

**Disclaimer:** This report, as required per 28 CFR §115.403, details the findings of an audit that was conducted by an outside contractor to determine the Federal Bureau of Prisons' (BOP) compliance with the Prison Rape Elimination Act (PREA). As the work product of independent auditors subcontracted by [PREA Auditors of America \(PAOA\)](#), the BOP is **not** responsible for grammatical or typographical errors. Additionally, any questions or comments regarding the discrepancies or inaccuracies found within this report should be directed to PAOA at [\(713\) 818-9098](#), or to the subcontracted independent auditor (name and email address can be found on page one of the report), for explanation and resolution.

# PREA Facility Audit Report: Final

**Name of Facility:** FCC Florence

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> James Kenney	<b>Date of Signature:</b> 04/17/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Kenney, James
<b>Email:</b>	kenney.consult@gmail.com
<b>Start Date of On-Site Audit:</b>	03/14/2023
<b>End Date of On-Site Audit:</b>	03/16/2023

FACILITY INFORMATION	
<b>Facility name:</b>	FCC Florence
<b>Facility physical address:</b>	5880 State Highway 67 South , Florence, Colorado - 81226
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Amy Boulware
<b>Email Address:</b>	FLX/PREAComplianceMgr@bop.gov
<b>Telephone Number:</b>	719-784-9100

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Andrew Ciolli
<b>Email Address:</b>	FLX/PREAComplianceMgr@bop.gov
<b>Telephone Number:</b>	719-784-9464

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Sara Hall
<b>Email Address:</b>	FLX/PREAComplianceMgr@bop.gov
<b>Telephone Number:</b>	719-784-9464

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2430
<b>Current population of facility:</b>	2187
<b>Average daily population for the past 12 months:</b>	2388
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	20-85 years of age
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium, High, Administrative/Community, Out, In, Max
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	849
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	49
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	33

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Federal Bureau of Prisons
<b>Governing authority or parent agency (if applicable):</b>	U.S. Department of Justice
<b>Physical Address:</b>	320 1st Street Northwest, Washington , Dist. Columbia - 20534
<b>Mailing Address:</b>	
<b>Telephone number:</b>	2023073250

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Colette S. Peters, Director
<b>Email Address:</b>	bop-rsd-preacoordinator@bop.gov
<b>Telephone Number:</b>	(202) 307-3250

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Cynthia Campagna	<b>Email Address:</b>	ccampagna@bop.gov

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
2	<ul style="list-style-type: none"> <li>• 115.41 - Screening for risk of victimization and abusiveness</li> <li>• 115.65 - Coordinated response</li> </ul>
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-14
2. End date of the onsite portion of the audit:	2023-03-16

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Family Crisis Services, Inc.

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2430
15. Average daily population for the past 12 months:	2388
16. Number of inmate/resident/detainee housing units:	19
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

# **Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

## **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	2223
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	18
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	13
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	46

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>19</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>11</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor reviewed institution records to confirm these numbers.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>851</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>33</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>49</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>21</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>

<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The auditor reviewed the institution housing unit rosters and selected at random individuals for interviews, being careful to select individuals with different ages and race, from each housing unit.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	22
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2

<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	3
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3
<b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	2

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>4</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed the facility records and investigation files to confirm that no individuals were housed in segregation due to high risk of victimization.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>

# Staff, Volunteer, and Contractor Interviews

## Random Staff Interviews

<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	15
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.

## Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	26
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<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff  <input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Maintenance, Mail Room, Grievance Coordinator
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="checkbox"/> Yes  <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention  <input type="checkbox"/> Education/programming  <input checked="" type="checkbox"/> Medical/dental  <input type="checkbox"/> Food service  <input type="checkbox"/> Maintenance/construction  <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The auditor was not able to interview a volunteer since they only report to the institution on the weekends.

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor spoke with several individuals and staff members during the site review. Also checked telephones in housing units.</p>
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## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	10	0	10	0
<b>Staff-on-inmate sexual abuse</b>	6	0	6	0
<b>Total</b>	16	0	16	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	4	0	4	0
<b>Staff-on-inmate sexual harassment</b>	3	0	3	0
<b>Total</b>	7	0	7	0

# Sexual Abuse and Sexual Harassment Investigation Outcomes

## Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	8	0
<b>Staff-on-inmate sexual abuse</b>	0	5	1	0
<b>Total</b>	0	7	9	0

## Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

### 96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

### 97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	3	1
<b>Staff-on-inmate sexual harassment</b>	0	1	2	0
<b>Total</b>	0	1	5	1

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	16
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	10
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

## Staff-on-inmate sexual abuse investigation files

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	6
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

## Sexual Harassment Investigation Files Selected for Review

<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	7
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

## Inmate-on-inmate sexual harassment investigation files

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	4
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</b>	1
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### Non-certified Support Staff

<b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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# AUDITING ARRANGEMENTS AND COMPENSATION

<b>121. Who paid you to conduct this audit?</b>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<b>Identify the name of the third-party auditing entity</b>	PREA Auditors of America

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>Program Statement (PS) 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Federal Bureau of Prisons Organizational Chart</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> <li>2. PREA compliance manager</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.11(a).</b> The Federal Bureau of Prisons and Federal Correctional Complex Florence have adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided <i>Program Statement (PS) 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>, which outlines their zero-tolerance sexual abuse policy. The PS clearly describes the agency's approach to the prevention, detection, intervention, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.11(b).</b> The agency has designated an agency wide PREA coordinator, Cynthia A. Campagna, who reports to the Assistant Director, Reentry Services Division of the Federal BOP. The agency's organizational chart was provided for review and shows the PREA coordinator's position in the Reentry Services Division of the BOP. There is no question as to the authority level of the PREA coordinator at this agency. The National PREA coordinator develops, implements, and oversees the Bureau's compliance with PREA. The Bureau appoints a Regional PREA coordinator to ensure policy guidelines are addressed in institutions within each region. The National PREA coordinator provides oversight to all the Regional coordinators. Based on the information in the PS, discussion with the Associate Warden, and the organizational chart the auditor understands the PREA coordinator has both the time and authority necessary to be successful and meet the standard. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.11(c).</b> The agency has designated PREA compliance managers to handle the responsibilities at their correctional facilities. The Warden at each institution must assign an Institution PREA Compliance Manager (IPCM), who, except in rare</p>
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<p>circumstances, will be an Associate Warden. At FCC Florence the IPCM is Associate Warden Amy Boulware. The IPCM maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program and must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response, as specified by the agency's Program Statement. Through an interview with the IPCM, the auditor was able to determine the IPCM clearly understands her role and is well educated on the PREA standards. The IPCM indicated that there was sufficient time to complete duties as the IPCM, as it was a required part of the Associate Warden's responsibilities. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>Memorandum</i> - From BOP Assistant Director</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p>Findings (by provision):</p> <p><b>115.12(a).</b> The agency provided a Memorandum from the BOP Assistant Director. The memo states, in summary, that the Agency, pursuant to the President’s Executive Order, no longer engages in contracting for incarcerated individual confinement. The memo also states that there are no plans to engage in contracts to house incarcerated individuals in the near future.</p> <p>Pursuant to the memo, the auditor was not provided further information from the Bureau’s Contract Administrator. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.12(b).</b> Pursuant to the memo, the auditor was not provided further information from the Bureau’s Contract Administrator. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

**115.13 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*
  2. *Annual Salary/Workforce Utilization Plan FY22*
  3. Annual PREA Assurance Memo - Staffing Deviations
  4. *FCC Florence Institutional Duty Officer Unannounced Institution Rounds*
2. Interviews:
  1. PREA Coordinator
  2. Agency Head
  3. Random Inmates
  4. Random Staff
  5. Specialized Staff
3. Site Review Observations:
  1. Control room (electronic monitoring)
  2. Programs and work areas
  3. Housing units
  4. Kitchen
  5. Health services

**Findings (by provision):**

**115.13(a).** In the PAQ, the agency provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The PS states that the Human Resource Management Division and Administration Division must consider PREA factors and safety, in general, when allocating overall staffing resources. At each institution, the *Salary/Workforce Utilization Committee Meeting Minutes* are utilized to monitor staffing and constitute the institution's Staffing Plan. The auditor was provided FCC Florence's *Committee Meeting Minutes* for the prior 12-month period.

The staffing plan mandated in this provision must take into account 11 considerations:

1. Provision 115.13(a)(1) - Generally accepted detention and correctional practices - The Bureau creates posts throughout the BOP in line with national correctional practice and was developed based on direction from the National Institute of Corrections (NIC) and US Department of Justice's "Guidelines for the development of a security program".

2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – There are no judicial findings of inadequacy at FCC Florence.
3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – FCC Florence has not had any findings of inadequacy from any Federal investigative agency.
4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – There have been no findings of inadequacy from any internal or external oversight bodies at the Bureau.
5. Provision 115.13(a)(5) – All components of the institution’s physical plant (including “blind-spots” or areas where staff or Incarcerated individuals may be isolated) – The *Annual Salary/Workforce Utilization Meeting* reviews all PREA-related concerns as part of the meeting. There are no noted concerns for the institution’s physical plant.
6. Provision 115.13(a)(6) – The composition of the inmate population – The review considers the incarcerated individual population and understands that there are no concerns related to segregation units, security levels, or separation of male and female incarcerated individuals.
7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The review considers the institution’s ability to place staff throughout the institution, including supervisors. These tasks help to ensure sexual safety in the institution.
8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The review ensures adequate staff assigned to daily programmatic activities, including daily access to mental health programming and the residential drug abuse treatment unit. It also includes adequate staffing to ensure excellence in educational opportunities for all incarcerated individuals, while ensuring the safety of the incarcerated individuals.
9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – There are no State or local laws, regulations, or standards that relate to the Bureau and its staffing.
10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The review includes a review of the PREA allegations in its annual review. FCC Florence has a significantly low number of allegations.
11. Provision 115.13(a)(11) – Any other relevant factors – The review considered all other incidents and the institution’s physical plant and found no need to make modifications to the current staffing plan.

The overall staffing of the institution is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the institution that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the institution. The auditor also noted adequate staffing throughout the complex, as well as with supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, health services and mental health, visitation, and all housing units. There are clearly visible cameras in all areas of the institution and the auditor could see where the institution had identified potential areas of concern, as some mirrors had been installed. This would support the assertion in the staffing review that the institution has done an extensive review. The auditor visited the control rooms where staff actively monitor video within the institution. There appeared to be adequate coverage in all areas of the institution.

The auditor talked with several supervisors throughout the institution and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and incarcerated individual safety.

The auditor visited the education and programs buildings and libraries. Incarcerated individuals were able to utilize program services and easily meet their required work opportunities without taking away security and safety from the rest of the institution. In fact, incarcerated individuals expressed to the auditor that participation in these programs and educational opportunities were sought after by incarcerated individuals. Incarcerated individuals told the auditor that they were so eager to participate that it was encouragement to avoid violating Incarcerated individual rules so they could maintain their program participation, thus adding to institutional sexual safety. The staffing plan provides for required programs staff to allow full participation in work and betterment programs.

The auditor interviewed two Wardens at the Complex during the onsite phase of the audit. Both Wardens talked about the staffing plan and indicated the staffing plan is written through the *Annual Salary/Workforce Utilization Plan*. The Committee meets quarterly and reviews the institution's staffing, use of overtime, Federal budget for the institution, and all concerns related to sexual safety at the institution. The Wardens confirmed that the BOP considers each of the factors in the standards when considering the staffing coverage for the BOP institutions. To confirm compliance, the shift supervisors review daily and weekly staffing reports and address any concerns immediately and forward those reports to the Warden's office for additional review and approval. The auditor also interviewed the IPCM, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.13(b).** The auditor was provided an Annual PREA Assurance Memo – Staffing Deviations, in the PAQ. Although the memo stated that there were no staffing deviations over the 12-month period prior to the onsite audit, overtime was utilized to cover expected or unexpected staff shortages. Any staffing plan deviations are indicated in the Workforce Utilization Plan. Staff shortages, expected terminations, retirements, Federal holiday payments, overtime usage, or budget shortfall is addressed. The institution utilizes overtime to cover deviations from the plan to ensure adequate coverage on each shift to maintain proper staffing. This ensures sexual safety of the incarcerated individuals at the institution. These deviations are

reported on the daily shift rosters and are included in the institution's weekly reports. This information is included in the *Quarterly Salary/Workforce Utilization Plan*. The auditor was provided access to this information in the submitted documentation for review and the Wardens confirmed this information during the interview with the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.13(c).** The auditor was provided a copy of the *Annual Salary/Workforce Utilization Plan FY22* in the PAQ. The annual review was completed in the fourth quarter of 2022. The review indicated there were no concerns with the current staffing based on the institution's Incarcerated individual population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests. The annual review was completed by the Workforce Utilization Committee, which included the IPCM, and was signed by the Warden.

The auditor received written responses from the Agency PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year and are annually compiled by the Regional PREA Coordinator by May 1 and submitted to the National PREA Coordinator by June 1. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.13(d).** The auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This program statement states, "Unannounced rounds by supervisory staff conducted with the intent of identifying and deterring sexual abuse and sexual harassment are conducted every week, including all shifts and all areas. The Institution Duty Officer (IDO) conducts and documents the unannounced rounds. At the end of the IDO's tour week, the documentation is forwarded to the Institution PREA Compliance Manager for retention" (p. 16).

During the onsite audit, the auditor spoke with several staff members while completing the site review. The auditor confirmed that supervisors make rounds throughout the institution daily and weekly. In fact, the auditor was told that the Warden walks through the housing units almost every week to ensure that incarcerated individuals and staff are safe. The auditor spoke with several incarcerated individuals, and they told the auditor that supervisors and the Warden are seen often in the housing unit and are easily accessible if the incarcerated individuals have a concern. The auditor was provided several copies of the *FCC Florence Institutional Duty Officer Unannounced Institution Rounds* completed forms for various dates throughout the last 12 months. The forms show completed rounds in all areas of the institutions, at various times of the day, by various intermediate- and higher-level staff members. The auditor interviewed three intermediate supervisors during the onsite audit. All three confirmed that each upper-level supervisor is posted for one week as the Institutional Duty Officer on a rotating basis. During that week, rounds must be performed throughout the institution. They stated that they perform rounds at various times of the day and night and alter the order in which housing units are visited as a means to ensure entry for rounds are unannounced. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.14(a).</b> FCC Florence does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.14(b).</b> FCC Florence does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.14(c).</b> FCC Florence does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas</i></li> <li>3. Training curriculum</li> <li>4. Training records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted incarcerated individuals</li> <li>3. Random incarcerated individuals</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Control room (electronic monitoring)</li> <li>2. Strip search room</li> <li>3. Bathrooms and shower areas</li> <li>4. Housing units</li> <li>5. Health services</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.15(a).</b> In the PAQ, the institution provided <i>PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas</i>. This program statement outlines the proper procedures for staff at the BOP to perform visual searches of incarcerated individuals. The searches must be performed by staff of the same sex as the incarcerated individual, except where circumstances are such that delay would mean the likely loss of contraband. When staff of the opposite sex makes the visual search, the staff member must document the reasons for the search. The institution stated that no such opposite gender searches were performed over the previous 12 months prior to the audit.</p> <p>During the site review, the auditor viewed the strip search area in the Receiving and Discharge (R&amp;D) area of each compound. The auditor also viewed the strip search area at each compound's visitation rooms. The area is separated from viewing from other incarcerated individuals and staff members and there are no cameras in the area that could view the incarcerated individual in a state of undress during the search. This area is utilized for unclothed searches of incarcerated individuals upon transfer into or out of the institution or following visitation. Each area is equipped with barriers or separators to provide adequate privacy during the search. During the site review, the auditor watched the intake process for approximately fourteen</p>

incarcerated individuals and witnessed male staff members performing the searches, with the individuals behind a wall, with a portable curtain in place to prevent other staff, male and female, from viewing the individual. The auditor was told the search would always be performed by a male staff member based on the agency policy. The auditor had informal discussion with incarcerated individuals during the site review and was told that strip searches of incarcerated individuals are always performed by male officers. The auditor interviewed two officers that perform searches and they both indicated that only male officers are permitted to perform strip searches of the male incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.15(b).** In the PAQ, the institution provided *PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas*. This program statement outlines the proper procedures for staff at the BOP to perform visual searches of incarcerated individuals. The policy clearly states that male staff are not permitted to pat-search female incarcerated individuals unless exigent circumstances exist. This institution does not house female incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.15(c).** In the PAQ, the institution provided *PS 5521.06 Searches of Housing Units, Inmates, and Inmate Work Areas*. The program statement requires that staff properly document all cross-gender searches, either pat-searches or strip searches. The institution indicated that there were no documented cross-gender searches performed over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.15(d).** The agency provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that this section applies only to incarcerated individual housing units and does not apply to medical housing units. The procedure requires that incarcerated individuals be appropriately clothed in all common areas of the institution. Incarcerated individuals are required to shower, perform bodily functions, and change clothing in designated areas only. Incarcerated individuals will be notified of the presence of opposite gender staff members in four ways, including:

1. a statement in the *Admission and Orientation Handbook* advising incarcerated individuals they are required to remain clothed, and the presence of cross-gender staff;
2. a posted notice on incarcerated individual bulletin boards and signs in housing units that state that male and female staff routinely work and visit the incarcerated individual housing areas;
3. an announcement made at the beginning of primary shifts, or other appropriate times in each housing unit, using a public address system;
4. for staff members with offices in the housing units, the Unit Team, the most recent schedule is posted in the unit, so incarcerated individuals are aware when opposite gender staff are present.

At FCC Florence, in the two open dormitory housing units at the Camp, incarcerated individuals are required to dress and undress inside the shower and restroom area only. Each incarcerated individual is given that instruction and they are expected to follow that instruction. Female staff members also make an additional cross gender announcement prior to entering the shower and restroom areas to ensure the male incarcerated individuals have an opportunity to cover up.

During the site review, the auditor visited each housing unit at each of the four facility compounds and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the incarcerated individuals and to prevent cross-gender viewing of incarcerated individuals' breasts, genitalia, and buttocks. Most of the cells at the ADX and the USP have toilets inside the incarcerated individual cells, which provide the incarcerated individual privacy during toileting. The showers are single stalls with individual shower curtains for privacy inside the cells. At the FCI, cells have toilets in the cells, set behind the door, so staff are generally not able to see incarcerated individuals when they use the toilet. The showers in those housing units are at both ends, upstairs and downstairs, and they are outfitted with three-quarter doors and coverings for privacy. Individuals housed in those units told the auditor that staff allowed them to use sheets to cover the door during the shower to ensure staff cannot watch them. The two open dormitory units at the Camp have group restroom areas. The toilets have doors on each stall and showers have curtains for the privacy of the incarcerated individuals. The auditor witnessed the cross-gender announcement each time the auditor entered the housing unit and when the auditor's escort attempted to enter the shower and restroom area to view that area. The auditor spoke with several incarcerated individuals during the site review and each incarcerated individual explained the internal rule that required dressing in the restroom area only. This prevents opportunities to be seen by female staff members in other areas of the unit. The auditor checked the video monitors in the various control rooms and there was no camera which provided a clear view of any of the restroom areas, where a staff member would have the opportunity to see an incarcerated individual's breasts, genitalia, and buttocks.

During random interviews with 21 incarcerated individuals, most stated that officers routinely make an announcement before entry to the unit. Some of the incarcerated individuals in the open dormitory unit stated that the announcement was not made unless the female staff member was going to enter the restroom area. All 21 of the incarcerated individuals interviewed confirmed they were aware of the agency's cross-gender signs and statement in the Handbook, and they hear the daily recorded announcement. Even though some stated officers did not make a proper cross-gender announcement, no one stated they could be seen in full nudity by female staff members. During random interviews with 15 staff, they confirmed that cross-gender announcements are performed every time a female staff member enters a housing unit. Staff stated that they cannot see incarcerated individuals in the showers and restrooms. The auditor did make a recommendation to the complex administration that additional training should be given to ensure verbal announcements are made every time. Based on this analysis, the auditor finds the institution in compliance

with this provision.

**115.15(e).** In the PAQ, the agency provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement confirms that the agency may not search an incarcerated individual to determine their genital status, but the provision does not limit the search of an incarcerated individual to ensure the safe and orderly running of the institution.

During the onsite phase of the audit, the auditor interviewed two transgender female incarcerated individuals. Both indicated that they had not been searched specifically to determine their genital status. The auditor interviewed 15 random staff members and was told that such searches of transgender incarcerated individuals was a violation of policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.15(f).** The institution provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module.

During the onsite phase of the audit, the auditor interviewed 15 random staff members. Each of the 15 staff members confirmed receiving this required agency training. All 15 staff members stated that the training included how to perform the searches of transgender incarcerated individuals in a professional and respectful manner. Based on this analysis, the auditor finds the institution in compliance with this provision.

<p><b>115.16</b></p>	<p><b>Inmates with disabilities and inmates who are limited English proficient</b></p>
<p><b>Auditor Overall Determination:</b> Meets Standard</p>	
<p><b>Auditor Discussion</b></p>	
<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>DOJ Blanket Purchase Order (BPA DJJ12-F-2306)</i></li> <li>3. <i>Admission and Orientation Handbook</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Targeted Incarcerated individuals</li> <li>3. Random Incarcerated individuals</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Postings in housing units</li> <li>2. Medical housing</li> <li>3. Incarcerated individual educational materials</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.16(a).</b> In the PAQ, the auditor was provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The procedure requires that incarcerated individuals with recognized disabilities or who are Limited English Proficiency (LEP) will be advised of the agency’s zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, agency translators, and LanguageLine Solutions. The IPCM is to reach out to local disabilities assistance offices to ensure the institution is providing effective communication accommodations when a need for such an accommodation is known. The auditor was provided a memo regarding the DOJ contract with LanguageLine Solutions, that is available for use at FCC Florence. The auditor was advised that the institution has access to staff members that can translate Spanish, LanguageLine Solutions, and American Sign Language interpreting services.</p> <p>During the onsite phase of the audit, the auditor interviewed two incarcerated individuals with a physical disability, both of whom were confined to a wheelchair. Both confirmed they had received the PREA education and had no problems with seeing and hearing the information provided at receiving. They could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered sexual abuse. The auditor interviewed two incarcerated individuals that spoke Spanish. The institution provided a staff member to translate for the auditor. The incarcerated individuals explained that written materials were all provided in Spanish, and they clearly understood the agency’s</p>	

zero-tolerance policy. The auditor received written interview responses from the agency head. In these responses, she confirmed the various accommodations available to provide PREA education for all incarcerated individuals, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all incarcerated individuals, even those that were wheelchair-bound. Administrative remedies are available to all incarcerated individuals and all incarcerated individuals have full access to incarcerated individual email, unless they were housed in the Special Housing Unit (SHU), regardless of any disability they may have. Also, BOP policy requires accommodations for those that need assistance to file an administrative remedy. The telephones are also in a place easily accessible for all incarcerated individuals, so all incarcerated individuals would be able to call the PREA hotline. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.16(b).** In the PAQ, the auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The procedure requires that incarcerated individuals with recognized disabilities or who are Limited English Proficiency (LEP) will be advised of the agency's zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, agency translators, and LanguageLine Solutions. The IPCM is to reach out to local disabilities assistance offices to ensure the institution is providing effective communication accommodations when a need for such an accommodation is known. The auditor was provided a memo regarding the DOJ contract with LanguageLine Solutions, that is available for use at FCC Florence. The auditor was advised that the institution has access to staff members that can translate Spanish, LanguageLine Solutions, and American Sign Language interpreting services.

The auditor interviewed two incarcerated individuals that spoke Spanish. The institution provided a staff member to translate for the auditor. The incarcerated individuals explained that written materials were all provided in Spanish, and they clearly understood the agency's zero-tolerance policy. They explained to the auditor how to file an allegation of sexual abuse if it were necessary. The auditor received written interview responses from the agency head. In these responses, she confirmed the various accommodations available to provide PREA education for all incarcerated individuals, regardless of the disability or language spoken. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.16(c).** In the PAQ, the auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that use of an incarcerated individual interpreter is not allowed, except in exigent circumstances.

During the onsite phase of the audit, the auditor spoke with 15 random staff members. All staff stated that the institution does not utilize incarcerated individuals to interpret for other incarcerated individuals. Staff members stated clearly that using an incarcerated individual to interpret could be dangerous, as there is no way to

<p>ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>PS 3000.03 Human Resource Management Manual</i></li> <li>3. <i>PS 3420.11 Standards of Employee Conduct</i></li> <li>4. <i>BOP Pre-Employment Guide</i></li> <li>5. <i>BOP Recruitment Flyer</i></li> <li>6. <i>U. S. Government - Questionnaire for Public Trust Positions</i></li> <li>7. Employment records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.17(a).</b> In the PAQ, the auditor was provided several documents related to the Bureau’s hiring procedures for staff members, contractors, and volunteers. <i>PS 3000.03 Human Resource Management Manual</i> highlights the Bureau’s investigative requirements for the hiring of staff members, contractors, and volunteers. Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the <i>Pre-Employment Guide</i>, the <i>Recruitment Flyer</i>, and the <i>U.S. Government Questionnaire for Public Trust Positions</i>. <i>PS 3420.11 Standards of Employee Conduct</i> was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.</p> <p>The auditor reviewed the records of fifteen randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the fifteen records reviewed. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.17(b).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> includes an extensive review of the applicant’s prior work history. This review asks questions regarding the applicant’s sexual harassment history. This review must be completed before the applicant can be approved for employment by the Bureau.</p> <p>During the onsite phase of the audit, the auditor interviewed a staff member from</p>

human resources. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(c).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. *PS 3000.03 Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers.

Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the *Pre-Employment Guide*, the *Recruitment Flyer*, and the *U.S. Government Questionnaire for Public Trust Positions*. *PS 3420.11 Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

The auditor reviewed the records of fifteen randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the fifteen records reviewed. During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(d).** In the PAQ, the auditor was provided several documents related to the Bureau's hiring procedures for staff members, contractors, and volunteers. *PS 3000.03 Human Resource Management Manual* highlights the Bureau's investigative requirements for the hiring of staff members, contractors, and volunteers.

Prospective BOP employees, institution volunteers, and contractors for services to BOP institutions are provided documents to advise them of the requirements of criminal background checks. These documents include the *Pre-Employment Guide*, the *Recruitment Flyer*, and the *U.S. Government Questionnaire for Public Trust Positions*. *PS 3420.11 Standards of Employee Conduct* was also provided for the auditor to indicate acts of conduct that the BOP will consider as prohibited that will exclude an applicant from consideration for employment or service as a volunteer.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(e).** In the PAQ, the agency provided *PS 3000.03 Human Resource*

*Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to the background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that all staff members are subject to an automatic five-year reinvestigation that is performed by the Bureau with assistance of the Federal Bureau of Investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(f).** In the PAQ, the agency provided *PS 3000.03 Human Resource Management Manual*. The manual states that all positions considered law enforcement positions and all other positions are subject to the background investigations at levels based on the sensitivity of their job descriptions. All positions are subject to five-year reinvestigations. The staff member's duty to affirmatively disclose any misconduct is part of the five-year reinvestigation.

During the auditor's interview with the human resources staff member, it was confirmed the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(g).** The agency's employment application was provided to the auditor during the interview. The application clearly provides the applicant with the statement that all statements on the application are true, and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.

During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.17(h).** Although there is no prohibition to release such information, the Bureau refers such requests to Internal Affairs for response. The auditor was provided a memorandum to show that these requests are handled by Internal Affairs and release of the information may be based on a law enforcement exception.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to incarcerated individuals in another institution. She stated that there is no law prohibiting this in Colorado. Based on this analysis, the auditor finds the institution in

	compliance with this provision.
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="256 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1267 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="320 486 1211 519">1. Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> <li data-bbox="427 528 564 562">1. None</li> </ul> </li> <li data-bbox="320 571 539 604">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="427 613 675 647">1. Agency head</li> <li data-bbox="427 656 600 689">2. Warden</li> </ul> </li> </ul> <p data-bbox="256 725 636 759"><b>Findings (by provision):</b></p> <p data-bbox="256 797 1431 954"><b>115.18(a).</b> The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit.</p> <p data-bbox="256 996 1477 1193">During the onsite phase of the audit, the auditor interviewed two institution Wardens, who stated that the administration constantly reviews what changes might be needed for FCC Florence. Although none are needed at this time, they would always take into account the sexual safety of the incarcerated individual population when making decisions. The auditor received written interview responses from the agency head.</p> <p data-bbox="256 1205 1450 1487">In these responses, she confirmed that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau’s ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an incarcerated individual’s ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="256 1529 1431 1686"><b>115.18(b).</b> The agency provided no documentation regarding this standard, although institution documentation provided to the auditor during the onsite audit show no substantial expansion or modifications to the existing institution since the last PREA audit.</p> <p data-bbox="256 1729 1477 1926">During the onsite phase of the audit, the auditor interviewed two institution Wardens, who stated that the administration constantly reviews what changes might be needed for FCC Florence. Although none are needed at this time, they would always take into account the sexual safety of the Incarcerated individual population when making decisions. The auditor received written interview responses from the agency head.</p> <p data-bbox="256 1937 1450 2094">In these responses, she confirmed that all new facility designs, and upgrades of technology will include consideration of how it could enhance the Bureau’s ability to protect against sexual abuse. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new</p>

	<p>construction will not inhibit an Incarcerated individual's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy</i></li> <li>3. <i>PREA Victim Advocacy Brochure</i></li> <li>4. <i>Gratuitous Services Agreement Between FCC Florence and Family Crisis Services, Inc.</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Health services</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.21(a).</b> In the PAQ, the agency stated that investigations of sexual abuse and sexual harassment are conducted by agency and facility investigators. For criminal investigations, the Department of Justice Inspector General’s Office and the Federal Bureau of Investigations (FBI) may offer assistance, when necessary. Staff misconduct investigations are performed by the Inspector General's Office (criminal) and the BOP Office of Internal Affairs (administrative). The auditor was provided <i>Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy</i>, from the DOJ Inspector General’s Office (IG) for the Inspector General Manual (IGM). This memo delineates specific guidelines for investigations of sexual abuse allegations at BOP institutions to meet the PREA standards. The memo requires that personnel follow a uniform evidence protocol for administrative and criminal investigations.</p> <p>During the onsite phase of the audit, the auditor interviewed 15 staff members, who clearly identified the steps to properly secure potential crime scenes and protect evidence from the victim and suspect until the evidence can be properly collected. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.21(b).</b> The auditor was provided <i>Policy Memorandum FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy</i>, from the DOJ Inspector General’s Office (IG) for the Inspector General Manual (IGM). The memo requires evidence collection in accordance with the standards set forth in “<i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.</i>” Based on this analysis, the</p>

auditor finds the institution in compliance with this provision.

**115.21(c).** In the PAQ, the agency provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Bureau. Policy states that when there is a report of a recent incident of sexual abuse or a strong suspicion that a recent serious assault may have been sexual in nature, a physical examination of the alleged victim is conducted. If necessary, the victim is then provided the opportunity for a forensic examination as soon as possible.

During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist, who stated that any forensic examination would be performed at a local hospital. The auditor also conducted a telephone interview with a charge nurse in the emergency room of that hospital. The nurse confirmed that the hospital has on staff in the emergency room a sexual assault nurse examiner (SANE) that would perform the forensic exam if an incarcerated individual victim were brought to the hospital. Investigation records show one such examination over the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(d).** In the PAQ, the institution provided a *Gratuitous Services Agreement Between FCC Florence and Family Crisis Services, Inc.* This agreement calls for staff at Family Crisis Services to provide victim advocacy for FCC Florence. This advocacy includes the advocacy accompaniment for incarcerated individual victims following sexual assaults that occur at the institution.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through Family Crisis Services. Incarcerated individuals are informed of the available advocates through information provided to incarcerated individuals following assault incidents. The auditor interviewed two incarcerated individuals who reported sexual abuse at FCC Florence. The incarcerated individuals confirmed knowledge of available victim advocacy but stated they did not need those services. The auditor contacted staff at Family Crisis Services to confirm the agreement and availability of advocates for FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(e).** In the PAQ, the institution provided a *Gratuitous Services Agreement Between FCC Florence and Family Crisis Services, Inc.* This agreement calls for Family Crisis Services to provide victim advocacy for FCC Florence. This advocacy includes the advocacy accompaniment for incarcerated individual victims following sexual assaults that occur at the institution.

During the onsite phase of the audit, the auditor interviewed the IPCM. She confirmed that the institution has access to victim advocates through Family Crisis Services. Incarcerated individuals are informed of the available advocates through information provided to incarcerated individuals following assault incidents. The auditor interviewed two incarcerated individuals who reported sexual abuse at FCC Florence. The incarcerated individuals confirmed knowledge of available victim

advocacy but stated they did not need those services. The auditor contacted staff at Family Crisis Services to confirm the agreement and availability of advocates for FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(f).** Criminal sexual abuse investigations are performed by an outside federal agency, and they follow each provision of this standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.21(g).** The auditor is not required to review this provision.

**115.21(h).** FCC Florence has an agreement in place to provide victim advocacy services for the institution. With this agreement in place, it is not necessary for staff members to provide victim advocate services. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Policy Memorandum <i>FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.22(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This program statement requires that all staff members immediately report any knowledge of an incarcerated individual’s concern or allegation of sexual abuse or sexual harassment. The auditor was also provided Policy Memorandum <i>FY14-POL-03 RE: Prison Rape Elimination Act Investigative Policy</i>. The memorandum for the Inspector General Manual (IGM) confirms the Bureau’s requirement to investigate all allegations of sexual abuse and sexual harassment and the Inspector General’s role in the investigations.</p> <p>The auditor was provided the agency head written interview information. The Bureau’s agency head confirmed that all allegations are investigated either by the Office of the Inspector General or the Office of Internal Affairs. Institution investigative staff will investigate cases that clearly are not criminal in nature. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.22(b).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This program statement requires that all staff members immediately report any knowledge of an incarcerated individual’s concern or allegation of sexual abuse or sexual harassment.</p> <p>During the onsite phase of the audit, the auditor interviewed an institution investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment be referred for investigation. The auditor reviewed the Bureau of Prisons web site and located the <i>Sexual Abuse Prevention</i> page under the <i>Custody &amp; Care</i> section. The page lists the agency’s zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an incarcerated individual at the BOP. The agency’s PREA policy is also posted. The information can be found here: <b><a href="http://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.j">www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.j</a></b></p>

**sp.** Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.22(c).** Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The policy clearly describes the responsibilities of the agency and the outside investigative agency and how they interact and share information to properly complete the investigation. This information is properly documented and posted to the public website. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Training curriculum</li> <li>3. Training logs</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.31(a).</b> In the PAQ, the institution provided a copy of their <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. All staff shall be thoroughly trained and informed regarding the Bureau’s zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment annually. The general PREA training shall include the ten points listed in the PREA standard.</p> <p>The auditor was provided the Bureau’s training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is presented in a manner that all staff members can understand, and the Bureau utilizes a test at the end of the course to measure understanding.</p> <p>During the onsite phase of the audit, the auditor interviewed 15 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure institution or had received it during initial correctional training upon hire with the BOP. All officers interviewed verified the ten points of this standard in the BOP training. The auditor was told that they get PREA training as part of their annual training. The auditor reviewed training records for fifteen randomly selected staff members and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.31(b).</b> The BOP training curriculum related to PREA is consistent for all corrections staff. Although FCC Florence houses male incarcerated individuals only, all staff receive the same training for PREA. No additional training would be required for staff members transferred to another institution where female incarcerated individuals are housed, or staff members transferred to FCC Florence from an institution where they worked with female incarcerated individuals. Based on this</p>

analysis, the auditor finds the institution in compliance with this provision.

**115.31(c).** The BOP provides training annually for all staff members. The auditor reviewed training records for fifteen randomly selected staff members and the records show the completed PREA education annually. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.31(d).** All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member's understanding of the information provided.

The auditor reviewed fifteen randomly selected training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Training curriculum</li> <li>3. Training logs</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.32(a).</b> The auditor was provided the Bureau’s training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is the same that is provided for staff members.</p> <p>During the onsite phase of the audit, the auditor interviewed three contractors. All three confirmed completion of the orientation program prior to being granted access to the secure institution. There were no volunteers available for the auditor to interview. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an Incarcerated individual. They also confirmed a requirement to complete a refresher training annually. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.32(b).</b> The auditor reviewed the training curriculum, which was included in the PAQ. The curriculum includes each of the required points listed in the standard.</p> <p>During the onsite phase of the audit, the auditor interviewed three contractors. All three confirmed completion of the orientation program prior to being granted access to the secure institution. There were no volunteers available for the auditor to interview. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an Incarcerated individual. They also confirmed a requirement to complete a refresher training annually. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.32(c).</b> The auditor was provided training records for contractors and volunteers and the auditor was able to confirm written documentation of their attendance and completion of the annual PREA training class. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

**115.33****Inmate education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*
  2. *U. S. Department of Justice Federal Bureau of Prisons Sexually Abusive Behavior Prevention and Intervention*
  3. *Bureau of Prisons Admission and Orientation Handbook*
  4. *BOP Form BP-A0518 - Institution Admission and Orientation Program Checklist*
  5. Incarcerated Individual File Documentation
2. Interviews:
  1. Specialized staff
  2. Random staff
  3. Random Incarcerated individuals
3. Site Review Observations:
  1. Housing units

**Findings (by provision):**

**115.33(a).** The institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement confirms that all incarcerated individuals receive the *Admission and Orientation Handbook* and *Sexually Abusive Behavior Prevention and Intervention* at their intake screening when they arrive at the institution. The *Admission and Orientation (A&O) Handbook* describes the key elements of the program and informs incarcerated individuals of the Bureau's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse. The auditor was also provided completed *Form BP-A0518 - Institution Admission and Orientation Program Checklist* for several incarcerated individuals confirming receipt of the intake education.

During the onsite phase of the audit, the auditor toured the Receiving and Discharge (R&D) at each compound and saw the handbooks readily available for new intake incarcerated individuals. The auditor watched the intake process for approximately fourteen incarcerated individuals and witnessed each new intake incarcerated individual receive the *Admission and Orientation Handbook* and *Sexually Abusive Behavior Prevention and Intervention* paperwork during that intake process. The auditor also watched the new intake individuals sign to acknowledge receipt of the handbook and the zero-tolerance policy. The auditor saw signs posted in the R&D area advising incarcerated individuals of the zero-tolerance policy. The signs were posted in two languages. The auditor spoke with several intake officers performing

intake duties. Everyone confirmed that all incarcerated individuals are required to review the intake paperwork, complete the initial intake screening, and confirm receipt of the zero-tolerance policy at intake.

The auditor interviewed 21 random incarcerated individuals during the onsite phase of the audit. All 21 incarcerated individuals confirmed that they understood the PREA information and how to ask for help or file a report. All 21 incarcerated individuals confirmed receiving the A&O Handbook at intake. The auditor also interviewed intake staff who confirmed that all incarcerated individuals receive the A&O Handbook during intake processing. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(b).** The institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement indicates that incarcerated individuals are to attend the Admission and Orientation (A&O) Program, which is designated by the institution Warden to a staff member. Incarcerated individual attendance at the program is documented on *Form BP-A0518 – Institution Admission and Orientation Program Checklist*. The institution provided the auditor with several completed forms to show incarcerated individual attendance and written acknowledgement of the same. The A&O Program includes the comprehensive zero-tolerance education.

The auditor interviewed 21 random incarcerated individuals during the onsite phase of the audit. All 21 incarcerated individuals had been housed in the institution for at least 30 days. Each of the incarcerated individuals confirmed that they had completed the A&O Program after they had arrived at the institution and the sexual abuse education was part of the A&O Program. The auditor also interviewed staff from intake, who confirmed that all incarcerated individuals are required to participate in the A&O Program and receive face-to-face education regarding PREA as part of the program. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(c).** The institution has been audited three previous times and has been found in compliance. The first audit was in 2014. All incarcerated individuals at FCC Florence have been educated on PREA since that time. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(d).** During the onsite phase of the audit, the auditor viewed posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform incarcerated individuals of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. All written materials for incarcerated individuals are provided in two languages, English and Spanish, and available to any incarcerated individual who may need it. The auditor was also provided information regarding several accommodations available for incarcerated individuals that cannot read, are deaf, hard of hearing, or are blind. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(e).** In the PAQ, the institution provided the auditor with several completed forms to show incarcerated individual attendance and written acknowledgement of the same. The A&O Program includes the comprehensive zero-tolerance education. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.33(f).** During the site review, the auditor could see many forms of PREA education readily available for incarcerated individuals. In all housing units there are signs posted in English and Spanish. These signs reflect the BOP's zero tolerance for sexual abuse and harassment and contact information for incarcerated individuals reporting of sexual abuse allegations. Incarcerated individuals also have access to computers with the BOP rules and regulations including the zero-tolerance policy. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Training Curriculum <i>Course Code CSV-0601-BXX</i></li> <li>3. Training Records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.34(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement confirms that the Chief of Correctional Services ensures his/her Special Investigative Supervisor/ Special Investigative Agents are appropriately trained under this section. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained as well.</p> <p>The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite phase of the audit. The investigator confirmed that he had completed the specialized investigations training provided through the BOP. The auditor reviewed training records and verified that a total of 91 staff members at FCC Florence had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.34(b).</b> The institution provided in the PAQ the training curriculum for the BOP, <i>Course Code SSV-0601-BXX</i>. The Specialized Investigations course included all the required points in the Standard.</p> <p>The auditor interviewed an investigator with the Special Investigative Services (SIS) during the onsite phase of the audit. The investigator confirmed that he had completed the specialized investigations training provided through the BOP. The auditor reviewed training records and verified that a total of 91 staff members at FCC Florence had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.34(c).</b> The auditor reviewed training records and verified that a total of 91 staff members at FCC Florence had completed the specialized investigations training online course through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Training Curriculum</li> <li>3. Training Records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.35(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement requires that all staff in medical and mental health receive the specialized training on PREA that includes the four points noted in this provision of the standard. The Health Services Division ensures medical staff are appropriately trained under this section and the Reentry Services Division ensures mental health staff are appropriately trained under this section.</p> <p>During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist. All three confirmed completing the required specialized medical training. The BOP requires completion of the basic PREA education annually as well as the specialized medical training. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.35(b).</b> The auditor was provided documentation in the PAQ that forensic examinations for FCC Florence are performed at a local hospital. It is clearly documented in the institution documentation that incarcerated individuals are transported to the hospital, if necessary, for the exam.</p> <p>During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist, who confirmed through our interview that all incarcerated individuals are transferred to the local hospital to have the forensic examination completed. The auditor was presented with paperwork to show that budgeting for this expense has been completed by FCC Florence in the event this becomes necessary. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.35(c).</b> The auditor was provided training records in the PAQ. Records from the institution show all 63 of the medical, mental health, and contracted medical staff</p>

members have completed the specialized medical course through the BOP online system. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.35(d).** The auditor was also provided training records for each of the 63 medical, mental health, and contracted medical staff members to show they had completed the required basic PREA education provided by the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="256 188 1015 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="256 264 557 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 340 1267 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="320 488 1437 976" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>Psychology Services - Risk of Sexual Victimization</i></li> <li>3. <i>BOP Intake Screening Form</i></li> <li>4. Screening records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random Incarcerated individuals</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Receiving &amp; Discharge</li> <li>2. Unit Team</li> </ol> </li> </ol> <p data-bbox="256 1019 638 1052"><b>Findings (by provision):</b></p> <p data-bbox="256 1093 1406 1249"><b>115.41(a).</b> The institution supplied <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The BOP program statement requires that all incarcerated individuals entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies.</p> <p data-bbox="256 1290 1477 1944">During the onsite phase of the audit, the auditor met with the intake officer in Receiving &amp; Discharge (R&amp;D) at the USP. The auditor watched the intake process for approximately fourteen incarcerated individuals and witnessed a Unit Manager perform the initial intake risk screening. The Unit Manager reviewed the individual's file before meeting with the individual to ensure he was aware of any safety concerns, gang affiliation, or prior reports of sexual abuse. The Unit Manager then met with the individual and completed the online risk screening. The Unit Manager was careful to ask all questions and explain the rest of the intake process to the individual. The individual had previously been identified as a potential predator, so the Unit Manager located housing that ensured he would not be housed with any other incarcerated individual who had been identified as a potential victim. The Unit Manager confirmed that this process is completed for all incarcerated individuals that enter the institution. The auditor interviewed 21 random incarcerated individuals and each incarcerated individual stated they completed the screening process upon entry to the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="256 1984 1469 2060"><b>115.41(b).</b> In the PAQ, the institution reported a total of 2,109 incarcerated individuals entering the institution whose length of stay was more than 72 hours over</p>

the previous 12 months prior to the audit. They reported that all 2,109 incarcerated individuals had the risk screening completed with the 72-hour time period. The auditor reviewed several initial intake screening records that were provided to the auditor in the PAQ. Each of the records was completed on the day of the incarcerated individual's intake to the institution.

During the onsite phase of the audit, the auditor interviewed a Unit Manager who is responsible for performing the screening for sexual victimization. He explained that the initial risk screening is performed at the time of intake for all incarcerated individuals. The auditor interviewed 21 random incarcerated individuals and each incarcerated individual confirmed that they completed the risk screening with intake staff on the day of intake in R&D. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(c).** The institution provided a copy of the screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(d).** The institution provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41(d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the Incarcerated individual's potential for vulnerability. The tool asks the incarcerated individual for his or her feeling of safety while incarcerated. The tool also asks if the incarcerated individual shows unusual interest or focus on another incarcerated individual, is openly discriminatory of lesbian, gay, bisexual, transgender, or intersex, and if the incarcerated individual has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor interviewed a Unit Manager who is responsible for performing the screening for sexual victimization. He explained that he speaks directly with the incarcerated individual to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the incarcerated individual. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(e).** The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the Incarcerated individual's potential for vulnerability. The tool asks the Incarcerated individual for his or her feeling of safety while incarcerated. The objective screening tool includes all the required items listed

in the standard.

The auditor interviewed a psychologist and Unit Manager who is responsible for performing the screening for sexual victimization. He confirmed that the screening tool includes questions about an incarcerated individual's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(f).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states that Psychology Services staff reassess the incarcerated individual's risk level whenever warranted and within 30 days of arrival at the institution, based upon any additional information. The auditor was provided copies of the 30-day reassessment by psychology services staff in the PAQ.

During the onsite phase of the audit, the auditor interviewed a Unit Manager who is responsible for performing the screening for sexual victimization. He provided the auditor a full description of the reassessment process and performed a reassessment on the auditor as an example. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. The Unit Manager explained that incarcerated individuals were reassessed every six months, to be reviewed for housing, program, and work opportunities. The auditor interviewed 21 random incarcerated individuals, who confirmed the risk screening reassessment with psychology and the unit team. All 21 incarcerated individuals stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(g).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states that Psychology Services staff reassess the incarcerated individual's risk level whenever warranted based upon receipt of additional relevant information (e.g., incident of sexual abuse, protective custody request, recent diagnosis of gender dysphoria, etc.).

During the onsite phase of the audit, the auditor interviewed a Unit Manager who is responsible for performing the screening for sexual victimization. He provided the auditor a full description of the reassessment process and performed a reassessment on the auditor as an example. The auditor had an opportunity to understand the process and experience the type of events that could spur an additional reassessment. He explained that any incarcerated individual could be referred for a reassessment at any time based upon information learned through different avenues. The auditor interviewed 21 random incarcerated individuals, who confirmed the risk screening reassessment with psychology and the unit team. All 21 incarcerated individuals stated that this was performed twice a year. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(h).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states if an incarcerated individual refuses to respond or elects not to disclose information that applies only to questions about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) status, gender nonconformance; previous

sexual victimization; and the incarcerated individual's self-perception of vulnerability, he/she may not be disciplined.

During the onsite phase of the audit, the auditor interviewed a Unit Manager who is responsible for performing the screening for sexual victimization. He stated that incarcerated individuals could not be disciplined for refusing to answer risk screening questions. Although their responses assist the BOP in providing them with potential safety, the BOP would not punish them for not responding. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.41(i).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states that any information related to sexual victimization or abusiveness, including the information entered in the comment section of the *Intake Screening Form*, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

During the onsite phase of the audit, the auditor interviewed a Unit Manager who is responsible for performing the screening for sexual victimization. He confirmed that risk screening information is on a need-to-know basis and is not available to all staff members. The auditor also interviewed the IPCM who stated that risk screening information is not available to all staff members. It is only available to psychology services staff and to unit team staff. This is used only for housing and programming information and is not allowed to be viewed by others. The auditor was provided written interview responses from the Agency PREA coordinator. In these responses, the coordinator confirmed that risk screening information is confidential and is treated that way within the BOP. During the site review, the auditor asked several random staff members to provide the auditor with this information and no staff could provide the auditor with the information or access in the computer. Based on this analysis, the auditor finds the institution in compliance with this provision.

The auditor reviewed a large number of Intake Screening Forms that had been completed for incarcerated individuals at all four compounds during the onsite audit. Each form was completed in full and clearly identified the housing decisions. The Unit Manager interviewed was very knowledgeable and was careful to review the individual's transfer file before he even began to speak with the individual. This showed the auditor the steps taken by Unit Management and other units to ensure the overall safety of all the individuals housed at the FCC Florence complex. The auditor's observation of the risk screening process showed the care that the Unit Team takes to listen to the incarcerated individuals and take action to ensure that they are housed properly. Taking all of this into consideration, the auditor considers the institution to have exceeded this standard.

<b>115.42</b>	<b>Use of screening information</b>
	<p data-bbox="256 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 340 1267 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="320 488 1437 768" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Screening records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p data-bbox="256 808 636 842"><b>Findings (by provision):</b></p> <p data-bbox="256 882 1461 1164"><b>115.42(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy states, "Once an inmate has been identified as a victim or perpetrator, or as "at risk" for victimization or perpetration, Unit Management should review classification options." (p. 33) These options may include transfer to a special treatment program, transfer to a greater or lesser security facility, or changes in housing units, cell assignments, work assignments, and/or education assignments.</p> <p data-bbox="256 1205 1474 1615">During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that housing assignments, classification and access to programs are all impacted by the information derived from the risk screening. The auditor interviewed a Unit Manager who is responsible for the risk screening, and he also confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. The auditor reviewed completed screening assessments and could see the final determination for housing was obtained through this document. Therefore, the outcome of the incarcerated individual screening is utilized to safely house, classify and schedule incarcerated individual programs. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="256 1655 1437 1850"><b>115.42(b).</b> The institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. This program statement makes it clear that all assignments for incarcerated individual housing and classification are made on an individual basis and are in the best interests of the safety of each Incarcerated individual.</p> <p data-bbox="256 1890 1469 2049">The auditor interviewed a Unit Manager who is responsible for the risk screening, and he confirmed that the risk screening outcomes are utilized to determine housing, job opportunities, programs, and education. He stated that these assignments are decided on an individual basis. Based on this analysis, the auditor finds the</p>

institution in compliance with this provision.

**115.42(c).** The institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP states that agency housing and programming assignments for transgender and intersex incarcerated individuals is accomplished at the Designation & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender incarcerated individuals should be reviewed by the TEC. The auditor was provided with several completed documents where the TEC recommendations have been completed for the incarcerated individual and entered in the incarcerated individual's CIM and Separate screen.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all incarcerated individuals are reviewed on a case-by-case basis, as well as transgender and intersex incarcerated individuals. The BOP will always take into account the transgender incarcerated individual's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed two transgender incarcerated individuals during the onsite audit. Both stated that they had been asked about their housing and safety. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.42(d).** The institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. This policy states that assignments for transgender or intersex incarcerated individuals shall be reassessed at least twice each year to review any threats to the incarcerated individuals' safety.

The auditor interviewed the IPCM and a Unit Manager responsible for the risk screening during the onsite phase of the audit. The IPCM confirmed that transgender incarcerated individuals are reviewed by the Unit Team every six months. The Unit Manager interviewed stated that all incarcerated individuals are reassessed every six months, including all transgender incarcerated individuals. Psychology services maintains a watch list of certain incarcerated individuals to be monitored, including those determined to be at risk of sexual victimization and those who identify as being transgender. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.42(e).** The institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The BOP states that agency housing and programming assignments for transgender and intersex incarcerated individuals is accomplished at the Designation & Sentence Computation Center (DSCC) with the Transgender Executive Council (TEC). The initial designations and transfers of transgender incarcerated individuals should be reviewed by the TEC. The auditor was provided with several completed documents where the TEC recommendations have been completed for the incarcerated individual and entered in the incarcerated individual's CIM and Separate screen.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that all incarcerated individuals are reviewed on a case-by-case basis, as well as

transgender and intersex incarcerated individuals. The BOP will always take into account the transgender incarcerated individual's own perceptions regarding his or her own safety and where he or she would feel safest for housing. Consideration for housing is not based strictly on genitalia. The auditor interviewed two transgender incarcerated individuals during the onsite audit. Both stated that they had been asked about their housing and safety. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.42(f).** During the onsite phase of the audit, the auditor interviewed the IPCM who confirmed that transgender incarcerated individuals were provided the opportunity to shower separately from the other incarcerated individuals. The auditor interviewed two transgender incarcerated individuals during the onsite audit. Both individuals told the auditor that they were able to shower separately from the other incarcerated individuals. The auditor interviewed a Unit Manager who is responsible for the risk screening. He stated that transgender incarcerated individuals are provided the opportunity to shower separately. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.42(g).** The institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ, which states that lesbian, gay, bisexual, transgender, or intersex incarcerated individuals will not be placed into dedicated facilities, units, or wings, solely on the basis of their identification or status.

The auditor was provided written responses to the interview questions from the Agency PREA coordinator. She noted that the BOP does not have a consent decree and incarcerated individuals are not housed by their LGBTI identification or status. The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM explained that FCC Florence does not have specific housing for individuals or groups. The auditor was interviewed two transgender incarcerated individuals during the onsite audit, and both confirmed they were housed in general population units and not in a specific housing for gender nonconforming individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Screening records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Housing units</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.43(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy clearly states that incarcerated individuals at high risk of victimization will not be placed 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. The auditor was provided risk screening records in the PAQ, and the auditor noted no records for incarcerated individuals that were identified as high risk for sexual victimization.</p> <p>During the onsite phase of the audit, the auditor interviewed two complex Wardens. Both Wardens explained that incarcerated individuals considered to be at high risk for victimization would not be placed in involuntary segregated housing just to maintain their safety at FCC Florence. Due to the complex mission, many individuals are housed in segregation or in single cells, but that housing is based on their security needs or disciplinary status. FCC Florence has several Special Housing Units (SHU) that are utilized for disciplinary and administrative confinement. The auditor toured the units during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.43(b).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement indicates that when an incarcerated individual is placed in special housing involuntarily, access to programs, privileges, education, or work should not be interrupted, to the extent possible. If they are limited, the Chief of Correctional Services ensures that documentation exists reflecting the limitation, duration, and rationale for limitation.</p>

FCC Florence has several Special Housing Units (SHU) that are utilized for disciplinary and administrative confinement. The auditor toured the units during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(c).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy states incarcerated individuals assigned to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged such assignment shall not exceed a period of 30 days.

FCC Florence has several Special Housing Units (SHU) that are utilized for disciplinary and administrative confinement. The auditor toured the units during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(d).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy states when determining an appropriate method of safeguarding the incarcerated individual assigned "at risk" for victimization, the Warden ensures all options are considered by completing, signing, and dating form BP-A1002, *Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation*. The Warden should evaluate the least restrictive methods for separation of the alleged victim and alleged perpetrator.

FCC Florence has several Special Housing Units (SHU) that are utilized for disciplinary and administrative confinement. The auditor toured the units during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.43(e).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states that the incarcerated individual's status is reviewed during weekly Special Housing Unit meetings.

FCC Florence has several Special Housing Units (SHU) that are utilized for disciplinary and administrative confinement. The auditor toured the units during the onsite phase of the audit and noted no incarcerated individuals held in the SHU for their safety due to their high risk for victimization. Therefore, the auditor was unable to interview any incarcerated individuals related to this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. PREA coordinator</li> <li>3. Random Incarcerated individuals</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Housing units</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.51(a).</b> In the PAQ, the auditor was provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement clearly defines that Bureau incarcerated individuals are encouraged to report allegations to staff at all levels, including local, regional, and Central Office. They are also currently provided with avenues of internal reporting, such as telephonically to a specific department, such as the Special Investigative Services Lieutenant, or by mail to an outside entity.</p> <p>During the onsite phase of the audit, the auditor visited all of the institution’s housing units. In each housing unit, signs were posted that clearly inform incarcerated individuals of the multiple ways incarcerated individuals may report incidents of sexual abuse and sexual harassment. The signs are posted in two languages. The auditor interviewed 21 random incarcerated individuals and all 21 incarcerated individuals could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All but two of the 21 incarcerated individuals identified a staff member as their first avenue to report abuse. The auditor interviewed 15 random staff members. All staff could list at least four different ways that incarcerated individuals could report abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.51(b).</b> The Bureau of Prisons posts information throughout the institution on all zero-tolerance signs regarding the outside entity. They provide the telephone number for the Office of the Inspector General (OIG) and a mailing address in other written documents where incarcerated individuals may send written complaints to the OIG.</p> <p>During the onsite phase of the audit the auditor viewed posted signs throughout the institution with the required information for Incarcerated individuals. The auditor</p>

interviewed 21 random incarcerated individuals and all incarcerated individuals could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. The incarcerated individuals included the hotline in that list of reporting options. The auditor also interviewed the IPCM who confirmed the outside hotline and mailing address option for the OIG. Based on this analysis, the auditor finds the institution in compliance with this standard.

**115.51(c).** In the PAQ, the auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement makes it clear that staff must accept verbal, written, anonymous, and third-party reports, and document promptly any verbal reports.

During the onsite phase of the audit, the auditor interviewed 15 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. Each of the 21 random incarcerated individuals interviewed were aware that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.51(d).** In the PAQ, the auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement indicates that staff may contact any supervisory staff at their institution, Regional staff, or Central Office staff to report incidents of sexual abuse or sexual harassment. Allegations involving staff members may also be reported to the Office of Internal Affairs or the Office of the Inspector General.

The auditor interviewed 15 random staff members during the onsite phase of the audit. All 15 staff members stated that they would be able to report incidents of sexual abuse and sexual harassment privately to a supervisor. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>PS 1330.18 Administrative Remedy Program</i></li> <li>3. <i>Bureau of Prisons Admission &amp; Orientation Handbook</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.52(a).</b> The agency is not exempt from this standard, as it does have in place an administrative grievance procedure for incarcerated individuals. <i>PS 1330.18 Administrative Remedy Program</i> was provided to the auditor in the PAQ, which provides incarcerated individuals the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.52(b).</b> <i>PS 1330.18 Administrative Remedy Program</i> was provided to the auditor in the PAQ, which provides incarcerated individuals the opportunity to seek a formal review of issues relating to any aspect of his or her confinement. The program statement includes language related to this provision: Administrative remedies regarding sexual abuse may be filed at any time. These administrative remedies may not be rejected as untimely under this Program Statement. If the incarcerated individual includes multiple unrelated issues on a single form, the incarcerated individual will be advised to use a separate form to report the portion of the administrative remedy that is unrelated to the sexual abuse. Incarcerated individuals are not required to attempt informal resolution of sexual abuse allegations.</p> <p>During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff were aware that incarcerated individuals could file an administrative remedy in order to make an allegation of sexual abuse. The administrative remedies were easily accessible to all incarcerated individuals in the housing unit, including those incarcerated individuals held in the Special Housing Unit. The auditor also spoke with several incarcerated individuals during the site review. All the incarcerated individuals stated clearly that they could file an administrative remedy for an allegation of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

**115.52(c).** *PS 1330.18 Administrative Remedy Program* was provided to the auditor in the PAQ. The policy states, “Matters in which specific staff involvement is alleged may not be investigated by either staff alleged to be involved or by staff under their supervision.” Allegations of physical abuse by staff shall be referred to the Office of Internal Affairs.

During the site review, the auditor interviewed the Complex Warden’s Executive Assistant, who is responsible for the processing of the administrative remedies. She confirmed that the BOP would not submit any remedy to the subject of the remedy for review or investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.52(d).** *PS 1330.18 Administrative Remedy Program* was provided to the auditor in the PAQ. The program statement includes time frames of 20 days for response of any administrative remedy, which is within the time frame required under this provision. In the PAQ, FCC Florence stated there have been eight (8) administrative remedies filed in reference to sexual abuse over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.52(e).** In the PAQ, *PS 1330.18 Administrative Remedy Program* states that the institution will accept grievances and allegations of sexual abuse from third parties, including incarcerated individuals, family, advocates, and attorneys. The policy allows for the incarcerated individual that is the alleged victim to decline the filing of the report.

The auditor viewed the eight (8) administrative remedies included in the sexual abuse allegations files that were initiated based on the submitted form. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.52(f).** In the PAQ the institution provided *PS 1330.18 Administrative Remedy Program* which provides the policy related to this provision. This section applies when an administrative remedy alleges a substantial risk of imminent sexual abuse. If a remedy meets both of these criteria, the remedy will receive expedited processing. The incarcerated individual shall clearly mark “emergency” on the remedy and explain the reason for filing as an emergency remedy. An expedited response shall be provided within 48 hours and the remedy response within five calendar days.

The auditor viewed the eight (8) administrative remedies included in the sexual abuse allegations files that were initiated based on the submitted form. None of these submitted administrative remedies were marked as emergencies by the incarcerated individual. The Complex Warden’s Executive Assistant confirmed that any administrative remedy submitted and marked emergency would be immediately processed in her office and submitted for investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.52(g).** In the PAQ the institution provided *PS 1330.18 Administrative Remedy Program* which provides the policy related to this provision. The policy states that the maintenance of an effective sexual abuse prevention policy, and general secure and

orderly running of an institution, requires that incarcerated individuals be held responsible for manipulative behavior and false allegations. Allegations of false reports will be considered by staff in accordance with the procedures and standards of the Inmate Discipline Program policy.

The auditor viewed the eight (8) administrative remedies included in the sexual abuse allegations files that were initiated based on the submitted form. None of the eight submitted were considered to be false submissions. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.53**

**Inmate access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*
  2. *Gratuitous Services Agreement Between FCC Florence and Family Crisis Services, Inc.*
2. Interviews:
  1. Specialized staff
  2. Random Incarcerated individuals
  3. Targeted Incarcerated individuals
3. Site Review Observations:
  1. Housing units

**Findings (by provision):**

**115.53(a).** The institution provided information from *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states “The Institution PREA Compliance Manager, with the assistance of Psychology Services staff, seeks to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse (p. 36).” The policy goes on to say that staff take reasonable action to ensure that information on available resources is provided to all incarcerated individuals so that they have access to the Bureau’s efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. The institution provided the auditor with a copy of the *Gratuitous Services Agreement Between FCC Florence and Family Crisis Services, Inc.* in the PAQ. The agreement allows for the Family Crisis Services to provide these emotional support services for incarcerated individuals at FCC Florence.

During the onsite phase of the audit, the auditor interviewed 21 random incarcerated individuals. All but three of the 21 incarcerated individuals were able to explain to the auditor what the emotional support services were and how to obtain those services. They knew that it was posted on the bulletin boards in the housing unit. The information was also in the *Sexually Abusive Behavior Prevention and Intervention Handbook*. The other three incarcerated individuals had heard of other support services but could not describe them completely for the auditor. The auditor also interviewed two incarcerated individuals who had reported sexual abuse at the institution. They were provided the opportunity to contact Family Crisis Services and chose not to, stating that services were not needed. One other individual interviewed has been utilizing the services of the Family Crisis Services because of an incident

that occurred at another institution. The auditor interviewed a counselor from Family Crisis Services by telephone, who confirmed the validity of the information in the agreement. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.53(b).** The institution provided information from *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The policy states that “Confidential” communications are distinguished from privileged communications such as attorney-client relationships. Communications are monitored in a manner consistent with agency security practices and are addressed in the agreement with any outside agency.

The auditor interviewed 21 random incarcerated individuals during the onsite audit. The incarcerated individuals understood that communications with outside emotional support services would be confidential only to the extent possible, due to security. Mail to Family Crisis Services was not considered legal mail, but incarcerated individuals were allowed to speak with outside counselors in as private a way as possible. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.53(c).** In the PAQ, the institution also provided the auditor with a copy of the *Gratuitous Services Agreement Between FCC Florence and Family Crisis Services, Inc.* This agreement clearly identifies that Family Crisis Services will provide emotional support services for those incarcerated individuals that may need it. It provides the opportunity for incarcerated individuals to either write to or call advocates at Family Crisis Services and receive a written response or talk directly with an advocate. The agreement was originally signed in September 2015 and outlines limits to confidentiality. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Bureau of Prisons website</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.54(a).</b> The auditor reviewed the Bureau of Prisons web page and located the Sexual Abuse Prevention page under the Custody &amp; Care page. The page list the agency’s zero-tolerance information and provides the public an opportunity to submit a notification of concern regarding an incarcerated individual at the BOP. The agency’s PREA policy is also posted. The information can be found here: <b><a href="http://www.bop.gov/inmatess/custody_and_care/sexual_abuse_prevention.jsp">www.bop.gov/inmatess/custody_and_care/sexual_abuse_prevention.jsp</a></b>. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.61(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This program statement requires that all staff members report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant. The Operations Lieutenant is then required to notify the IPCM.</p> <p>During the onsite phase of the audit, the auditor interviewed 15 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.61(b).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> also includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. It states that information concerning the identity of the alleged incarcerated individual victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident.</p> <p>Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the 15 random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.61(c).</b> During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse in health services and a psychologist, and two contractors that are assigned to health services. All five confirmed the requirement to immediately report incidents of sexual abuse of incarcerated individuals. Staff did confirm that they would inform the incarcerated individual of their duty to report and limits to the confidentiality of information learned from the incarcerated individual.</p>

Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.61(d).** The BOP Program Statement requires that the agency notify designated State or local services agencies if the alleged sexual abuse victim is under the age of 18.

FCC Florence does not house incarcerated individuals under the age of 18, so this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.61(e).** In the PAQ, *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* states that staff must report and respond to all allegations of sexually abusive behavior, regardless of the source of the report. The IPCM is required to refer the incident for investigation to the appropriate office and review the incident for any further response.

The auditor interviewed two Wardens who confirmed that the institution investigates all allegations of sexual abuse and sexual harassment, regardless of the how the allegation is received. All allegations are forwarded to the investigators for review and investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.62</b>	<p data-bbox="240 91 1503 1671"><b>Agency protection duties</b></p> <p data-bbox="240 165 1503 241"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 241 1503 318"><b>Auditor Discussion</b></p> <p data-bbox="240 318 1503 414"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="240 414 1503 750" style="list-style-type: none"> <li data-bbox="240 481 1503 526">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 526 1503 604" style="list-style-type: none"> <li data-bbox="240 526 1503 604">1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> </ol> </li> <li data-bbox="240 604 1503 649">2. Interviews: <ol data-bbox="240 649 1503 750" style="list-style-type: none"> <li data-bbox="240 649 1503 694">1. Specialized staff</li> <li data-bbox="240 694 1503 750">2. Random staff</li> </ol> </li> </ol> <p data-bbox="240 750 1503 817"><b>Findings (by provision):</b></p> <p data-bbox="240 817 1503 1153"><b>115.62(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement states in all cases, the Operations Lieutenant is notified immediately and immediately safeguards the incarcerated individual. Efforts will include monitoring the situation, changing housing assignments, changing work assignment, or placing the alleged victim and perpetrator in Special Housing, depending on the severity of the alleged abusive behavior.</p> <p data-bbox="240 1153 1503 1671">The auditor was provided written interview responses from the agency head. The agency head repeated the information from the Program Statement and stated that immediate action would be taken. If the possible threat was from a staff member, options include a change in the staff member’s work assignment or removal from the facility while the investigation is conducted. The auditor interviewed two Wardens during the onsite audit. Both also stated that immediate action would be taken to safeguard the incarcerated individual. The Warden would immediately assess the severity of the situation and would consider a transfer of the incarcerated individual to another institution, if necessary, to keep the incarcerated individual safe from harm. The auditor interviewed 15 random staff members. All stated that facility staff always react immediately if they see someone in imminent danger. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>
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**115.63 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*
  2. Sexual Abuse Investigation files
2. Interviews:
  1. Agency head
  2. Specialized staff

**Findings (by provision):**

**115.63(a).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy states in cases where there is an allegation that sexually abusive behavior occurred at another Bureau facility, the Warden of the victim's current facility reports the allegation to the Warden of the identified institution. In cases alleging sexual abuse by staff at another institution, the Warden of the incarcerated individual's current facility refers the matter directly to the Office of Internal Affairs. For non-Bureau facilities, the Warden will contact the appropriate office of the facility. The auditor was provided documentation of three such notifications to other BOP institutions by one of the Wardens at the FCC Florence complex after a transferred incarcerated individual reported sexual abuse at another institution. The written notification was completed on the day of the intake screening, the same day the information was received from the incarcerated individual at FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.63(b).** In the PAQ, the auditor was provided documentation of three such notifications to another BOP institution by one of the Wardens at the FCC Florence complex after a transferred incarcerated individual reported sexual abuse at another institution. The written notification was completed the same day it was received from the incarcerated individual at FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.63(c).** In the PAQ, the auditor was provided documentation of three such notifications to another BOP institution by one of the Wardens at the FCC Florence complex after a transferred incarcerated individual reported sexual abuse at another institution. The written notification was completed the same day it was received from the incarcerated individual at FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.63(d).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*, provided to the auditor in the PAQ, states that the facility head or agency office shall ensure that the allegation is investigated. The auditor was provided two such notifications from other agencies, one federal institution and one state prison.

The auditor was provided written interview responses from the agency head. The agency head stated that if the Warden receives the allegation, the Warden is to determine if the allegation can be investigated locally or if it should be referred to the Office of Internal Affairs. Each institution tracks referrals made to them by other facilities or agencies. The auditor interviewed two Wardens during the onsite phase of the audit and asked about these investigations. Both Wardens confirmed that all allegations are investigated regardless of how they are obtained, which would include from other institutions or agencies. They understood the responsibility to take such referrals from other agencies and institutions seriously and investigate them just as they would if the incarcerated individual were still in custody at FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.64</b>	<b>Staff first responder duties</b>
	<p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1267 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="320 488 1437 770" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.)       <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Targeted Incarcerated individuals</li> <li>2. Specialized staff</li> <li>3. Random staff</li> </ol> </li> </ol> <p data-bbox="256 810 636 846"><b>Findings (by provision):</b></p> <p data-bbox="256 887 1430 1124"><b>115.64(a).</b> The institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The policy states the staff first responder must preserve the crime scene. SIS staff are responsible for collecting information and evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in agency policies and practices concerning evidence gathering and processing procedures.</p> <p data-bbox="256 1164 1458 1653">During the onsite audit, the auditor interviewed two staff members who were first responders to incidents of sexual abuse. Both staff members related to the auditor the proper steps to take as a first responder to an incident. They both discussed the importance of safeguarding the potential evidence, as well as separating the potential abuser from the potential victim. This protects the victim, protects evidence, and preserves the opportunity to properly interview both incarcerated individuals. The auditor also interviewed two incarcerated individuals who had reported an incident of sexual abuse. The individuals described the steps that staff had taken when they had reported the abuse. By the incarcerated individual's statements, staff had acted appropriately to preserve evidence and to protect the victim. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="256 1693 1449 1895"><b>115.64(b).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy requires that all non-security staff first responders immediately report to any security staff the allegation for investigative purposes. For the BOP, however, this really does not apply, as all institution staff members are considered correctional workers first.</p> <p data-bbox="256 1935 1471 2092">During the onsite phase of the audit, the auditor interviewed 15 random staff members and all staff knew the first response steps to ensure safety for incarcerated individuals and proper investigations. The auditor was told that all institution staff members are correctional workers first and would act immediately as first responders</p>

<p>and would not require a notification to another staff member. The auditor interviewed two staff members who were first responders, and the auditor was told the same thing. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>Guide for First Responders Poster</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Targeted staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.65(a).</b> The institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The program statement contains the coordinated response plan for the Bureau. The Plan is detailed and lists the specific responsibilities for the first responder, the Operations Lieutenant, SIS, Chief of Correctional Services, the IPCM, health services, psychology services, and the Warden. According to the policy, first responders would immediately report incidents to the Operations Lieutenant, who would ensure that victims are safeguarded and refer the victim to Health Services for a physical assessment and documentation of any injuries. The Operations Lieutenant will promptly refer all incarcerated individuals reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs. In addition, the Operations Lieutenant will ensure that SIS, the Chief of Correctional Services, the IPCM, and the Warden are notified. The IPCM will review the relevant factors and make a determination whether or not to proceed with full activation of the Response Protocol. The Response Protocol will include full evidence collection and preservation, including transfer for the forensic examination, crisis intervention and assessment of treatment needs, further medical examination, prophylactic medication, and the formal investigation. The auditor reviewed the <i>Guide for First Responders Poster</i> and located the steps noted in the PS.</p> <p>During the onsite phase of the audit, the auditor saw the <i>Guide to First Responders Poster</i> in several non-incarcerated individual areas throughout the institution for staff to review when necessary. The auditor also saw the <i>Guide to First Responders</i> as a screen saver on all the complex computers, enabling staff to see the Guide throughout their workday. The auditor interviewed two Wardens during the onsite phase of the audit and discussed the coordinated response plan. Both Wardens confirmed that staff can follow the plan to ensure that they complete the investigative steps properly and investigate and safeguard the victim each time. This ensures that all victims are treated properly, and evidence is properly preserved to ensure criminal prosecution.</p>

<p>The auditor finds this coordinated response plan to be very detailed and readily available for staff to review at all times. This makes it easy for first responders, Health Services, Psychology Services, and the Operations Lieutenant to review at any time to ensure that every detail is followed. That ensures that evidence is not lost, incarcerated individual victims are safeguarded, and victims are treated in a trauma-informed manner. Based on this analysis, the auditor finds the institution in compliance with this provision and has exceeded the Standard.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>Master Agreement - Federal Bureau of Prisons and Council of Prison Locals</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.66(a).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> states the collective bargaining process in the Bureau will be completed pursuant to Title 5 of the United States Code and all other applicable laws, rules, and regulations, including third party appeals. The BOP included a copy of the <i>Master Agreement between the Federal Bureau of Prisons and the Council of Prison Locals</i>. On page 69 of the agreement, under Article 30 - Disciplinary and Adverse Actions section, the agreement states, "The Employer may elect to reassign the employee to another job within the institution or remove the employee from the institution pending investigation and resolution of the matter, in accordance with applicable law, rules, and regulations."</p> <p>The auditor was provided with written responses of the agency head's interview questions. The agency head confirmed that the Master Agreement includes the language allowing the BOP to reassign an employee from an institution when an allegation adversely affects the Agency's confidence in the employee or the security of the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.66(b).</b> The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

**115.67 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*
  2. Sexual Abuse Investigation files
2. Interviews:
  1. Targeted Incarcerated individuals
  2. Agency head
  3. Specialized staff

**Findings (by provision):**

**115.67(a).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed the IPCM, who confirmed that one of her assigned duties as the PREA compliance manager is to monitor incarcerated individuals for potential retaliation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(b).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that the IPCM monitors incarcerated individuals and staff to ensure there is no retaliation for alleging or reporting sexually abusive behavior. For incarcerated individuals, this monitoring includes housing and cell assignments, work assignments, programming changes, and disciplinary action. For staff, the monitoring includes reassignment of work, posts, performance evaluations, and shift changes. The auditor interviewed two Wardens during the onsite phase of the audit. Both Wardens stated that the institution could utilize several measures to protect incarcerated individuals and staff from retaliation. Those measures would include housing changes, transfer of the alleged abuser, emotional support for the victim, job reassignment, shift change for the staff member, or

reassignment for the staff member. The auditor interviewed the IPCM, who is responsible to monitor retaliation. She repeated the same list as the Wardens. There were no incarcerated individuals held in segregation due to their high risk for sexual victimization for the auditor to interview for this provision. The auditor interviewed two incarcerated individuals who had reported sexual abuse. Both incarcerated individuals had been monitored for retaliation following his report of sexual abuse. The incarcerated individuals did meet with the IPCM (or representative) to discuss potential retaliation and they reported no concerns or problems with other incarcerated individuals or staff. The auditor reviewed 23 sexual abuse investigation files from the previous 12 months. All 23 files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the incarcerated individuals in the records. Documentation included proper periodic checks with the incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(c).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed two Wardens. Both Wardens stated that if there were indications of retaliation of an incarcerated individual or staff member, swift and prompt action would be taken to protect the incarcerated individual or staff member. These actions would include disciplinary action, housing changes, program changes, transfer from the institution, shift change for a staff member, or a transfer for a staff member. The auditor interviewed the IPCM, who is responsible to monitor for retaliation. The IPCM stated that immediate steps would be taken to ensure the safety of an incarcerated individual, including job reassignment, housing changes, disciplinary action for another incarcerated individual, or transfer of an incarcerated individual to another institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(d).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. However, if the initial monitoring indicates a continuing need, periodic status checks occur.

During the onsite phase of the audit, the auditor interviewed the IPCM, who is responsible to monitor for retaliation. The IPCM stated that she monitors retaliation for 90 days, with periodic reviews with the incarcerated individual or staff member. She checks in every 30 days and documents those reviews on the monitoring form. If there are indications of a concern, she will check in more frequently. The auditor reviewed 23 sexual abuse investigation files from the previous 12 months. All 23 files had a retaliation monitoring form included in the file. There was no indication of reported retaliation by any of the incarcerated individuals in the records. Documentation included proper periodic checks with the incarcerated individuals.

Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(e).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. This program statement indicates that the IPCM monitors staff and incarcerated individuals who have reported sexual abuse allegations to protect them from retaliation for 90 days. The program statement also includes a provision to take appropriate measures to protect other individuals that cooperate with an investigation.

The auditor was provided written responses to the interview questions from the Agency Head. The Agency Head stated that if an incarcerated individual or staff member who cooperated with an investigation expresses a fear of retaliation, that individual will be monitored in the same manner as the individual who reported the allegation and will be protected against such retaliation. This protection can take the form of changing work supervisors, or other actions that prevent retaliation. During the onsite phase of the audit, the auditor interviewed two Wardens. Both Wardens stated that the institution would take the same steps to protect any individual from retaliation, regardless of the role they play in the investigation of a sexual abuse investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.67(f).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

115.68	<p><b>Post-allegation protective custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>BOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p>Findings (by provision):</p> <p><b>115.68(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy states that the agency follows the Program Statement language from Standard 115.43 and utilizes <i>BOP Form BP-A1002, Safeguarding of Inmates Alleging Sexual Abuse/ Assault Allegation</i>.</p> <p>During the onsite review, the auditor interviewed two Wardens and confirmed there were no incarcerated individuals held in the Special Housing Unit (SHU) due to the high risk of victimization or following their report of sexual victimization. The auditor interviewed two staff members who work in segregated housing. Both staff members confirmed that there were no incarcerated individuals held in segregated housing due to their high risk for sexual victimization or following their report of sexual victimization. The auditor interviewed two incarcerated individuals who had reported sexual abuse and they stated that they were not placed in segregation immediately following the report of the allegation for safety but released to general population. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Investigations: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.71(a).</b> In the PAQ, the agency provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement provides for the prompt investigation of all allegations of sexual abuse and sexual harassment. Upon activating the full Response Protocol, the investigation phase is initiated and required notifications must be made. The program statement goes on to list the required notifications of staff and investigative units to ensure the prompt investigation.</p> <p>During the onsite phase of the audit, the auditor interviewed an SIS investigator. He explained that SIS is immediately notified that a sexual abuse allegation has been made and he is required to respond immediately to begin the investigation process. For anonymously reported allegations, the process is the same, but the start is a little slower, as some of the details may be a little less without knowledge of the reporting party. If an allegation is made through a third party, they must review the allegation with the alleged victim before they can begin the investigation to provide the victim an opportunity to approve or decline the investigation. Otherwise, the investigative process is the same. The auditor reviewed 23 sexual abuse investigation files from the previous 12 months during the onsite phase of the audit. All 23 investigations were investigated immediately after receipt of the initial report. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.71(b).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> was provided in the PAQ. The program statement requires that sexual abuse investigators must have received special training pursuant to standard 115.34. The auditor had previously reviewed the written documentation submitted for standard 115.34, which references the requirements for specialized investigation training. The auditor was provided written proof of completed training for 91 staff members who received investigation education at FCC Florence.</p> <p>During the onsite phase of the audit, the auditor met with an SIS investigator, who</p>

confirmed that all SIS staff are required to complete the investigations specialized training through the BOP. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(c).** In the PAQ, *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*, provides investigators with guidelines for performing their investigations. The guidelines include the initial steps of gathering and preserving evidence and interviewing alleged victims, suspected perpetrators, and witnesses.

During the onsite phase of the audit, the auditor interviewed an SIS investigator. He explained to the auditor the initial steps to ensure proper preservation of evidence. He described that a review of institution video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. He stated that current protocol is to have the incarcerated individual victim transported to a local hospital for a forensic examination for evidence collection and treatment of any injuries, if necessary. The auditor reviewed 23 sexual abuse investigations from the previous 12 months during the onsite phase of the audit. All 23 investigations included a full description of the evidence collected and reviewed and utilized by the investigator to make their determination. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(d).** During the auditor's interview with the SIS investigator, the auditor talked with the investigator about coordinating investigative efforts with the Office of Internal Affairs if an investigation involves a staff member. He confirmed that this is something routinely in place when investigating any type of misconduct on the part of a staff member. The agency's standard practice is to suspend administrative investigations while the criminal investigation is completed by the OIG or FBI. It is not the practice of the BOP to conduct compelled interviews from staff until the completion of the criminal investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(e).** The agency provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that the credibility of the victim not be determined by the person's status as an incarcerated individual or staff member. The Bureau does not require an incarcerated individual who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

During the onsite phase of the audit, the auditor interviewed an SIS investigator. He explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. That is something that is forbidden and would never be done by any investigator. He also confirmed that the agency would always review evidence from their investigation on its own and not allow the incarcerated individual victim's status as an incarcerated individual to affect the outcome of the investigation. The auditor interviewed two incarcerated individuals who had reported sexual abuse. Both incarcerated individuals confirmed that they were not asked or required to submit to a polygraph examination. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(f).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse. The program statement also requires that the investigative report include all supporting documentation of the review, evidence reviewed and the findings of the investigation.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator discussed investigative reviews of agency staff members. One major part of all such investigations includes a review to determine if there were any violations of policy and violations of law. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred for criminal prosecution. The auditor reviewed 23 sexual abuse investigations from the previous 12 months. All 23 records included a complete final report with all required elements from the standard. There was one substantiated allegation of sexual harassment but no substantiated sexual abuse allegations, therefore, no allegations referred for criminal prosecution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(g).** In *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*, investigators are required to complete a report at the completion of all investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with incarcerated individuals and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination.

An SIS investigator was interviewed by the auditor during the onsite audit. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. Each of the 23 investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews, and final determination. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(h).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The policy includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred for prosecution.

An SIS investigator was interviewed by the auditor during the onsite phase of the audit. He confirmed that all substantiated allegations of sexual abuse would be referred for potential prosecution. The investigator stated that there were no substantiated cases of sexual abuse and one substantiated allegation of sexual harassment during the previous year. The auditor reviewed 23 sexual abuse investigations from the previous 12 months. There were no substantiated allegations

of sexual abuse, therefore, no allegations referred for criminal prosecution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(i).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ for the auditor's review. The program statement confirmed the requirement to maintain the sexual abuse records for the time period required in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(j).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was included in the PAQ. The program statement requires agency investigators to complete sexual abuse investigations even if the alleged abuser or victim is no longer housed within the institution or under the employ of the BOP.

The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator stated that all sexual abuse investigations must be completed whether or not the abuser or victim are still incarcerated or employed by the BOP. Sexual abuse allegations are a serious matter and must be investigated no matter what. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(k).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.71(l).** Investigations that are potentially criminal are performed by outside investigators that are components of the Department of Justice. The Office of the Investigator General would conduct the criminal investigations. The auditor received written interview responses from the National PREA Coordinator. The PREA Coordinator stated that the majority of the sexual abuse investigations are conducted internally. If the Office of Investigator General is conducting the investigation, they provide updates to the institution. At the conclusion of their investigation, they inform the Office of Internal Affairs of the outcome. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.72(a).</b> The institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The policy states the Bureau applies this section in accordance with its disciplinary/adverse action process and collective bargaining agreement, and applicable laws, rules, and regulations.</p> <p>The auditor interviewed an SIS investigator during the onsite phase of the audit. The investigator stated that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the institution. The auditor reviewed 23 investigation files from the previous 12 months and determined that the institution uses this standard for all investigations. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.73(a).</b> In the PAQ, the auditor was provided a copy of <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. In this program statement, the Bureau makes it clear that the Special Investigative Services Lieutenant provides all notifications to incarcerated individuals required under this section.</p> <p>During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The auditor interviewed two Wardens, who stated that the incarcerated individual is always notified of the outcome of the investigation. The auditor also interviewed an SIS investigator. The investigator explained that after the investigation is completed, the investigation report is submitted, and the Special Investigative Lieutenant will issue the written notification to the incarcerated individual. The auditor reviewed the institution's 23 sexual abuse investigation files from the previous 12 months and was able to easily locate the written notification of the investigative findings to the incarcerated individual. The auditor was able to interview two incarcerated individuals who had filed an allegation of sexual abuse. Both stated that they received notification of the outcome of the investigation, which the auditor located in the investigation file. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.73(b).</b> This provision does not apply, as the agency performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.73(c).</b> The auditor was provided information from <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ for this provision. The policy clearly outlines the required notifications to an incarcerated individual related to the staff member alleged to have committed sexual abuse against the incarcerated individual. The policy states that incarcerated individuals are only notified if there is a nexus between the listed actions and incident of sexual abuse. The timing of the</p>

notifications should not interfere with any pending criminal or administrative investigations.

During the onsite phase of the audit, the auditor interviewed two incarcerated individuals who had filed an allegation of sexual abuse. Both incarcerated individuals confirmed he had been properly provided written notification of the outcome of the investigation. He did not receive any additional notifications as required under this provision, as the allegation was not against a staff member. The auditor was unable to review any additional information regarding this provision, as there have been no substantiated allegations against a staff member. There were no notations in any of the investigation files regarding separation of an incarcerated individual from an alleged staff member abuser, as it was not required. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.73(d).** The auditor was provided information from *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ for this provision. The policy clearly outlines the required notifications to an incarcerated individual related to the incarcerated individual alleged to have committed sexual abuse against the incarcerated individual. The notifications in the policy meet the requirements of the standard.

During the onsite phase of the audit, the auditor interviewed two incarcerated individuals who had filed an allegation of sexual abuse. The incarcerated individuals confirmed he had been properly provided written notification of the outcome of the investigation, but charges were not filed in his case. The auditor was unable to review any additional information regarding this provision, as charges were not filed in any of the 23 sexual abuse investigations during the previous 12 months. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.73(e).** In the PAQ, the auditor was provided a copy of *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy requires that all notifications to incarcerated individuals in this standard be documented in the investigation file.

During the onsite phase of the audit, the auditor reviewed 23 sexual abuse investigation files from the previous 12 months. All such notifications were easily found in the investigation file. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.73(f).** The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>PS 3420.11 Standards of Employee Conduct</i></li> <li>3. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.76(a).</b> In the PAQ, the institution provided <i>PS 3420.11 Standards of Employee Conduct</i>. This program statement provides disciplinary actions for BOP employees for rule violations. It includes penalties for offense 31, Improper relationship with inmates, former inmates, their families, or associates, and a penalty that includes termination. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.76(b).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement Standards of Employee Conduct and the collective bargaining agreement. <i>PS 3420.11 Standards of Employee Conduct</i> was also provided in the PAQ. This program statement includes language regarding sexual relationships or contact with incarcerated individuals. It states that employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with Incarcerated individuals, regardless of whether such contact constitutes a prosecutable crime.</p> <p>During the onsite phase of the audit, the auditor reviewed the 23 sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.76(c).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement Standards of Employee Conduct</p>

and the collective bargaining agreement.

During the onsite phase of the audit, the auditor reviewed the 23 sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.76(d).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The policy states if evidence supports that a staff member engaged in sexual abuse, the matter will first be referred for criminal prosecution. Administrative discipline, including proposed terminations for sexual abuse, will be conducted under Program Statement Standards of Employee Conduct and the collective bargaining agreement.

During the onsite phase of the audit, the auditor reviewed the 23 sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a staff member. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>PS 3420.11 Standards of Employee Conduct</i></li> <li>3. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.77(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy states that volunteers and contractors would be prohibited from contact with incarcerated individuals, but generally this would apply in cases where there is possible criminal prosecution. In <i>PS 3420.11 Standards of Employee Conduct</i>, under <i>Personal Conduct</i>, staff, volunteers, and contractors are prohibited from engaging in sexual behavior with an incarcerated individual and will be subject to administrative action up to and including removal for such behavior.</p> <p>During the onsite phase of the audit, the auditor reviewed the 23 sexual abuse investigation files for the previous 12 months. There were no substantiated allegations against a volunteer or contractor. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.77(b).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy generally applies in cases where administrative investigation/actions would be appropriate.</p> <p>The auditor interviewed two Wardens during the onsite phase of the audit. Both Wardens stated that although remedial measures could be utilized, any volunteer or contractor would be removed from the institution, and they would prohibit further incarcerated individual contact. This would be done to prevent further contact in case the individual's behavior became worse and led to sexual abuse that became criminal. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> <li>3. <i>Bureau of Prisons Admission &amp; Orientation Handbook</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.78(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This policy outlines disciplinary action for incarcerated individuals found guilty of sexual abuse or sexual harassment through a formal disciplinary process. The policy states that any incarcerated individual who is found criminally guilty of sexual abuse of another incarcerated individual or with an administrative finding of guilt, is subject to discipline through the formal disciplinary process.</p> <p>During the onsite phase of the audit, the auditor reviewed 23 sexual abuse investigation files from the previous 12 months prior to the audit. There was one investigation that led to administrative disciplinary sanctions for an incarcerated individual, as there was one substantiated allegation of sexual harassment. The administrative penalty appeared to be commensurate with the penalty outlined in the <i>Bureau of Prisons Admissions &amp; Orientation Handbook</i>. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.78(b).</b> In the PAQ, the auditor was provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This policy requires that sanctions for incarcerated individuals be proportionate with the nature and circumstance of the abuses committed, the incarcerated individual's disciplinary history, and the sanctions imposed for the comparable offenses by other incarcerated individuals with similar histories.</p> <p>During the onsite phase of the audit, the auditor interviewed two Wardens, who confirmed that disciplinary actions for incarcerated individuals were commensurate with the abuse committed. Both stated that it would likely cause the incarcerated individual to have his security classification updated unless the offense was only sexual harassment. The auditor reviewed 23 sexual abuse investigation files from the previous 12 months prior to the audit. There was one investigation that led to</p>

administrative disciplinary sanctions for an incarcerated individual, as there was one substantiated allegation of sexual harassment. The administrative penalty appeared to be commensurate with the penalty outlined in the Bureau of Prisons *Admissions & Orientation Handbook*. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.78(c).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* includes a provision to consider whether or not the incarcerated individual's mental disabilities or mental illness contributed to the sexual abuse behavior.

The auditor interviewed two Wardens during the onsite phase of the audit. Both Wardens stated that they would always look at the incarcerated individual's history before issuing discipline and consider mental illness or disabilities when applying any discipline. There were no records of incarcerated individuals receiving discipline where mental illness or mental disability was mentioned in the investigative records for the auditor to review and confirm. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.78(d).** In the PAQ, the auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement does include a provision to offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse.

During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist. All three confirmed that therapy and counseling could be utilized as an alternative to discipline for sexual abuse offenders. There are several therapeutic counseling programs available throughout the FCC Florence complex that the incarcerated individual could participate in. The individual would not, however, be required to participate. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.78(e).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement is clear that there must be a review to ensure the staff member did not consent to the sexual contact before issuing discipline to the incarcerated individual.

The institution had no records of any incarcerated individual disciplined for sexual contact with a staff member that could be reviewed by the auditor. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.78(f).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. The program statement prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The BOP states that the maintenance of an effective sexual abuse prevention policy, and general secure and orderly running of an institution, requires that incarcerated individuals be held responsible for manipulative behavior and intentionally making false allegations.

The auditor reviewed 23 sexual abuse investigation files from the previous 12 months during the onsite phase of the audit. The auditor found three allegations made by an incarcerated individual who later told investigators that the allegation was false.

None of the three incarcerated individuals was disciplined due to the finding of false allegations in these investigations. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.78(g).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. This program statement prohibits all sexual activity between incarcerated individuals. Any sexual activity is subject to discipline.

The auditor reviewed the Bureau of Prisons *Admissions & Orientation Handbook*. In the Handbook, the auditor found incarcerated individual rules, that include a prohibition on sexual contact. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.81(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement states that all incarcerated individuals who have disclosed prior sexual victimization during the risk screening are offered a follow-up meeting within 14 days with a medical or mental health practitioner. The follow-up meetings under this section are conducted by Psychology Services.</p> <p>During the onsite phase of the audit, the auditor interviewed a Unit Manager who performs the risk screening. He confirmed that all incarcerated individuals are asked about prior sexual victimization on the risk screening. Any incarcerated individual who indicates they were a prior sexual abuse victim are provided the opportunity to meet with medical or mental health. That meeting typically happens within two days of their admission to the institution. The auditor witnessed an intake screening of an individual and heard the question asked. Although the individual did not mention prior victimization, the Unit Manager described the next steps to ensure the individual is seen by medical and mental health. The auditor interviewed four incarcerated individuals who reported prior sexual victimization on the risk screening. Each of the four incarcerated individuals confirmed to the auditor that they were seen by medical and the psychologist on their second or third day at FCC Florence. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.81(b).</b> In <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>, provided to the auditor in the PAQ, the institution addresses this standard. The policy states that incarcerated individuals considered high risk for sexual reoffending may be referred to specialty treatment or management programs, referred to individual or group counseling, or managed through standard correctional techniques. FCC Florence indicated in the PAQ there were several incarcerated individuals screened that indicated they had previously perpetrated sexual abuse.</p> <p>The auditor interviewed a psychologist during the onsite phase of the audit. The</p>

psychologist mentioned several programs available to sexual abusers, but incarcerated individuals are not required to participate in such programs. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(c).** FCC Florence is a Federal prison, and this provision does not apply. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(d).** The institution provided the auditor *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners. The information may also be shared with other staff who need to know in order to make security and management decisions, and housing, bed, work, education, and program assignments.

During the onsite phase of the audit, the auditor spoke informally with several staff members who confirmed that sexual victimization information is not shared unless the staff member needs the information to make decisions regarding the incarcerated individual's housing or safety. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.81(e).** The institution provided the auditor *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The program statement requires that medical and mental health staff obtain informed consent from incarcerated individuals prior to reporting information about prior sexual victimization.

During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist. They all indicated that informed consent must be obtained from all incarcerated individuals prior to reporting sexual abuse allegations if the abuse occurred outside the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.82(a).</b> In the PAQ, the auditor was provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy states that incarcerated individual victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of incarcerated individual injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an incarcerated individual self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence.</p> <p>During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist. All three discussed the steps taken upon notification that an incarcerated individual has reported sexual abuse. The incarcerated individual would be taken to Health Services and would receive an injury assessment. Care would be taken to preserve forensic evidence, but emergent medical care will be provided. The psychologist stated that Psychology Services would be notified, and crisis intervention services would be provided as soon as possible after the incident. The auditor interviewed two incarcerated individuals who had reported sexual abuse and they stated that they were taken immediately to Health Services and was provided a full health examination. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.82(b).</b> The institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement defines that the Operations Lieutenant is to take preliminary steps to safeguard the incarcerated individual victim and notify appropriate medical and mental health practitioners.</p> <p>During the onsite phase of the audit, the auditor interviewed the healthcare</p>

administrator and a nurse from health services and a psychologist. The institution does have medical staff on duty 24 hours a day who can readily respond to incidents of sexual abuse. Staff on duty after seven o'clock in the evening and before six o'clock in the morning may have to send the victim to the hospital if injuries are severe. After regular hours, Psychology Services would receive notification by electronic mail to see the victim as soon as possible. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.82(c).** In the PAQ, the auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that incarcerated individual victims are to be seen by medical staff, who are responsible for examinations, documentation, and treatment of incarcerated individual injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections, including HIV. When an incarcerated individual self-reports or is referred to Health Services, medical staff notify Psychology Services prior to conducting an injury assessment. Health Services staff perform the injury assessment without comprising forensic evidence.

During the onsite phase of the audit, the auditor interviewed the healthcare administrator and a nurse from health services and a psychologist. It was explained that all incarcerated individual victims would be provided information and access to care for sexually transmitted infections, including HIV, and pregnancy. If the victim had a forensic examination, the SANE nurse would complete the examination and provide follow-up information to the institution for the incarcerated individual's medication and testing. The auditor interviewed two incarcerated individuals who had reported sexual abuse during the onsite phase of the audit. The incarcerated individuals explained that there was no need for such testing, as there was no physical contact this severe to require it. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.82(d).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning incarcerated individual co-pays for medical treatment shall not be applied to victims of sexual abuse. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted Incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.83(a).</b> The institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The policy states that all incarcerated individuals are offered medical and mental health evaluation and treatment who have been victimized by sexual abuse in any institution.</p> <p>During the onsite phase of the audit, the auditor confirmed through interviews with the healthcare administrator and a nurse from health services and a psychologist that incarcerated individuals who report victimization are provided services, treatment, and counseling by medical and mental health staff. The auditor also interviewed two incarcerated individuals who reported an incident of sexual abuse. They both confirmed they were provided a full health examination and were then seen by Psychology Services and have spoken with someone several times. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.83(b).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> provides institution policy regarding the medical and mental health care for incarcerated individuals. The policy states that incarcerated individuals will be provided follow-up services, treatment plans, and referrals for continued care following transfer or placement in other facilities or release from custody.</p> <p>The auditor interviewed the healthcare administrator and a nurse from health services and a psychologist during the onsite phase of the audit. All three described some of the services available, such as testing for HIV and sexually transmitted infections. They also told the auditor that any treatment plan would go with the victim upon the victim’s release from the institution. The auditor interviewed two incarcerated individuals who reported an incident of sexual abuse. They told the auditor they were provided the opportunity for services at Health Services but declined, as they were not harmed and did not require those services. Based on this</p>

analysis, the auditor finds the institution in compliance with this provision.

**115.83(c).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The policy states that victims will be provided with medical and mental health services consistent with the community level of care.

The auditor interviewed the healthcare administrator and a nurse from health services and a psychologist during the onsite phase of the audit. They were clear that all services provided at Health Services and Psychology Services were consistent with the community level of care. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(d).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that female victims of sexual abuse while incarcerated are offered pregnancy tests.

FCC Florence houses male incarcerated individuals only and this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(e).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that Bureau providers deliver comprehensive prenatal counseling and care for pregnant female offenders.

FCC Florence houses male incarcerated individuals only and this provision does not apply to this institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(f).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided for review by the auditor. The program statement indicates that all incarcerated individual victims would be offered tests for sexually transmitted infections.

The auditor interviewed two incarcerated individuals who had reported an incident of sexual abuse. Both stated that they were not abused in a manner that would require such testing. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(g).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement indicates that Bureau policies concerning incarcerated individual co-pays for medical treatment shall not be applied to victims of sexual abuse.

The auditor interviewed two incarcerated individuals who had reported an incident of sexual abuse. Both stated that they were not financially responsible for any medical or mental health services. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.83(h).** *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* was provided to the auditor. The program statement language is clear that incarcerated individual-on-incarcerated individual abusers will be offered treatment when deemed appropriate.

The auditor interviewed a psychologist during the onsite phase of the audit. She stated that the BOP does identify sexual abusers and will offer them treatment. There are multiple programs available. Incarcerated individuals would not be required to participate in those programs. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Incident review team</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.86(a).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. In this section, the policy states in cases of substantiated or unsubstantiated allegations, Institution Executive Staff review the incident to assess the facility’s response to the allegations. All factors noted in this Standard are considered. The IPCM documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member’s personally identifiable information. The report is submitted to the Warden, who ensures implementation of the recommendations or documents the reason for not following them. Consideration for staff affected by the incident is necessary. Efforts to mitigate potential stress associated with these events should be offered to affected staff.</p> <p>During the onsite phase of the audit, the auditor reviewed 23 sexual abuse investigation files from the previous 12 months. All 23 of the files contained the written incident review report, except where the outcome was unfounded. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.86(b).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement requires the incident review to be completed within 30 days of the conclusion of the investigation.</p> <p>During the onsite phase of the audit, the auditor reviewed 23 sexual abuse investigation files from the previous 12 months. All 23 of the files contained the written incident review report except where the outcome was unfounded, which was completed within 30 days of the written report of the investigation. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.86(c).</b> In the PAQ, the institution provided <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This policy states the review team</p>

also may include input from the local Union President. The Union representative will be provided time to review the draft report and submit recommendations, which will be included in the review team's final report and recommendations as an addendum. Adoption of the Union's recommendations in the final report is at the discretion of the review team.

During the onsite phase of the audit, the auditor interviewed two Wardens. Both Wardens explained that the IPCM leads the sexual abuse incident abuse review team and holds review meetings with upper-level officials to review the incident and the details. The auditor reviewed 23 sexual abuse investigation files from the previous 12 months. All 23 of the files contained the written incident review report, except where the outcome was unfounded. The reports outlined the review team members and showed input from other staff members who would have information about the incident. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.86(d).** In the PAQ, the institution provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*. The program statement properly lists each of the required elements of this provision, as well as requiring the preparation of a report to be submitted to the institution's Warden.

During the onsite phase of the audit, the auditor interviewed two Wardens. Both Wardens stated that each incident review includes consideration of each of the elements in this standard's provision. The team discusses the facts of the allegation and the findings from the investigation to determine if any of the factors in this provision may have had an impact on the incident. The team then prepares a report that is submitted to the Warden. The auditor also interviewed the IPCM who stated that she leads the incident review meetings and ensures that the team reviews each of the items in this provision. The auditor interviewed a member of the incident review team. That staff member confirmed the same information, that the team reviews each incident for each of the elements in this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.86(e).** The auditor was not provided any documentation to show compliance with this provision. The auditor discussed compliance with two institution Wardens. Both Wardens stated that best efforts are made to implement recommendations from the incident review reports. Failure to do so may lead to additional abuse incidents. Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.87</b>	<b>Data collection</b>
	<p data-bbox="256 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 340 1267 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="320 488 1437 645" style="list-style-type: none"> <li data-bbox="320 488 1211 521">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="427 528 1437 645" style="list-style-type: none"> <li data-bbox="427 528 1437 602">1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li data-bbox="427 609 1222 645">2. <i>Federal Bureau of Prisons Annual PREA Report 2021</i></li> </ol> </li> </ol> <p data-bbox="256 685 636 719"><b>Findings (by provision):</b></p> <p data-bbox="256 757 1477 1458"><b>115.87(a).</b> The institution provided the auditor with <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. This program statement requires that the Bureau tracks information concerning sexual abuse using several methods. The SIS maintains secure investigative files and data, including victims and perpetrators of sexually abusive behavior, factual descriptions of the events, formal and informal actions taken, collateral reports, memoranda, video, medical forms, and any other evidentiary materials pertaining to the allegation. The Office of Internal Affairs reports cumulated data on the incarcerated individual victims of staff sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year. The Information and Technology Data Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. The Chief of Correctional Services in each institution is responsible for accurate incarcerated individual codes from the computer system related to sexually abusive behavior. Access to this information is limited to those staff who are involved in managing and treating the incarcerated individual victim or incarcerated individual perpetrator or investigating the incident.</p> <p data-bbox="256 1498 1477 1738">The auditor was provided a copy of the <i>Federal Bureau of Prisons Annual PREA Report 2021</i>. The report includes data that is listed in categories that meet the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ). The auditor also reviewed the BOP Annual PREA Report for 2021 on the BOP website. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="256 1778 1453 1980"><b>115.87(b).</b> This provision is included in <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The National PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates, and reviews data from all sources annually. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="256 2020 1382 2054"><b>115.87(c).</b> This provision is included in <i>PS 5324.12 Sexually Abusive Behavior</i></p>

*Prevention and Intervention Program.* The Information and Technology Data Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(d).** This provision is included in *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program.* The policy requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(e).** This provision is included in *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program.* The Bureau collects this data from each of the contracted institutions that housed BOP incarcerated individuals.

The auditor was provided copies of the Federal Bureau of Prisons *Annual PREA Report 2021.* The auditor also reviewed the BOP Annual PREA Report for 2021 on the BOP website. The auditor reviewed the provided annual reports and each report includes all of the required elements for this Standard. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.87(f).** The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion****The following evidence was analyzed in making the compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  1. *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program*
  2. *Federal Bureau of Prisons Annual PREA Report 2021*
2. Interviews:
  1. Specialized staff

**Findings (by provision):**

**115.88(a).** The auditor was provided *PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. Under this section, the program statement indicates that the National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information and Technology Data Division and the Office of Internal Affairs, and issues a report to the Director on an annual basis, meeting the requirements of this section.

The auditor was provided written responses to the Agency Head's interview questions. The Agency Head stated, "The BOP tracks and tabulates data from substantiated and unsubstantiated PREA allegations. If applicable, individual substantiated and unsubstantiated PREA allegations may result in changes to local procedure to improve safety from sexual abuse/harassment. If the incident-based sexual abuse data shows patterns, then our agency policies, procedures, or training may be modified."

The auditor also reviewed written responses from the National PREA Coordinator. The PREA Coordinator stated that the annual data is reviewed and compiled into a report that is issued to the Director annually. The agency complies with the Freedom of Information Act, but investigative, psychological, and medical data are securely maintained. The annual report does not contain identifying information. Corrective action is taken on an ongoing basis.

The auditor interviewed the IPCM during the onsite phase of the audit. The IPCM explained that aggregated data from FCC Florence is included in the Agency annual report. This would be reviewed internally, and any necessary corrective actions would be taken to ensure the safety of the incarcerated individuals and staff at the institution. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88(b).** The auditor reviewed a copy of the *Federal Bureau of Prisons Annual PREA Report 2021*. The report clearly includes a comparison of the current year's

sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88(c).** The auditor reviewed a copy of the Federal Bureau of Prisons *Annual PREA Report 2021* which was located at the BOP website. The report is signed by the agency Director. The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act.

The auditor was provided written interview responses by the Agency Head. The Agency Head stated, "Yes. The annual report for the prior calendar year is reviewed by me prior to being placed on our public website." Based on this analysis, the auditor finds the institution in compliance with this provision.

**115.88(d).** The auditor reviewed a copy of the Federal Bureau of Prisons *Annual PREA Report 2021* which was located at the BOP website. The report does not contain any personally identifiable information that would require redaction.

The auditor was provided written interview responses from the National PREA Coordinator. The PREA Coordinator stated, "The Bureau complies with the Freedom of Information Act and all other applicable laws, rules, and regulations. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. If information needs to be redacted, the nature of the redacted material would be indicated." Based on this analysis, the auditor finds the institution in compliance with this provision.

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>1. <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i></li> <li>2. <i>Federal Bureau of Prisons Annual PREA Report 2021</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.89(a).</b> The institution includes language regarding the retention of sexual abuse data in <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The program statement mandates secure retention of the agency’s sexual abuse aggregated data.</p> <p>The auditor was provided written interview responses from the National PREA Coordinator. The PREA Coordinator stated, “The agency complies with the Freedom of Information Act and all other applicable laws, rules, and regulations. Investigative, psychological, and medical data are securely maintained. The annual report does not contain identifying information.” Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.89(b).</b> <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i> requires the agency to make the aggregated sexual abuse data available to the public through its website.</p> <p>The auditor reviewed the agency’s website and found the agency’s annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.89(c).</b> The auditor reviewed the annual report for 2021 that was located at the BOP website and did not identify any information that personally identified any victim or perpetrator. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p><b>115.89(d).</b> The institution includes language regarding the retention of sexual abuse data in <i>PS 5324.12 Sexually Abusive Behavior Prevention and Intervention Program</i>. The policy mandates secure retention of the agency’s sexual abuse aggregated data for at least 10 years after the date of initial collection. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1291 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="341 486 1235 519">1. Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> <li data-bbox="448 528 738 562">1. Agency website</li> </ul> </li> <li data-bbox="341 571 563 604">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="448 613 746 647">1. Specialized staff</li> </ul> </li> </ul> <p data-bbox="280 685 660 719"><b>Findings (by provision):</b></p> <p data-bbox="280 757 1442 913"><b>115.401(a).</b> This was the fourth audit completed by the Federal Correctional Complex Florence. The auditor confirmed this information with the Management Analyst and through the Bureau website. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="280 952 1461 1108"><b>115.401(b).</b> This is the first year of the fourth PREA audit cycle. This audit of FCC Florence is being completed as part of the first third of the BOP facilities in the first year of the fourth PREA audit cycle. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="280 1146 1453 1348"><b>115.401(h).</b> During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and incarcerated individuals. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="280 1386 1477 1543"><b>115.401(i).</b> During the onsite phase of the audit, the auditor was provided with all documentation requested in order to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="280 1581 1437 1783"><b>115.401(m).</b> During the onsite phase of the audit, the auditor requested to interview a total of 43 incarcerated individuals. The institution provided a private room for the auditor to meet with each incarcerated individual for the interview, without interruption. Based on this analysis, the auditor finds the institution in compliance with this provision.</p> <p data-bbox="280 1821 1477 2067"><b>115.401(n).</b> The institution posted the required audit notice in every housing unit, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1289 416"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="341 486 1233 519">1. Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> <li data-bbox="448 528 735 562">1. Agency website</li> </ul> </li> <li data-bbox="341 571 563 604">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="448 613 759 647">1. PREA coordinator</li> </ul> </li> </ul> <p data-bbox="280 685 660 719"><b>Findings (by provision):</b></p> <p data-bbox="280 757 1477 913"><b>115.403(f).</b> This was the fourth audit completed by the Federal Correctional Complex Florence. The Bureau has posted the third audit report on the institution's website for public review per the requirements of this Standard. Based on this analysis, the auditor finds the institution in compliance with this provision.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	na

<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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.)	na

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	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).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	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).)	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).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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

<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.21 (b) Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c) Evidence protocol and forensic medical examinations</b>		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d) Evidence protocol and forensic medical examinations</b>		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a) Inmate education</b>		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b) Inmate education</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
	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
	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
<b>115.33 (c) Inmate education</b>		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
<b>115.33 (d) Inmate education</b>		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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

<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a) Use of screening information</b>		
	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
	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
	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
	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
	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
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	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
	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

<b>115.42 (d) Use of screening information</b>		
	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
<b>115.42 (e) Use of screening information</b>		
	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
<b>115.42 (f) Use of screening information</b>		
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g) Use of screening information</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (b)</b>	<b>Protective Custody</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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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

115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 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?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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

<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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 inmate 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
	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
	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
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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

<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes