 20, 2013, 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?  Yes  No

**115.401 (h)**

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

**115.401 (l)**

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

**115.401 (m)**

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

**115.401 (n)**

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This is the second PREA audit of this facility. The previous PREA audit was in May 2016. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. All BOP facilities have received at least one PREA audit since August 20, 2012. At least one-third of all BOP facilities were audited during the one-year period after August 20, 2012. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the FCI and SCP) allowed inmates to send confidential letters to the auditor prior to the audit. One piece of correspondence from an inmate was received by the auditor. This inmate was interviewed by the auditor.

### 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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure

that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)

Yes  No  NA

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. BOP policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Substantiated allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and BOP PREA trends data via

the BOP website. The FCI and SCP currently meet all applicable PREA standards and no corrective actions are required.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville  
Auditor Signature

May 05, 2019  
Date

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

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